| Α          | ACCOUNTING PERIOD CO | VERED BY THIS STATEMENT:   |
|------------|----------------------|--|
| Accounting | 2022/1               | (enter four digit year and /1 (for Jan-Jun period) or /2 (for Jul-Dec period) No spaces) |
| Period     |                      |  |

|            | INSTRUCTIONS:   |   |     |  |  |  |  |  |  |
|------------|---|---|-----|--|--|--|--|--|--|
| B<br>Owner | Give the full legal name of the owner of the cable system in line 1. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation. In line 2, list any other 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 film; If not, enter the system's ID number assigned by the Licensing Division. |   |     |  |  |  |  |  |  |
| İ          | 1   | LEGAL NAME OF OWNER OF CABLE SYSTEM:  | 626 |  |  |  |  |  |  |
|            |   | Foothills Rural Telephone Cooperative Corp.   |     |  |  |  |  |  |  |
|            | 2   | BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT):   |     |  |  |  |  |  |  |
|            |   | Foothills Communications  |     |  |  |  |  |  |  |
|            | 3   | MAILING ADDRESS OF OWNER OF CABLE SYSTEM:   |     |  |  |  |  |  |  |
|            |   | 1621 KY RT 40W  |     |  |  |  |  |  |  |
|            |   | (Number, street, rural route, apartment, or suite number)   |     |  |  |  |  |  |  |
|            |   | Staffordsville, KY 41256  |     |  |  |  |  |  |  |
|            |   | (City, town, state, zip)  |     |  |  |  |  |  |  |
|            | INCTO   | UCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these   | -   |  |  |  |  |  |  |
|            |   | already appear in space B. In line 2, give the mailing address of the system. If different from the address given in space B. |     |  |  |  |  |  |  |
| С          |   |   |     |  |  |  |  |  |  |
| System     | 1   | IDENTIFICATION OF CABLE SYSTEM:   |     |  |  |  |  |  |  |
|            |   | MAILING ADDRESS OF CABLE SYSTEM:  |     |  |  |  |  |  |  |
|            | ~   |   |     |  |  |  |  |  |  |
|            | 2   | (Number, street, runal route, apartment, or suite number)   |     |  |  |  |  |  |  |
|            |   | (City, town, state, zip code)   | •   |  |  |  |  |  |  |

|   | BLOO  |   |  |  |   |                     |  |
|---|---|---|--|--|---|---------------------|--|
| E   |   | NO. OF  |  |  |   |                     |  |
|   | CATEGORY OF SERVICE   | SUBSCRIBERS   | RATE   |  |   |                     |  |
| Secondary<br>Transmission                                   | Residential:     Service to first set   | C 10C   | 40.00  |  |   |                     |  |
| Service: Sub-   |   | 6,106   | 40.90  |  |   |                     |  |
| scribers and  | Service to additional set(s)  |   |  |  |   |                     |  |
|   | FM radio (if separate rate)   |   |  |  |   |                     |  |
| Rates   | Motel, hotel  |   |  |  |   |                     |  |
|   | Commercial  |   |  |  |   |                     |  |
|   | Converter   |   |  |  |   |                     |  |
|   | Residential   |   |  |  |   |                     |  |
|   | Non-residential   |   |  |  |   |                     |  |
|   |   |   |  |  |   |                     |  |
|   |   |   | BLOCK 1  |  |   |                     |  |
|   | CATEGORY OF SERVICE   | RATE  | CATEGORY OF  | SERVICE  | RATE  |                     |  |
| F   | Continuing Services:  | NATE  | Installation: No   |  | RATE  |                     |  |
| •   | Pay cable   | 50.00   | instanation. No  | Motel, hotel   |   |                     |  |
| Services  | Pay cable—add'l channel   | 12.50   |  | Commercial   |   |                     |  |
| Other Than  | Fire protection   | 12.50   |  | Pay cable  |   |                     |  |
| Secondary   | •Burglar protection   |   |  | Pay cable-add'l channel  |   |                     |  |
| Transmissions:  | Installation: Residential   |   |  | Fire protection  |   |                     |  |
| Rates   | First set   |   |  | Burglar protection   |   |                     |  |
|   | Additional set(s)   |   | Other services   |  |   |                     |  |
|   | • FM radio (if separate rate)   |   | 1  | Reconnect  |   |                     |  |
| 1   | Converter   |   | 1  | Disconnect   |   |                     |  |
|   |   |   | 1  | Outlet relocation  |   |                     |  |
|   |   |   |  | Move to new address  |   |                     |  |
|   |   |   |  |  |   |                     |  |
|   |   |   |  |  |   |                     |  |
|   |   |   |  |  |   |                     |  |
|   | CHANNELS  |   |  |  |   |                     |  |
| м   | Instructions: You must give (   | 1) the number of  | channels on wh   | ich the cable system carrier   | television broadc   | ast stations        |  |
|   | to its subscribers and (2) the c  |   |  |  |   |                     |  |
| Channels  | to its subscribers and (2) the c  | able system s tota  | a number of ac   | avated chamiers, during the  | accounting period   |                     |  |
| Channels  |   |   |  |  | 1   |                     |  |
|   | 1. Enter the total number of ch   |   |  |  |   | 41                  |  |
|   | system carried television b   | roadcast stations   |  |  |   |                     |  |
|   |   |   |  |  |   |                     |  |
|   | 2. Enter the total number of ac   | tivated channels  |  |  |   |                     |  |
|   | on which the cable system   |   | broadcast stat   | ions   | j.  |                     |  |
|   |   | carried television  |  |  |   |                     |  |
|   |   |   |  | 10/13  |   | 222                 |  |
|   | and nonbroadcast services   |   |  |  |   | 222                 |  |
|   | and nonbroadcast services   |   |  |  |   | 222                 |  |
| N   |   |   |  |  | individual  | 222                 |  |
| N   | INDIVIDUAL TO BE CONTAG   | TED IF FURTHEI  |  |  | individual  | 222                 |  |
|   |   | TED IF FURTHEI  |  |  | individual  | 222                 |  |
| Individual to   | INDIVIDUAL TO BE CONTAG   | TED IF FURTHEI  |  |  | individual  | 222                 |  |
| Individual to<br>Be Contacted                               | INDIVIDUAL TO BE CONTAC<br>we can contact about this state  | TED IF FURTHEI  | )  |  | individual  | 222                 |  |
| Individual to<br>Be Contacted<br>for Further                | INDIVIDUAL TO BE CONTAG   | TED IF FURTHEI  | )  |  | individual<br>Telephone   | 222<br>606-297-9163 |  |
| Individual to<br>Be Contacted                               | INDIVIDUAL TO BE CONTAC<br>we can contact about this state<br>Name  | TED IF FURTHEI<br>ement of account.   | )  |  |   |                     |  |
| Individual to<br>Be Contacted<br>for Further                | INDIVIDUAL TO BE CONTAC<br>we can contact about this state  | TED IF FURTHEI<br>ement of account.<br>Robert Ward  | )<br>40W   | DN IS NEEDED: (Identify ar   | Telephone   |                     |  |
| Individual to<br>Be Contacted<br>for Further                | INDIVIDUAL TO BE CONTAC<br>we can contact about this state<br>Name  | TED IF FURTHEI<br>ement of account.<br>Robert Ward  | )<br>40W   |  | Telephone   |                     |  |
| Individual to<br>Be Contacted<br>for Further                | INDIVIDUAL TO BE CONTAC<br>we can contact about this state<br>Name  | TED IF FURTHEI<br>ement of account.<br>Robert Ward<br>1621 KY RT 4<br>(Num  | )<br><b>10W</b><br>ber, street, rural n  | DN IS NEEDED: (Identify ar   | Telephone   |                     |  |
| Individual to<br>Be Contacted<br>for Further                | INDIVIDUAL TO BE CONTAC<br>we can contact about this state<br>Name  | TED IF FURTHEI<br>ement of account.<br>Robert Ward<br>1621 KY RT 4<br>(Numi<br>Staffordsville   | )<br><b>10W</b><br>ber, street, rural n  | DN IS NEEDED: (Identify ar   | Telephone   |                     |  |
| Individual to<br>Be Contacted<br>for Further                | INDIVIDUAL TO BE CONTAC<br>we can contact about this state<br>Name  | TED IF FURTHEI<br>ement of account.<br>Robert Ward<br>1621 KY RT 4<br>(Numi<br>Staffordsville   | )<br>HOW<br>Der, street, rural n<br>De, KY 41256   | DN IS NEEDED: (Identify ar   | Telephone   |                     |  |
| Individual to<br>Be Contacted<br>for Further                | INDIVIDUAL TO BE CONTAC<br>we can contact about this state<br>Name<br>Address   | TED IF FURTHEI<br>ment of account.<br>Robert Ward<br>1621 KY RT -2<br>(Num<br>Staffordsville<br>(City.  | )<br>IOW<br>ber, street, rural n<br>b, KY 41256<br>town, state, zip)   | DN IS NEEDED: (Identify ar   | Telephone   | 606-297-9163        |  |
| Individual to<br>Be Contacted<br>for Further                | INDIVIDUAL TO BE CONTAC<br>we can contact about this state<br>Name  | TED IF FURTHEI<br>ement of account.<br>Robert Ward<br>1621 KY RT 4<br>(Numi<br>Staffordsville   | )<br>IOW<br>ber, street, rural n<br>b, KY 41256<br>town, state, zip)   | DN IS NEEDED: (Identify ar   | Telephone   | 606-297-9163        |  |
| Individual to<br>Be Contacted<br>for Further                | INDIVIDUAL TO BE CONTAC<br>we can contact about this state<br>Name<br>Address   | TED IF FURTHEI<br>ment of account.<br>Robert Ward<br>1621 KY RT -2<br>(Num<br>Staffordsville<br>(City.  | )<br>IOW<br>ber, street, rural n<br>b, KY 41256<br>town, state, zip)   | DN IS NEEDED: (Identify ar   | Telephone   | 606-297-9163        |  |
| Individual to<br>Be Contacted<br>for Further                | INDIVIDUAL TO BE CONTAC<br>we can contact about this state<br>Name<br>Address<br>Email (optional)   | TED IF FURTHEI<br>ement of account.<br>Robert Ward<br>1621 KY RT 4<br>(Numi<br>Staffordsville<br>(City,<br>bob@foothill   | )<br>tow<br>ber, street, rural n<br>t, <u>KY 41256</u><br>town, state, zip)<br>s.coop  | ON IS NEEDED: (Identify an<br>oute, apartment, or suite number   | Telephone   | 606-297-9163        |  |
| Individual to<br>Be Contacted<br>for Further<br>Information | INDIVIDUAL TO BE CONTAC<br>we can contact about this state<br>Name<br>Address<br>Email (optional)<br>CERTIFICATION (This statement                                      | TED IF FURTHEI<br>ament of account.<br>Robert Ward<br>1621 KY RT /<br>(Num<br>Staffordsville<br>(City,<br>bob@foothill<br>of account must I                     | )<br>HOW<br>Der, street, rural n<br>D, KY 41256<br>town, state, zip)<br>S.COOP   | DN IS NEEDED: (Identify an<br>oute, apartment, or suite number<br>signed in accordance with C  | Telephone   | 606-297-9163        |  |
| Individual to<br>Be Contacted<br>for Further<br>Information | INDIVIDUAL TO BE CONTAC<br>we can contact about this state<br>Name<br>Address<br>Email (optional)<br>CERTIFICATION (This statement<br>Signature Space O – this form wil | TED IF FURTHEI<br>ement of account.<br>Robert Ward<br>1621 KY RT.4<br>(Num<br>Staffordsville<br>City.<br>bob@foothill<br>of account must h<br>be submitted with | )<br>10W<br>ber, street, rural n<br>, KY 41256<br>town, state, zip)<br>S.COOP<br>be certifed and<br>h an electronic  | DN IS NEEDED: (Identify an<br>oute, apartment, or suite number<br>signed in accordance with C  | Telephone Fax (optional Fax (optional copyright Office reg Smith). Do not 1 | 606-297-9163        |  |
| Individual to<br>Be Contacted<br>for Further<br>Information | INDIVIDUAL TO BE CONTAC<br>we can contact about this state<br>Name<br>Address<br>Email (optional)<br>CERTIFICATION (This statement                                      | TED IF FURTHEI<br>ement of account.<br>Robert Ward<br>1621 KY RT.4<br>(Num<br>Staffordsville<br>City.<br>bob@foothill<br>of account must h<br>be submitted with | )<br>10W<br>ber, street, rural n<br>, KY 41256<br>town, state, zip)<br>S.COOP<br>be certifed and<br>h an electronic  | DN IS NEEDED: (Identify an<br>oute, apartment, or suite number<br>signed in accordance with C  | Telephone Fax (optional Fax (optional copyright Office reg Smith). Do not 1 | 606-297-9163        |  |
| Individual to<br>Be Contacted<br>for Further<br>Information | INDIVIDUAL TO BE CONTAC<br>we can contact about this state<br>Name<br>Address<br>Email (optional)<br>CERTIFICATION (This statement<br>Signature Space O – this form wil | TED IF FURTHEI<br>ement of account.<br>Robert Ward<br>1621 KY RT.4<br>(Num<br>Staffordsville<br>City.<br>bob@foothill<br>of account must h<br>be submitted with | )<br>10W<br>ber, street, rural n<br>, KY 41256<br>town, state, zip)<br>S.COOP<br>be certifed and<br>h an electronic  | DN IS NEEDED: (Identify an<br>oute, apartment, or suite number<br>signed in accordance with C  | Telephone Fax (optional Fax (optional copyright Office reg Smith). Do not 1 | 606-297-9163        |  |
| Individual to<br>Be Contacted<br>for Further<br>Information | INDIVIDUAL TO BE CONTAC<br>we can contact about this state<br>Name<br>Address<br>Email (optional)<br>CERTIFICATION (This statement<br>Signature Space O – this form wil | TED IF FURTHEI<br>ement of account.<br>Robert Ward<br>1621 KY RT.4<br>(Num<br>Staffordsville<br>City.<br>bob@foothill<br>of account must h<br>be submitted with | )<br>1000<br>For, street, rural n<br>town, state, zip)<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.0000<br>5.000<br>5.0000<br>5.0000<br>5.000 | DN IS NEEDED: (Identify an<br>oute, apartment, or suite number<br>signed in accordance with O<br>"/s/" signature (e.g., /sJJDA   | Fax (optional   | 606-297-9163        |  |
| Individual to<br>Be Contacted<br>for Further<br>Information | INDIVIDUAL TO BE CONTAC<br>we can contact about this state<br>Name<br>Address<br>Email (optional)<br>CERTIFICATION (This statement<br>Signature Space O – this form wil | TED IF FURTHEI<br>ement of account.<br>Robert Ward<br>1621 KY RT.4<br>(Num<br>Staffordsville<br>City.<br>bob@foothill<br>of account must h<br>be submitted with | )<br>10W<br>ber, street, rural n<br>, KY 41256<br>town, state, zip)<br>S.COOP<br>be certifed and<br>h an electronic  | DN IS NEEDED: (Identify an<br>oute, apartment, or suite number<br>signed in accordance with O<br>"/s/" signature (e.g., /sJJDA   | Fax (optional   | 606-297-9163        |  |
| Individual to<br>Be Contacted<br>for Further<br>Information | INDIVIDUAL TO BE CONTAC<br>we can contact about this state<br>Name<br>Address<br>Email (optional)<br>CERTIFICATION (This statement<br>Signature Space O – this form wil | TED IF FURTHEI<br>ement of account.<br>Robert Ward<br>1621 KY RT.4<br>(Num<br>Staffordsville<br>City.<br>bob@foothill<br>of account must h<br>be submitted with | )<br>IOW<br>IOW<br>Ser, street, rural m<br>NKY 41256<br>Iown, state, 2p)<br>S.COOP<br>De certifed and<br>h an electronic<br>the signature bo<br>Typed or prim  | DN IS NEEDED: (Identify ar<br>oute, apartment, or suite number<br>signed in accordance with C<br>"/s/" signature (e.g., /s/Johr<br>x in Space O of tab "page 8,<br>ted name: <u>Ruth Co</u>  | Fax (optional   | 606-297-9163        |  |
| Individual to<br>Be Contacted<br>for Further<br>Information | INDIVIDUAL TO BE CONTAC<br>we can contact about this state<br>Name<br>Address<br>Email (optional)<br>CERTIFICATION (This statement<br>Signature Space O – this form wil | TED IF FURTHEI<br>ement of account.<br>Robert Ward<br>1621 KY RT.4<br>(Num<br>Staffordsville<br>City.<br>bob@foothill<br>of account must h<br>be submitted with | )<br>1000<br>For, street, rural n<br>town, state, zip)<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.000<br>5.0000<br>5.000<br>5.0000<br>5.0000<br>5.000 | DN IS NEEDED: (Identify ar<br>oute, apartment, or suite number<br>signed in accordance with C<br>"/s/" signature (e.g., /s/John<br>k in Space O of tab "page 8,<br>ited name: Ruth Co<br>General Manager                                   | Telephone   | 606-297-9163        |  |
| Individual to<br>Be Contacted<br>for Further<br>Information | INDIVIDUAL TO BE CONTAC<br>we can contact about this state<br>Name<br>Address<br>Email (optional)<br>CERTIFICATION (This statement<br>Signature Space O – this form wil | TED IF FURTHEI<br>ement of account.<br>Robert Ward<br>1621 KY RT.4<br>(Num<br>Staffordsville<br>City.<br>bob@foothill<br>of account must h<br>be submitted with | )<br>IOW<br>IOW<br>Ser, street, rural m<br>NKY 41256<br>Iown, state, 2p)<br>S.COOP<br>De certifed and<br>h an electronic<br>the signature bo<br>Typed or prim  | DN IS NEEDED: (Identify ar<br>oute, apartment, or suite number<br>signed in accordance with C<br>"/s/" signature (e.g., /s/Johr<br>x in Space O of tab "page 8,<br>ted name: <u>Ruth Co</u>  | Telephone   | 606-297-9163        |  |
| Individual to<br>Be Contacted<br>for Further<br>Information | INDIVIDUAL TO BE CONTAC<br>we can contact about this state<br>Name<br>Address<br>Email (optional)<br>CERTIFICATION (This statement<br>Signature Space O – this form wil | TED IF FURTHEI<br>ement of account.<br>Robert Ward<br>1621 KY RT.4<br>(Num<br>Staffordsville<br>City.<br>bob@foothill<br>of account must h<br>be submitted with | )<br>IOW<br>IOW<br>Ser, street, rural n<br>NKY 41256<br>Iown, state, 2p)<br>S.COOP<br>De certifed and<br>h an electronic<br>te signature bo<br>Typed or prin<br>Title:   | DN IS NEEDED: (Identify ar<br>oute, apartment, or suite number<br>signed in accordance with C<br>"/s/" signature (e.g., /s/Johr<br>k in Space O of tab "page 8,<br>ted name: Ruth Co<br>General Manager<br>(Title of official position hel | Telephone   | 606-297-9163        |  |
| Individual to<br>Be Contacted<br>for Further<br>Information | INDIVIDUAL TO BE CONTAC<br>we can contact about this state<br>Name<br>Address<br>Email (optional)<br>CERTIFICATION (This statement<br>Signature Space O – this form wil | TED IF FURTHEI<br>ement of account.<br>Robert Ward<br>1621 KY RT.4<br>(Num<br>Staffordsville<br>City.<br>bob@foothill<br>of account must h<br>be submitted with | )<br>IOW<br>IOW<br>Ser, street, rural m<br>NKY 41256<br>Iown, state, 2p)<br>S.COOP<br>De certifed and<br>h an electronic<br>the signature bo<br>Typed or prim  | DN IS NEEDED: (Identify ar<br>oute, apartment, or suite number<br>signed in accordance with C<br>"/s/" signature (e.g., /s/John<br>k in Space O of tab "page 8,<br>ited name: Ruth Co<br>General Manager                                   | Telephone   | 606-297-9163        |  |

| Total Gross Receipts          | \$<br>1,597,243.35<br>ок |
|-------------------------------|--------------------------|
| Subgroup Gross Receipts Total | \$<br>1,597,243.35       |

| Subgroup       |    | Subgroup/Community Name | Gross Receipts   |
|----------------|----|-------------------------|------------------|
| FIRST          | 1  | Johnson                 | \$<br>744,421.51 |
| SECOND         | 2  | Lawrence                | \$<br>466,035.31 |
| THIRD          | 3  | Magoffin                | \$<br>386,786.53 |
| FOURTH         | 4  |                         |                  |
| FIFTH          | 5  |                         |                  |
| SIXTH          | 6  |                         |                  |
| SEVENTH        | 7  |                         |                  |
| EIGHTH         | 8  |                         |                  |
| NINTH          | 9  |                         |                  |
| TENTH          | 10 |                         |                  |
| ELEVENTH       | 11 |                         |                  |
| TWELVTH        | 12 |                         |                  |
| THIRTEENTH     | 13 |                         |                  |
| FOURTEENTH     | 14 |                         |                  |
| FIFTEENTH      | 15 |                         |                  |
| SIXTEENTH      | 16 |                         |                  |
| SEVENTEENTH    | 17 |                         |                  |
| EIGHTEENTH     | 18 |                         |                  |
| NINTEENTH      | 19 |                         |                  |
| TWENTIETH      | 20 |                         |                  |
| TWENTY-FIRST   | 21 |                         |                  |
| TWENTY-SECOND  | 22 |                         |                  |
| TWENTY-THIRD   | 23 |                         |                  |
| TWENTY-FOURTH  | 24 |                         |                  |
| TWENTY-FIFTH   | 25 |                         |                  |
| TWENTY-SIXTH   | 26 |                         |                  |
| TWENTY-SEVENTH | 27 |                         |                  |
| TWENTY-EIGHTH  | 28 |                         |                  |
| TWENTY-NINTH   | 29 |                         |                  |
| THIRTIETH      | 30 |                         |                  |
| THIRTY-FIRST   | 31 |                         |                  |
| THIRTY-SECOND  | 32 |                         |                  |
| THIRTY-THIRD   | 33 |                         |                  |
| THIRTY-FOURTH  | 34 |                         |                  |
| THIRTY-FIFTH   | 35 |                         |                  |
| THIRTY-SIXTH   | 36 |                         |                  |
| THIRTY-SEVENTH | 37 |                         |                  |
| THIRTY-EIGHTH  | 38 |                         |                  |
| THIRTY-NINTH   | 39 |                         |                  |
| FORTIETH       | 40 |                         |                  |

|              | 2. B'cast<br>Channel | 3. Type of |                        |       | Space G<br>Basis of |
|--------------|----------------------|------------|------------------------|-------|---------------------|
| 1. Call Sign | Number               | Station    | 6. Location of Station | DSE   | Carriage            |
| WSAZ         | 23                   | Ν          | Huntington, WV         | 0.250 |                     |
| WSAZ-2       | 23                   | N-M        | Huntington, WV         | 0.250 |                     |
| WSAZ-3       | 23                   | N-M        | Huntington, WV         | 0.250 |                     |
| WSAZ-4       | 23                   | N-M        | Huntington, WV         | 0.250 |                     |
| WKMR         | 15                   | E          | Morehead, KY           | 0.250 |                     |
| WKMR-2       | 15                   | E-M        | Morehead, KY           | 0.250 |                     |
| WKMR-3       | 15                   | E-M        | Morehead, KY           | 0.250 |                     |
| WKMR-4       | 15                   | E-M        | Morehead, KY           | 0.250 |                     |
| WKYT         | 13                   | Ν          | Lexington, KY          | 0.250 |                     |
| WKYT-2       | 13                   | N-M        | Lexington, KY          | 0.250 |                     |
| WYMT         | 12                   | Ν          | Hazard, KY             | 0.250 |                     |
| WYMT-2       | 12                   | N-M        | Hazard, KY             | 0.250 |                     |
| WLPX         | 18                   | I          | Charleston, WV         | 1.000 |                     |
| WLPX-2       | 18                   | I-M        | Charleston, WV         | 1.000 |                     |
| WLPX-3       | 18                   | I-M        | Charleston, WV         | 1.000 |                     |
| WLPX-4       | 18                   | I-M        | Charleston, WV         | 1.000 |                     |
| WCHS         | 41                   | Ν          | Charleston, WV         | 0.250 |                     |
| WCHS-2       | 41                   | Ν          | Charleston, WV         | 0.250 |                     |
| WQCW         | 17                   | I.         | Huntington, WV         | 1.000 |                     |
|              |                      |            |                        | #N/A  |                     |
| WTVQ         | 40                   | Ν          | Lexington, KY          | 0.250 |                     |
| WTVQ-2       | 40                   | N-M        | Lexington, KY          | 0.250 |                     |
| WTVQ-3       | 40                   | N-M        | Lexington, KY          | 0.250 |                     |
| WTVQ-4       | 40                   | N-M        | Lexington, KY          | 0.250 |                     |
| WTVQ-5       | 40                   | N-M        | Lexington, KY          | 0.250 |                     |
| WVAH         | 19                   | I.         | Charleston, WV         | 1.000 |                     |
| WVAH-2       | 19                   | I-M        | Charleston, WV         | 1.000 |                     |
| WVAH-3       | 19                   | I-M        | Charleston, WV         | 1.000 |                     |
| WVAH-4       | 19                   | I-M        | Charleston, WV         | 1.000 |                     |
| WVAH-5       | 19                   | I-M        | Charleston, WV         | 1.000 |                     |
| WLJC         | 7                    | Ν          | Morehead, KY           | 0.250 |                     |
| WLJC-2       | 7                    | N-M        | Morehead, KY           | 0.250 |                     |
| WLJC-3       | 7                    | N-M        | Morehead, KY           | 0.250 |                     |
| WLJC-4       | 7                    | N-M        | Morehead, KY           | 0.250 |                     |
| WLJC-5       | 7                    | N-M        | Morehead, KY           | 0.250 |                     |
| WLJC-6       | 7                    | N-M        | Morehead, KY           | 0.250 |                     |
| WLEX         | 39                   | Ν          | Lexington, KY          | 0.250 |                     |
| WLEX-2       | 39                   | N-M        | Lexington, KY          | 0.250 |                     |
| WLEX-3       | 39                   | N-M        | Lexington, KY          | 0.250 |                     |
| WVPB         | 9                    | Е          | Huntington, WV         | 0.250 |                     |
| WVPB-2       | 9                    | E-M        | Huntington, WV         | 0.250 |                     |
|              |                      |            |                        | #N/A  |                     |

|              | 2. B'cast<br>Channel | 3. Type of                     |              | Space G<br>Basis of |
|--------------|----------------------|--------------------------------|--------------|---------------------|
| 1. Call Sign | Number               | Station 6. Location of Station | DSE          | Carriage            |
|              |                      |                                | #N/A         |                     |
|              |                      |                                | #N/A         |                     |
|              |                      |                                | #N/A         |                     |
|              |                      |                                | #N/A<br>#N/A |                     |
|              |                      |                                | #N/A<br>#N/A |                     |
|              |                      |                                | #N/A<br>#N/A |                     |
|              |                      |                                | #N/A         |                     |
|              |                      |                                | #N/A<br>#N/A |                     |
|              |                      |                                | #N/A<br>#N/A |                     |
|              |                      |                                | #N/A         |                     |
|              |                      |                                | #N/A         |                     |
|              |                      |                                | #N/A         |                     |
|              |                      |                                | ,<br>#N/A    |                     |
|              |                      |                                | #N/A         |                     |
|              |                      |                                | #N/A<br>#N/A |                     |
|              |                      |                                | #N/A         |                     |
|              |                      |                                | #N/A         |                     |
|              |                      |                                | ,            |                     |

|              | 2. B'cast<br>Channel | 3. Type of                     |              | Space G<br>Basis of |
|--------------|----------------------|--------------------------------|--------------|---------------------|
| 1. Call Sign | Number               | Station 6. Location of Station | DSE          | Carriage            |
|              |                      |                                | #N/A         |                     |
|              |                      |                                | #N/A         |                     |
|              |                      |                                | #N/A         |                     |
|              |                      |                                | #N/A<br>#N/A |                     |
|              |                      |                                | #N/A<br>#N/A |                     |
|              |                      |                                | #N/A<br>#N/A |                     |
|              |                      |                                | #N/A         |                     |
|              |                      |                                | #N/A<br>#N/A |                     |
|              |                      |                                | #N/A<br>#N/A |                     |
|              |                      |                                | #N/A         |                     |
|              |                      |                                | #N/A         |                     |
|              |                      |                                | #N/A         |                     |
|              |                      |                                | ,<br>#N/A    |                     |
|              |                      |                                | #N/A         |                     |
|              |                      |                                | #N/A<br>#N/A |                     |
|              |                      |                                | #N/A         |                     |
|              |                      |                                | #N/A         |                     |
|              |                      |                                | ,            |                     |

|              | 2. B'cast<br>Channel | 3. Type of                     |              | Space G<br>Basis of |
|--------------|----------------------|--------------------------------|--------------|---------------------|
| 1. Call Sign | Number               | Station 6. Location of Station | DSE          | Carriage            |
|              |                      |                                | #N/A         |                     |
|              |                      |                                | #N/A         |                     |
|              |                      |                                | #N/A         |                     |
|              |                      |                                | #N/A<br>#N/A |                     |
|              |                      |                                | #N/A<br>#N/A |                     |
|              |                      |                                | #N/A<br>#N/A |                     |
|              |                      |                                | #N/A         |                     |
|              |                      |                                | #N/A<br>#N/A |                     |
|              |                      |                                | #N/A<br>#N/A |                     |
|              |                      |                                | #N/A         |                     |
|              |                      |                                | #N/A         |                     |
|              |                      |                                | #N/A         |                     |
|              |                      |                                | ,<br>#N/A    |                     |
|              |                      |                                | #N/A         |                     |
|              |                      |                                | #N/A<br>#N/A |                     |
|              |                      |                                | #N/A         |                     |
|              |                      |                                | #N/A         |                     |
|              |                      |                                | ,            |                     |

|              | 2. B'cast<br>Channel | 3. Type of                     |              | Space G<br>Basis of |
|--------------|----------------------|--------------------------------|--------------|---------------------|
| 1. Call Sign | Number               | Station 6. Location of Station | DSE          | Carriage            |
|              |                      |                                | #N/A         |                     |
|              |                      |                                | #N/A         |                     |
|              |                      |                                | #N/A         |                     |
|              |                      |                                | #N/A<br>#N/A |                     |
|              |                      |                                | #N/A<br>#N/A |                     |
|              |                      |                                | #N/A<br>#N/A |                     |
|              |                      |                                | #N/A         |                     |
|              |                      |                                | #N/A<br>#N/A |                     |
|              |                      |                                | #N/A<br>#N/A |                     |
|              |                      |                                | #N/A         |                     |
|              |                      |                                | #N/A         |                     |
|              |                      |                                | #N/A         |                     |
|              |                      |                                | ,<br>#N/A    |                     |
|              |                      |                                | #N/A         |                     |
|              |                      |                                | #N/A<br>#N/A |                     |
|              |                      |                                | #N/A         |                     |
|              |                      |                                | #N/A         |                     |
|              |                      |                                | ,            |                     |

|              | 2. B'cast<br>Channel | 3. Type of                     |              | Space G<br>Basis of |
|--------------|----------------------|--------------------------------|--------------|---------------------|
| 1. Call Sign | Number               | Station 6. Location of Station | DSE          | Carriage            |
|              |                      |                                | #N/A         |                     |
|              |                      |                                | #N/A         |                     |
|              |                      |                                | #N/A         |                     |
|              |                      |                                | #N/A<br>#N/A |                     |
|              |                      |                                | #N/A<br>#N/A |                     |
|              |                      |                                | #N/A<br>#N/A |                     |
|              |                      |                                | #N/A         |                     |
|              |                      |                                | #N/A<br>#N/A |                     |
|              |                      |                                | #N/A<br>#N/A |                     |
|              |                      |                                | #N/A         |                     |
|              |                      |                                | #N/A         |                     |
|              |                      |                                | #N/A         |                     |
|              |                      |                                | ,<br>#N/A    |                     |
|              |                      |                                | #N/A         |                     |
|              |                      |                                | #N/A<br>#N/A |                     |
|              |                      |                                | #N/A         |                     |
|              |                      |                                | #N/A         |                     |
|              |                      |                                | ,            |                     |

|              | 2. B'cast<br>Channel | 3. Type of                     |              | Space G<br>Basis of |
|--------------|----------------------|--------------------------------|--------------|---------------------|
| 1. Call Sign | Number               | Station 6. Location of Station | DSE          | Carriage            |
|              |                      |                                | #N/A         |                     |
|              |                      |                                | #N/A         |                     |
|              |                      |                                | #N/A         |                     |
|              |                      |                                | #N/A<br>#N/A |                     |
|              |                      |                                | #N/A<br>#N/A |                     |
|              |                      |                                | #N/A<br>#N/A |                     |
|              |                      |                                | #N/A         |                     |
|              |                      |                                | #N/A<br>#N/A |                     |
|              |                      |                                | #N/A<br>#N/A |                     |
|              |                      |                                | #N/A         |                     |
|              |                      |                                | #N/A         |                     |
|              |                      |                                | #N/A         |                     |
|              |                      |                                | ,<br>#N/A    |                     |
|              |                      |                                | #N/A         |                     |
|              |                      |                                | #N/A<br>#N/A |                     |
|              |                      |                                | #N/A         |                     |
|              |                      |                                | #N/A         |                     |
|              |                      |                                | ,            |                     |

|              | 2. B'cast<br>Channel | 3. Type of                     |              | Space G<br>Basis of |
|--------------|----------------------|--------------------------------|--------------|---------------------|
| 1. Call Sign | Number               | Station 6. Location of Station | DSE          | Carriage            |
|              |                      |                                | #N/A         |                     |
|              |                      |                                | #N/A         |                     |
|              |                      |                                | #N/A         |                     |
|              |                      |                                | #N/A<br>#N/A |                     |
|              |                      |                                | #N/A<br>#N/A |                     |
|              |                      |                                | #N/A<br>#N/A |                     |
|              |                      |                                | #N/A         |                     |
|              |                      |                                | #N/A<br>#N/A |                     |
|              |                      |                                | #N/A<br>#N/A |                     |
|              |                      |                                | #N/A         |                     |
|              |                      |                                | #N/A         |                     |
|              |                      |                                | #N/A         |                     |
|              |                      |                                | ,<br>#N/A    |                     |
|              |                      |                                | #N/A         |                     |
|              |                      |                                | #N/A<br>#N/A |                     |
|              |                      |                                | #N/A         |                     |
|              |                      |                                | #N/A         |                     |
|              |                      |                                | ,            |                     |

|              | 2. B'cast<br>Channel | 3. Type of                     |              | Space G<br>Basis of |
|--------------|----------------------|--------------------------------|--------------|---------------------|
| 1. Call Sign | Number               | Station 6. Location of Station | DSE          | Carriage            |
|              |                      |                                | #N/A         |                     |
|              |                      |                                | #N/A         |                     |
|              |                      |                                | #N/A         |                     |
|              |                      |                                | #N/A<br>#N/A |                     |
|              |                      |                                | #N/A<br>#N/A |                     |
|              |                      |                                | #N/A<br>#N/A |                     |
|              |                      |                                | #N/A         |                     |
|              |                      |                                | #N/A<br>#N/A |                     |
|              |                      |                                | #N/A<br>#N/A |                     |
|              |                      |                                | #N/A         |                     |
|              |                      |                                | #N/A         |                     |
|              |                      |                                | #N/A         |                     |
|              |                      |                                | ,<br>#N/A    |                     |
|              |                      |                                | #N/A         |                     |
|              |                      |                                | #N/A<br>#N/A |                     |
|              |                      |                                | #N/A         |                     |
|              |                      |                                | #N/A         |                     |
|              |                      |                                | ,            |                     |

|              | 2. B'cast<br>Channel | 3. Type of                     |              | Space G<br>Basis of |
|--------------|----------------------|--------------------------------|--------------|---------------------|
| 1. Call Sign | Number               | Station 6. Location of Station | DSE          | Carriage            |
|              |                      |                                | #N/A         |                     |
|              |                      |                                | #N/A         |                     |
|              |                      |                                | #N/A         |                     |
|              |                      |                                | #N/A<br>#N/A |                     |
|              |                      |                                | #N/A<br>#N/A |                     |
|              |                      |                                | #N/A<br>#N/A |                     |
|              |                      |                                | #N/A         |                     |
|              |                      |                                | #N/A<br>#N/A |                     |
|              |                      |                                | #N/A<br>#N/A |                     |
|              |                      |                                | #N/A         |                     |
|              |                      |                                | #N/A         |                     |
|              |                      |                                | #N/A         |                     |
|              |                      |                                | ,<br>#N/A    |                     |
|              |                      |                                | #N/A         |                     |
|              |                      |                                | #N/A<br>#N/A |                     |
|              |                      |                                | #N/A         |                     |
|              |                      |                                | #N/A         |                     |
|              |                      |                                | ,            |                     |

|              | 2. B'cast<br>Channel | 3. Type of                     |              | Space G<br>Basis of |
|--------------|----------------------|--------------------------------|--------------|---------------------|
| 1. Call Sign | Number               | Station 6. Location of Station | DSE          | Carriage            |
|              |                      |                                | #N/A         |                     |
|              |                      |                                | #N/A         |                     |
|              |                      |                                | #N/A         |                     |
|              |                      |                                | #N/A<br>#N/A |                     |
|              |                      |                                | #N/A<br>#N/A |                     |
|              |                      |                                | #N/A<br>#N/A |                     |
|              |                      |                                | #N/A         |                     |
|              |                      |                                | #N/A<br>#N/A |                     |
|              |                      |                                | #N/A<br>#N/A |                     |
|              |                      |                                | #N/A         |                     |
|              |                      |                                | #N/A         |                     |
|              |                      |                                | #N/A         |                     |
|              |                      |                                | ,<br>#N/A    |                     |
|              |                      |                                | #N/A         |                     |
|              |                      |                                | #N/A<br>#N/A |                     |
|              |                      |                                | #N/A         |                     |
|              |                      |                                | #N/A         |                     |
|              |                      |                                | ,            |                     |

|              | 2. B'cast<br>Channel | 3. Type of                     |              | Space G<br>Basis of |
|--------------|----------------------|--------------------------------|--------------|---------------------|
| 1. Call Sign | Number               | Station 6. Location of Station | DSE          | Carriage            |
|              |                      |                                | #N/A         |                     |
|              |                      |                                | #N/A         |                     |
|              |                      |                                | #N/A         |                     |
|              |                      |                                | #N/A<br>#N/A |                     |
|              |                      |                                | #N/A<br>#N/A |                     |
|              |                      |                                | #N/A<br>#N/A |                     |
|              |                      |                                | #N/A         |                     |
|              |                      |                                | #N/A<br>#N/A |                     |
|              |                      |                                | #N/A<br>#N/A |                     |
|              |                      |                                | #N/A         |                     |
|              |                      |                                | #N/A         |                     |
|              |                      |                                | #N/A         |                     |
|              |                      |                                | ,<br>#N/A    |                     |
|              |                      |                                | #N/A         |                     |
|              |                      |                                | #N/A<br>#N/A |                     |
|              |                      |                                | #N/A         |                     |
|              |                      |                                | #N/A         |                     |
|              |                      |                                | ,            |                     |

|              | 2. B'cast<br>Channel | 3. Type of                     |              | Space G<br>Basis of |
|--------------|----------------------|--------------------------------|--------------|---------------------|
| 1. Call Sign | Number               | Station 6. Location of Station | DSE          | Carriage            |
|              |                      |                                | #N/A         |                     |
|              |                      |                                | #N/A         |                     |
|              |                      |                                | #N/A         |                     |
|              |                      |                                | #N/A<br>#N/A |                     |
|              |                      |                                | #N/A<br>#N/A |                     |
|              |                      |                                | #N/A<br>#N/A |                     |
|              |                      |                                | #N/A         |                     |
|              |                      |                                | #N/A<br>#N/A |                     |
|              |                      |                                | #N/A<br>#N/A |                     |
|              |                      |                                | #N/A         |                     |
|              |                      |                                | #N/A         |                     |
|              |                      |                                | #N/A         |                     |
|              |                      |                                | ,<br>#N/A    |                     |
|              |                      |                                | #N/A         |                     |
|              |                      |                                | #N/A<br>#N/A |                     |
|              |                      |                                | #N/A         |                     |
|              |                      |                                | #N/A         |                     |
|              |                      |                                | ,            |                     |

|              | 2. B'cast<br>Channel | 3. Type of                     |              | Space G<br>Basis of |
|--------------|----------------------|--------------------------------|--------------|---------------------|
| 1. Call Sign | Number               | Station 6. Location of Station | DSE          | Carriage            |
|              |                      |                                | #N/A         |                     |
|              |                      |                                | #N/A         |                     |
|              |                      |                                | #N/A         |                     |
|              |                      |                                | #N/A<br>#N/A |                     |
|              |                      |                                | #N/A<br>#N/A |                     |
|              |                      |                                | #N/A<br>#N/A |                     |
|              |                      |                                | #N/A         |                     |
|              |                      |                                | #N/A<br>#N/A |                     |
|              |                      |                                | #N/A<br>#N/A |                     |
|              |                      |                                | #N/A         |                     |
|              |                      |                                | #N/A         |                     |
|              |                      |                                | #N/A         |                     |
|              |                      |                                | ,<br>#N/A    |                     |
|              |                      |                                | #N/A         |                     |
|              |                      |                                | #N/A<br>#N/A |                     |
|              |                      |                                | #N/A         |                     |
|              |                      |                                | #N/A         |                     |
|              |                      |                                | ,            |                     |

|              | 2. B'cast<br>Channel | 3. Type of                     |              | Space G<br>Basis of |
|--------------|----------------------|--------------------------------|--------------|---------------------|
| 1. Call Sign | Number               | Station 6. Location of Station | DSE          | Carriage            |
|              |                      |                                | #N/A         |                     |
|              |                      |                                | #N/A         |                     |
|              |                      |                                | #N/A         |                     |
|              |                      |                                | #N/A<br>#N/A |                     |
|              |                      |                                | #N/A<br>#N/A |                     |
|              |                      |                                | #N/A<br>#N/A |                     |
|              |                      |                                | #N/A         |                     |
|              |                      |                                | #N/A<br>#N/A |                     |
|              |                      |                                | #N/A<br>#N/A |                     |
|              |                      |                                | #N/A         |                     |
|              |                      |                                | #N/A         |                     |
|              |                      |                                | #N/A         |                     |
|              |                      |                                | ,<br>#N/A    |                     |
|              |                      |                                | #N/A         |                     |
|              |                      |                                | #N/A<br>#N/A |                     |
|              |                      |                                | #N/A         |                     |
|              |                      |                                | #N/A         |                     |
|              |                      |                                | ,            |                     |

|              | 2. B'cast<br>Channel | 3. Type of                     |              | Space G<br>Basis of |
|--------------|----------------------|--------------------------------|--------------|---------------------|
| 1. Call Sign | Number               | Station 6. Location of Station | DSE          | Carriage            |
|              |                      |                                | #N/A         |                     |
|              |                      |                                | #N/A         |                     |
|              |                      |                                | #N/A         |                     |
|              |                      |                                | #N/A<br>#N/A |                     |
|              |                      |                                | #N/A<br>#N/A |                     |
|              |                      |                                | #N/A<br>#N/A |                     |
|              |                      |                                | #N/A         |                     |
|              |                      |                                | #N/A<br>#N/A |                     |
|              |                      |                                | #N/A<br>#N/A |                     |
|              |                      |                                | #N/A         |                     |
|              |                      |                                | #N/A         |                     |
|              |                      |                                | #N/A         |                     |
|              |                      |                                | ,<br>#N/A    |                     |
|              |                      |                                | #N/A         |                     |
|              |                      |                                | #N/A<br>#N/A |                     |
|              |                      |                                | #N/A         |                     |
|              |                      |                                | #N/A         |                     |
|              |                      |                                | ,            |                     |

|              | 2. B'cast<br>Channel | 3. Type of                     |              | Space G<br>Basis of |
|--------------|----------------------|--------------------------------|--------------|---------------------|
| 1. Call Sign | Number               | Station 6. Location of Station | DSE          | Carriage            |
|              |                      |                                | #N/A         |                     |
|              |                      |                                | #N/A         |                     |
|              |                      |                                | #N/A         |                     |
|              |                      |                                | #N/A<br>#N/A |                     |
|              |                      |                                | #N/A<br>#N/A |                     |
|              |                      |                                | #N/A<br>#N/A |                     |
|              |                      |                                | #N/A         |                     |
|              |                      |                                | #N/A<br>#N/A |                     |
|              |                      |                                | #N/A<br>#N/A |                     |
|              |                      |                                | #N/A         |                     |
|              |                      |                                | #N/A         |                     |
|              |                      |                                | #N/A         |                     |
|              |                      |                                | ,<br>#N/A    |                     |
|              |                      |                                | #N/A         |                     |
|              |                      |                                | #N/A<br>#N/A |                     |
|              |                      |                                | #N/A         |                     |
|              |                      |                                | #N/A         |                     |
|              |                      |                                | ,            |                     |

|              | 2. B'cast<br>Channel | 3. Type of                     |              | Space G<br>Basis of |
|--------------|----------------------|--------------------------------|--------------|---------------------|
| 1. Call Sign | Number               | Station 6. Location of Station | DSE          | Carriage            |
|              |                      |                                | #N/A         |                     |
|              |                      |                                | #N/A         |                     |
|              |                      |                                | #N/A         |                     |
|              |                      |                                | #N/A<br>#N/A |                     |
|              |                      |                                | #N/A<br>#N/A |                     |
|              |                      |                                | #N/A<br>#N/A |                     |
|              |                      |                                | #N/A         |                     |
|              |                      |                                | #N/A<br>#N/A |                     |
|              |                      |                                | #N/A<br>#N/A |                     |
|              |                      |                                | #N/A         |                     |
|              |                      |                                | #N/A         |                     |
|              |                      |                                | #N/A         |                     |
|              |                      |                                | ,<br>#N/A    |                     |
|              |                      |                                | #N/A         |                     |
|              |                      |                                | #N/A<br>#N/A |                     |
|              |                      |                                | #N/A         |                     |
|              |                      |                                | #N/A         |                     |
|              |                      |                                | ,            |                     |

|              | 2. B'cast<br>Channel | 3. Type of                     |              | Space G<br>Basis of |
|--------------|----------------------|--------------------------------|--------------|---------------------|
| 1. Call Sign | Number               | Station 6. Location of Station | DSE          | Carriage            |
|              |                      |                                | #N/A         |                     |
|              |                      |                                | #N/A         |                     |
|              |                      |                                | #N/A         |                     |
|              |                      |                                | #N/A<br>#N/A |                     |
|              |                      |                                | #N/A<br>#N/A |                     |
|              |                      |                                | #N/A<br>#N/A |                     |
|              |                      |                                | #N/A         |                     |
|              |                      |                                | #N/A<br>#N/A |                     |
|              |                      |                                | #N/A<br>#N/A |                     |
|              |                      |                                | #N/A         |                     |
|              |                      |                                | #N/A         |                     |
|              |                      |                                | #N/A         |                     |
|              |                      |                                | ,<br>#N/A    |                     |
|              |                      |                                | #N/A         |                     |
|              |                      |                                | #N/A<br>#N/A |                     |
|              |                      |                                | #N/A         |                     |
|              |                      |                                | #N/A         |                     |
|              |                      |                                | ,            |                     |

|              | 2. B'cast<br>Channel | 3. Type of                     |              | Space G<br>Basis of |
|--------------|----------------------|--------------------------------|--------------|---------------------|
| 1. Call Sign | Number               | Station 6. Location of Station | DSE          | Carriage            |
|              |                      |                                | #N/A         |                     |
|              |                      |                                | #N/A         |                     |
|              |                      |                                | #N/A         |                     |
|              |                      |                                | #N/A<br>#N/A |                     |
|              |                      |                                | #N/A<br>#N/A |                     |
|              |                      |                                | #N/A<br>#N/A |                     |
|              |                      |                                | #N/A         |                     |
|              |                      |                                | #N/A<br>#N/A |                     |
|              |                      |                                | #N/A<br>#N/A |                     |
|              |                      |                                | #N/A         |                     |
|              |                      |                                | #N/A         |                     |
|              |                      |                                | #N/A         |                     |
|              |                      |                                | ,<br>#N/A    |                     |
|              |                      |                                | #N/A         |                     |
|              |                      |                                | #N/A<br>#N/A |                     |
|              |                      |                                | #N/A         |                     |
|              |                      |                                | #N/A         |                     |
|              |                      |                                | ,            |                     |

|              | 2. B'cast<br>Channel | 3. Type of                     |              | Space G<br>Basis of |
|--------------|----------------------|--------------------------------|--------------|---------------------|
| 1. Call Sign | Number               | Station 6. Location of Station | DSE          | Carriage            |
|              |                      |                                | #N/A         |                     |
|              |                      |                                | #N/A         |                     |
|              |                      |                                | #N/A         |                     |
|              |                      |                                | #N/A<br>#N/A |                     |
|              |                      |                                | #N/A<br>#N/A |                     |
|              |                      |                                | #N/A<br>#N/A |                     |
|              |                      |                                | #N/A         |                     |
|              |                      |                                | #N/A<br>#N/A |                     |
|              |                      |                                | #N/A<br>#N/A |                     |
|              |                      |                                | #N/A         |                     |
|              |                      |                                | #N/A         |                     |
|              |                      |                                | #N/A         |                     |
|              |                      |                                | ,<br>#N/A    |                     |
|              |                      |                                | #N/A         |                     |
|              |                      |                                | #N/A<br>#N/A |                     |
|              |                      |                                | #N/A         |                     |
|              |                      |                                | #N/A         |                     |
|              |                      |                                | ,            |                     |

|              | 2. B'cast<br>Channel | 3. Type of                     |              | Space G<br>Basis of |
|--------------|----------------------|--------------------------------|--------------|---------------------|
| 1. Call Sign | Number               | Station 6. Location of Station | DSE          | Carriage            |
|              |                      |                                | #N/A         |                     |
|              |                      |                                | #N/A         |                     |
|              |                      |                                | #N/A         |                     |
|              |                      |                                | #N/A<br>#N/A |                     |
|              |                      |                                | #N/A<br>#N/A |                     |
|              |                      |                                | #N/A<br>#N/A |                     |
|              |                      |                                | #N/A         |                     |
|              |                      |                                | #N/A<br>#N/A |                     |
|              |                      |                                | #N/A<br>#N/A |                     |
|              |                      |                                | #N/A         |                     |
|              |                      |                                | #N/A         |                     |
|              |                      |                                | #N/A         |                     |
|              |                      |                                | ,<br>#N/A    |                     |
|              |                      |                                | #N/A         |                     |
|              |                      |                                | #N/A<br>#N/A |                     |
|              |                      |                                | #N/A         |                     |
|              |                      |                                | #N/A         |                     |
|              |                      |                                | ,            |                     |

|              | 2. B'cast<br>Channel | 3. Type of                     |              | Space G<br>Basis of |
|--------------|----------------------|--------------------------------|--------------|---------------------|
| 1. Call Sign | Number               | Station 6. Location of Station | DSE          | Carriage            |
|              |                      |                                | #N/A         |                     |
|              |                      |                                | #N/A         |                     |
|              |                      |                                | #N/A         |                     |
|              |                      |                                | #N/A<br>#N/A |                     |
|              |                      |                                | #N/A<br>#N/A |                     |
|              |                      |                                | #N/A<br>#N/A |                     |
|              |                      |                                | #N/A         |                     |
|              |                      |                                | #N/A<br>#N/A |                     |
|              |                      |                                | #N/A<br>#N/A |                     |
|              |                      |                                | #N/A         |                     |
|              |                      |                                | #N/A         |                     |
|              |                      |                                | #N/A         |                     |
|              |                      |                                | ,<br>#N/A    |                     |
|              |                      |                                | #N/A         |                     |
|              |                      |                                | #N/A<br>#N/A |                     |
|              |                      |                                | #N/A         |                     |
|              |                      |                                | #N/A         |                     |
|              |                      |                                | ,            |                     |

|              | 2. B'cast<br>Channel | 3. Type of                     |              | Space G<br>Basis of |
|--------------|----------------------|--------------------------------|--------------|---------------------|
| 1. Call Sign | Number               | Station 6. Location of Station | DSE          | Carriage            |
|              |                      |                                | #N/A         |                     |
|              |                      |                                | #N/A         |                     |
|              |                      |                                | #N/A         |                     |
|              |                      |                                | #N/A<br>#N/A |                     |
|              |                      |                                | #N/A<br>#N/A |                     |
|              |                      |                                | #N/A<br>#N/A |                     |
|              |                      |                                | #N/A         |                     |
|              |                      |                                | #N/A<br>#N/A |                     |
|              |                      |                                | #N/A<br>#N/A |                     |
|              |                      |                                | #N/A         |                     |
|              |                      |                                | #N/A         |                     |
|              |                      |                                | #N/A         |                     |
|              |                      |                                | ,<br>#N/A    |                     |
|              |                      |                                | #N/A         |                     |
|              |                      |                                | #N/A<br>#N/A |                     |
|              |                      |                                | #N/A         |                     |
|              |                      |                                | #N/A         |                     |
|              |                      |                                | ,            |                     |

|              | 2. B'cast<br>Channel | 3. Type of                     |              | Space G<br>Basis of |
|--------------|----------------------|--------------------------------|--------------|---------------------|
| 1. Call Sign | Number               | Station 6. Location of Station | DSE          | Carriage            |
|              |                      |                                | #N/A         |                     |
|              |                      |                                | #N/A         |                     |
|              |                      |                                | #N/A         |                     |
|              |                      |                                | #N/A<br>#N/A |                     |
|              |                      |                                | #N/A<br>#N/A |                     |
|              |                      |                                | #N/A<br>#N/A |                     |
|              |                      |                                | #N/A         |                     |
|              |                      |                                | #N/A<br>#N/A |                     |
|              |                      |                                | #N/A<br>#N/A |                     |
|              |                      |                                | #N/A         |                     |
|              |                      |                                | #N/A         |                     |
|              |                      |                                | #N/A         |                     |
|              |                      |                                | ,<br>#N/A    |                     |
|              |                      |                                | #N/A         |                     |
|              |                      |                                | #N/A<br>#N/A |                     |
|              |                      |                                | #N/A         |                     |
|              |                      |                                | #N/A         |                     |
|              |                      |                                | ,            |                     |

|              | 2. B'cast<br>Channel | 3. Type of                     |              | Space G<br>Basis of |
|--------------|----------------------|--------------------------------|--------------|---------------------|
| 1. Call Sign | Number               | Station 6. Location of Station | DSE          | Carriage            |
|              |                      |                                | #N/A         |                     |
|              |                      |                                | #N/A         |                     |
|              |                      |                                | #N/A         |                     |
|              |                      |                                | #N/A<br>#N/A |                     |
|              |                      |                                | #N/A<br>#N/A |                     |
|              |                      |                                | #N/A<br>#N/A |                     |
|              |                      |                                | #N/A         |                     |
|              |                      |                                | #N/A<br>#N/A |                     |
|              |                      |                                | #N/A<br>#N/A |                     |
|              |                      |                                | #N/A         |                     |
|              |                      |                                | #N/A         |                     |
|              |                      |                                | #N/A         |                     |
|              |                      |                                | ,<br>#N/A    |                     |
|              |                      |                                | #N/A         |                     |
|              |                      |                                | #N/A<br>#N/A |                     |
|              |                      |                                | #N/A         |                     |
|              |                      |                                | #N/A         |                     |
|              |                      |                                | ,            |                     |

|              | 2. B'cast<br>Channel | 3. Type of                     |              | Space G<br>Basis of |
|--------------|----------------------|--------------------------------|--------------|---------------------|
| 1. Call Sign | Number               | Station 6. Location of Station | DSE          | Carriage            |
|              |                      |                                | #N/A         |                     |
|              |                      |                                | #N/A         |                     |
|              |                      |                                | #N/A         |                     |
|              |                      |                                | #N/A<br>#N/A |                     |
|              |                      |                                | #N/A<br>#N/A |                     |
|              |                      |                                | #N/A<br>#N/A |                     |
|              |                      |                                | #N/A         |                     |
|              |                      |                                | #N/A<br>#N/A |                     |
|              |                      |                                | #N/A<br>#N/A |                     |
|              |                      |                                | #N/A         |                     |
|              |                      |                                | #N/A         |                     |
|              |                      |                                | #N/A         |                     |
|              |                      |                                | ,<br>#N/A    |                     |
|              |                      |                                | #N/A         |                     |
|              |                      |                                | #N/A<br>#N/A |                     |
|              |                      |                                | #N/A         |                     |
|              |                      |                                | #N/A         |                     |
|              |                      |                                | ,            |                     |

| 1. Call Sign | 2. B'cast<br>Channel<br>Number | 3. Type of<br>Station | 6. Location of Station | DSE  | Space G<br>Basis of<br>Carriage |
|--------------|--------------------------------|-----------------------|------------------------|------|---------------------------------|
|              |                                |                       |                        | #N/A |                                 |

| LEGAL NAME OF OWNER OF CABLE SYSTEM:        | SYSTEM ID# |
|---|------------|
| Foothills Rural Telephone Cooperative Corp. | 20221      |

**Instructions:** Use this sheet to enter any notes or other information that you feel might assist the Copyright Examiner in the examination of your Statement of Account.

## U.S. Copyright Office

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

## SA3E Long Form

Return completed workbook by email to:

## STATEMENT OF ACCOUNT

for Secondary Transmissions by Cable Systems (Long Form)

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

| FOR COPYRIGHT | OFFICE USE ONLY         |
|---------------|-------------------------|
| DATE RECEIVED | AMOUNT                  |
| 8/23/2022     | \$<br>ALLOCATION NUMBER |

## coplicsoa@copyright.gov

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

| B<br>Owner rate | 2022/1  fructions: Give the full legal name of the owner of the cable system. te title of the subsidiary, not that of the parent corporation. List any other name or names under which the owner cor If there were different owners during the accounting period ingle statement of account and royalty fee payment coveril Check here if this is the system's first filing. If not, enter EGAL NAME OF OWNER/MAILING ADDRESS OF CABLE Foothills Rural Telephone Cooperative of Foothills Communications | ducts the business of the cable system.<br><i>d, only the owner on the last day of the a</i><br><i>ng the entire accounting period.</i><br>the system's ID number assigned by the<br><b>E SYSTEM</b> | accounting period should su |              | 6264   |
|-----------------|--|--|-----------------------------|--------------|--------|
| B<br>Owner rate | Give the full legal name of the owner of the cable system.<br>te title of the subsidiary, not that of the parent corporation.<br>List any other name or names under which the owner cor<br>If there were different owners during the accounting period<br>ingle statement of account and royalty fee payment covering<br>Check here if this is the system's first filing. If not, enter<br>EGAL NAME OF OWNER/MAILING ADDRESS OF CABLE<br>Foothills Rural Telephone Cooperative of                       | ducts the business of the cable system.<br><i>d, only the owner on the last day of the a</i><br><i>ng the entire accounting period.</i><br>the system's ID number assigned by the<br><b>E SYSTEM</b> | accounting period should su | ubmit<br>—   |        |
| LE              | Foothills Rural Telephone Cooperative  | _  |                             | 62644        | 12022  |
|                 |  | Corp.  |                             | 62644        | 12022  |
|                 | Foothills Communications   |  |                             | 62644        | 12022  |
|                 |  |  |                             | 62644        | 12022  |
|                 |  |  |                             | 0201         | +2022  |
|                 |  |  |                             | 62644        | 2022/1 |
|                 | 1621 KY RT 40W   |  |                             |              |        |
|                 | Staffordsville, KY 41256   |  |                             |              |        |
|                 | -  |  |                             | 41           |        |
|                 | STRUCTIONS: In line 1, give any business or trade r<br>mes already appear in space B. In line 2, give the ma   |  |                             |              |        |
| System          | IDENTIFICATION OF CABLE SYSTEM:  |  |                             | -            |        |
| 1               |  |  |                             |              |        |
|                 | MAILING ADDRESS OF CABLE SYSTEM:   |  |                             |              |        |
| 2               | (Number, street, rural route, apartment, or suite number)  |  |                             |              |        |
| 2               | (Number, street, rural route, apartment, or suite number)  |  |                             |              |        |
|                 | (City, town, state, zip code)  |  |                             |              |        |
| D Ins           | structions: For complete space D instructions, see p   | age 1b. Identify only the frst commun  | nity served below and rel   | list on page | 1h     |
| _               | h all communities.   |  |                             | not on page  |        |
| Served          | CITY OR TOWN   | STATE  |                             |              |        |
| First           | Johnson County   | KY   |                             |              |        |
| Community       | Below is a sample for reporting communities if you re  | port multiple channel line-ups in Spa  | ce G.                       |              |        |
|                 | CITY OR TOWN (SAMPLE)  | STATE  | CH LINE UP                  | SUB          | GRP#   |
| Sample          | a  | MD   | Α                           |              | 1      |
| Alli            | ance   | MD   | В                           |              | 2      |
| Ger             | ring   | MD   | В                           |              | 3      |

SYSTEM ID#

62644 Foothills Rural Telephone Cooperative Corp. Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined D in FCC rules: "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single, discrete unincorporated areas." 47 C.F.R. §76.5(dd). The frst community that you list will serve as a form Area of system identifcation hereafter known as the "first community." Please use it as the first community on all future filings. 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 Johnson County KY Α 1 First Lawrence County KY В 2 Community **Magoffin County** KY С 3 See instructions for additional information on alphabetization. Add rows as necessary.

FORM SA3E. PAGE 1b.

LEGAL NAME OF OWNER OF CABLE SYSTEM:

|      |   | <br>_ |
|------|---|-------|
|      |   |       |
| <br> |   |       |
|      |   |       |
| 1    | Ι |       |
|      |   |       |
|      |   |       |
|      | 1 |       |
|      |   |       |
|      |   |       |
|      |   |       |

| Name                                      | LEGAL NAME OF OWNER OF CABLE SYSTEM:  |   |   |   |  |   |   | S                                | STEM IC |  |  |  |
|---|---|---|---|---|--|---|---|----------------------------------|---------|--|--|--|
| Name                                      | Foothills Rural Telephone Cooperative Corp.   |   |   |   |  |   |   |                                  | 6264    |  |  |  |
| Е   | SECONDARY TRANSMISSION  |   |   |   |  |   |   |                                  |         |  |  |  |
| <b>E</b>                                  | 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   |   |   |   |  |   |   |                                  |         |  |  |  |
| Secondary                                 | 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   |   |   |   |  |   |   |                                  |         |  |  |  |
| Transmission                              | last day of the accounting period (June 30 or December 31, as the case may be).   |   |   |   |  |   |   |                                  |         |  |  |  |
| Service: Sub-                             | Number of Subscribers: Both blocks in space E call for the number of subscribers to the cable system, broken  |   |   |   |  |   |   |                                  |         |  |  |  |
| scribers and                              | down by categories of secondary   |   |   |   |  |   |   |                                  |         |  |  |  |
| Rates                                     | 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).<br><b>Rate:</b> 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. <b>Note:</b> 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 sets would be included in the count under "Service to additional sets".   |   |   |   |  |   |   |                                  |         |  |  |  |
|   | 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.   |   |   |   |  |   |   |                                  |         |  |  |  |
|   |   | BLOCK 1   |   |   |  |   | BLOC                                      | K 2                              |         |  |  |  |
|   | CATEGORY OF SERVICE   | NO. OF<br>SUBSCRIB  |   | RATE  | CAT  | EGORY OF SEI  | RVICE                                     | NO. OF<br>SUBSCRIBERS            | RATE    |  |  |  |
|   | Residential:  |   | LIKO  | TOTIE   | 0/11   |   | THE                                       | CODOCIADENCO                     | TUTE    |  |  |  |
|   | Service to first set  |   | 6,106   | \$ 40.90  |  |   |   |                                  |         |  |  |  |
|   | <ul> <li>Service to additional set(s)</li> </ul>  |   |   |   |  |   |   |                                  |         |  |  |  |
|   | • FM radio (if separate rate)   |   |   |   |  |   |   |                                  |         |  |  |  |
|   | Motel, hotel  |   |   |   |  |   |   |                                  |         |  |  |  |
|   | Commercial  |   |   |   |  |   |   |                                  |         |  |  |  |
|   | Converter   |   |   |   |  |   |   |                                  |         |  |  |  |
|   | Residential   |   |   |   |  |   |   |                                  |         |  |  |  |
|   | Non-residential   |   |   |   |  |   |   |                                  |         |  |  |  |
|   | SERVICES OTHER THAN SEC   | ONDARY TRA  | NSMIS   | SIONS: RATES  | 6  |   |   |                                  |         |  |  |  |
| -   | In General: Space F calls for rate (not subscriber) information with respect to all your cable system's services that were  |   |   |   |  |   |   |                                  |         |  |  |  |
| F   | not covered in space E, that is, the  |   |   |   |  |   |   |                                  |         |  |  |  |
| Comisso                                   | service for a single fee. There ar  |   |   |   | 0  |   | • • • •                                   |                                  |         |  |  |  |
| Services                                  | furnished at cost or (2) services a   |   |   | o nonsubscribe  | ers. Rate ir   |   |   |                                  |         |  |  |  |
| Other Than                                | amount of the charge and the unit in which it is usually billed. If any rates are charged on a variable per-program basis,  |   |   |   |  |   |   |                                  |         |  |  |  |
| Other Than<br>Secondarv                   | _   |   | usuany  | billed. If any ra   |  | arged on a varia  | able per-pr                               | ogram basis,                     |         |  |  |  |
| Other Than<br>Secondary<br>Transmissions: | enter only the letters "PP" in the <b>Block 1:</b> Give the standard rat  | rate column.<br>e charged by t  | he cable  | e system for ea   | ates are ch<br>ich of the a  | applicable servic   | es listed.                                | -                                |         |  |  |  |
| Secondary                                 | enter only the letters "PP" in the<br>Block 1: Give the standard rat<br>Block 2: List any services that   | rate column.<br>e charged by t<br>your cable sys  | he cable<br>stem fur  | e system for ea<br>nished or offer  | ates are ch<br>ach of the a<br>ed during t                                   | applicable servic   | es listed.<br>beriod that                 | were not                         |         |  |  |  |
| Secondary<br>Transmissions:               | enter only the letters "PP" in the<br>Block 1: Give the standard rat<br>Block 2: List any services that<br>listed in block 1 and for which a  | rate column.<br>e charged by t<br>your cable sys<br>separate charg  | he cable<br>stem fur<br>le was n  | e system for ea<br>nished or offer<br>nade or establ  | ates are ch<br>ach of the a<br>ed during t                                   | applicable servic   | es listed.<br>beriod that                 | were not                         |         |  |  |  |
| Secondary<br>Transmissions:               | enter only the letters "PP" in the<br>Block 1: Give the standard rat<br>Block 2: List any services that   | rate column.<br>e charged by t<br>your cable sys<br>separate charg<br>tion and includ                             | he cable<br>stem furn<br>je was n<br>le the ra  | e system for ea<br>nished or offer<br>nade or establ  | ates are ch<br>ach of the a<br>ed during t                                   | applicable servic   | es listed.<br>beriod that                 | were not<br>form of a            |         |  |  |  |
| Secondary<br>Transmissions:               | enter only the letters "PP" in the<br>Block 1: Give the standard rat<br>Block 2: List any services that<br>listed in block 1 and for which a<br>brief (two- or three-word) descrip  | rate column.<br>e charged by t<br>your cable sys<br>separate charg<br>tion and includ<br>BLO                      | he cable<br>stem furn<br>le was n<br>de the ra<br>CK 1  | e system for ea<br>nished or offer<br>nade or establ<br>ate for each.   | ates are ch<br>ach of the a<br>ed during<br>shed. List                       | applicable servic<br>the accounting p<br>these other serv | es listed.<br>period that<br>vices in the | were not<br>form of a<br>BLOCK 2 | RATE    |  |  |  |
| Secondary<br>Transmissions:               | enter only the letters "PP" in the<br>Block 1: Give the standard rat<br>Block 2: List any services that<br>listed in block 1 and for which a s<br>brief (two- or three-word) descrip<br>CATEGORY OF SERVICE   | rate column.<br>e charged by t<br>your cable sys<br>separate charg<br>tion and includ                             | he cable<br>stem furn<br>le was n<br>de the ra<br>CK 1<br>CATEC   | e system for ea<br>nished or offer<br>nade or establi<br>ate for each.<br>GORY OF SER   | ates are ch<br>ach of the a<br>ed during t<br>shed. List<br>VICE             | applicable servic   | es listed.<br>period that<br>vices in the | were not<br>form of a            | RATE    |  |  |  |
| Secondary<br>Transmissions:               | enter only the letters "PP" in the<br>Block 1: Give the standard rat<br>Block 2: List any services that<br>listed in block 1 and for which a s<br>brief (two- or three-word) descrip<br>CATEGORY OF SERVICE<br>Continuing Services:   | rate column.<br>e charged by ti<br>your cable sys<br>separate charg<br>tion and includ<br>BLO0<br>RATE            | he cable<br>stem furn<br>le was n<br>de the ra<br>CK 1<br>CATEC<br>Installa   | e system for ea<br>nished or offer<br>nade or establi<br>ate for each.<br>GORY OF SER<br>ation: Non-res   | ates are ch<br>ach of the a<br>ed during t<br>shed. List<br>VICE             | applicable servic<br>the accounting p<br>these other serv | es listed.<br>period that<br>vices in the | were not<br>form of a<br>BLOCK 2 | RATE    |  |  |  |
| Secondary<br>Transmissions:               | enter only the letters "PP" in the<br>Block 1: Give the standard rat<br>Block 2: List any services that<br>listed in block 1 and for which a s<br>brief (two- or three-word) descrip<br>CATEGORY OF SERVICE<br>Continuing Services:<br>• Pay cable  | rate column.<br>e charged by t<br>your cable sys<br>separate charg<br>tion and includ<br>BLO                      | he cable<br>stem fur<br>le was n<br>de the ra<br>CK 1<br>CATEC<br>Installa<br>• Mo  | e system for ea<br>nished or offer<br>nade or establi<br>ate for each.<br>GORY OF SER   | ates are ch<br>ach of the a<br>ed during t<br>shed. List<br>VICE             | applicable servic<br>the accounting p<br>these other serv | es listed.<br>period that<br>vices in the | were not<br>form of a<br>BLOCK 2 | RATE    |  |  |  |
| Secondary<br>Transmissions:               | enter only the letters "PP" in the<br>Block 1: Give the standard rat<br>Block 2: List any services that<br>listed in block 1 and for which a s<br>brief (two- or three-word) descrip<br>CATEGORY OF SERVICE<br>Continuing Services:   | rate column.<br>e charged by ti<br>your cable sys<br>separate charg<br>tion and includ<br>BLO<br>RATE<br>\$ 50.00 | he cable<br>stem furn<br>le was n<br>de the ra<br>CK 1<br>CATEC<br>Installa<br>• Mo<br>• Col  | e system for ea<br>nished or offer<br>nade or establi<br>ate for each.<br>GORY OF SER<br><b>ation: Non-res</b><br>tel, hotel  | ates are ch<br>ach of the a<br>ed during t<br>shed. List<br>VICE             | applicable servic<br>the accounting p<br>these other serv | es listed.<br>period that<br>vices in the | were not<br>form of a<br>BLOCK 2 | RATE    |  |  |  |
| Secondary<br>Transmissions:               | enter only the letters "PP" in the<br>Block 1: Give the standard rat<br>Block 2: List any services that<br>listed in block 1 and for which a s<br>brief (two- or three-word) descrip<br>CATEGORY OF SERVICE<br>Continuing Services:<br>• Pay cable<br>• Pay cable—add'l channel   | rate column.<br>e charged by ti<br>your cable sys<br>separate charg<br>tion and includ<br>BLO<br>RATE<br>\$ 50.00 | he cable<br>stem fur<br>le was n<br>de the ra<br>CK 1<br>CATEC<br>Installa<br>• Mo<br>• Col<br>• Pay  | e system for ea<br>nished or offer<br>nade or establ<br>ate for each.<br>GORY OF SER<br>ation: Non-res<br>tel, hotel<br>mmercial  | ates are ch<br>ach of the a<br>ed during<br>shed. List<br>VICE<br>idential   | applicable servic<br>the accounting p<br>these other serv | es listed.<br>period that<br>vices in the | were not<br>form of a<br>BLOCK 2 | RATE    |  |  |  |
| Secondary<br>Transmissions:               | enter only the letters "PP" in the<br>Block 1: Give the standard rat<br>Block 2: List any services that<br>listed in block 1 and for which a s<br>brief (two- or three-word) descrip<br>CATEGORY OF SERVICE<br>Continuing Services:<br>• Pay cable<br>• Pay cable—add'l channel<br>• Fire protection  | rate column.<br>e charged by ti<br>your cable sys<br>separate charg<br>tion and includ<br>BLO<br>RATE<br>\$ 50.00 | he cable<br>stem furn<br>le was n<br>de the ra<br>CK 1<br>CATEC<br>Installa<br>• Mo<br>• Con<br>• Pay<br>• Pay  | e system for ea<br>nished or offer<br>nade or establi<br>ate for each.<br>GORY OF SER<br><b>ation: Non-res</b><br>tel, hotel<br>mmercial<br>y cable   | ates are ch<br>ach of the a<br>ed during<br>shed. List<br>VICE<br>idential   | applicable servic<br>the accounting p<br>these other serv | es listed.<br>period that<br>vices in the | were not<br>form of a<br>BLOCK 2 | RATE    |  |  |  |
| Secondary<br>Transmissions:               | enter only the letters "PP" in the<br>Block 1: Give the standard rat<br>Block 2: List any services that<br>listed in block 1 and for which a s<br>brief (two- or three-word) descrip<br>CATEGORY OF SERVICE<br>Continuing Services:<br>• Pay cable<br>• Pay cable<br>• Fire protection<br>• Burglar protection  | rate column.<br>e charged by ti<br>your cable sys<br>separate charg<br>tion and includ<br>BLO<br>RATE<br>\$ 50.00 | he cable<br>stem fun<br>le was n<br>de the ra<br>CK 1<br>CATEC<br>Installa<br>• Mo<br>• Con<br>• Pay<br>• Pay<br>• Fire   | e system for ea<br>nished or offer<br>nade or establi<br>ate for each.<br>GORY OF SER<br>ation: Non-res<br>tel, hotel<br>mmercial<br>y cable<br>y cable-add'l cl  | ates are ch<br>ach of the a<br>ed during f<br>shed. List<br>VICE<br>idential | applicable servic<br>the accounting p<br>these other serv | es listed.<br>period that<br>vices in the | were not<br>form of a<br>BLOCK 2 | RATE    |  |  |  |
| Secondary<br>Transmissions:               | enter only the letters "PP" in the<br>Block 1: Give the standard rat<br>Block 2: List any services that<br>listed in block 1 and for which a s<br>brief (two- or three-word) descrip<br>CATEGORY OF SERVICE<br>Continuing Services:<br>• Pay cable<br>• Pay cable<br>• Fire protection<br>• Burglar protection<br>Installation: Residential   | rate column.<br>e charged by ti<br>your cable sys<br>separate charg<br>tion and includ<br>BLO<br>RATE<br>\$ 50.00 | he cable<br>stem fun<br>le was n<br>de the ra<br>CK 1<br>CATEC<br>Installa<br>• Mo<br>• Col<br>• Pay<br>• Pay<br>• Fire<br>• Bui  | e system for ea<br>nished or offer<br>nade or establi<br>ate for each.<br>GORY OF SER<br>ation: Non-res<br>tel, hotel<br>mmercial<br>y cable<br>y cable-add'l cl<br>e protection  | ates are ch<br>ach of the a<br>ed during f<br>shed. List<br>VICE<br>idential | applicable servic<br>the accounting p<br>these other serv | es listed.<br>period that<br>vices in the | were not<br>form of a<br>BLOCK 2 | RATE    |  |  |  |
| Secondary<br>Transmissions:               | enter only the letters "PP" in the<br>Block 1: Give the standard rat<br>Block 2: List any services that<br>listed in block 1 and for which a s<br>brief (two- or three-word) descrip<br>CATEGORY OF SERVICE<br>Continuing Services:<br>• Pay cable<br>• Pay cable<br>• Pay cable—add'l channel<br>• Fire protection<br>Installation: Residential<br>• First set<br>• Additional set(s)<br>• FM radio (if separate rate) | rate column.<br>e charged by ti<br>your cable sys<br>separate charg<br>tion and includ<br>BLO<br>RATE<br>\$ 50.00 | he cable<br>stem furn<br>le was n<br>de the ra<br>CK 1<br>CATEC<br>Installa<br>• Mo<br>• Col<br>• Pay<br>• Pay<br>• Fire<br>• Bun<br>Other<br>• Red                           | e system for ea<br>nished or offer<br>nade or establi<br>ate for each.<br>GORY OF SER<br>ation: Non-res<br>tel, hotel<br>mmercial<br>y cable<br>y cable-add'l cl<br>e protection<br>rglar protectior<br>services:<br>connect            | ates are ch<br>ach of the a<br>ed during f<br>shed. List<br>VICE<br>idential | applicable servic<br>the accounting p<br>these other serv | es listed.<br>period that<br>vices in the | were not<br>form of a<br>BLOCK 2 | RATE    |  |  |  |
| Secondary<br>Transmissions:               | enter only the letters "PP" in the<br>Block 1: Give the standard rat<br>Block 2: List any services that<br>listed in block 1 and for which a s<br>brief (two- or three-word) descrip<br>CATEGORY OF SERVICE<br>Continuing Services:<br>• Pay cable<br>• Pay cable<br>• Pay cable<br>• Pay cable<br>• Burglar protection<br>Installation: Residential<br>• First set<br>• Additional set(s)                              | rate column.<br>e charged by ti<br>your cable sys<br>separate charg<br>tion and includ<br>BLO<br>RATE<br>\$ 50.00 | he cable<br>stem furn<br>e was n<br>de the ra<br>CK 1<br>CATEC<br>Installa<br>• Mo<br>• Col<br>• Pay<br>• Pay<br>• Fire<br>• Bun<br>• Reu<br>• Dis                            | e system for ea<br>nished or offer<br>nade or establi<br>ate for each.<br>GORY OF SER<br>ation: Non-res<br>tel, hotel<br>mmercial<br>y cable<br>y cable-add'l cl<br>e protection<br>rglar protection<br>services:<br>connect<br>connect | ates are ch<br>ach of the a<br>ed during f<br>shed. List<br>VICE<br>idential | applicable servic<br>the accounting p<br>these other serv | es listed.<br>period that<br>vices in the | were not<br>form of a<br>BLOCK 2 | RATE    |  |  |  |
| Secondary<br>ransmissions:                | enter only the letters "PP" in the<br>Block 1: Give the standard rat<br>Block 2: List any services that<br>listed in block 1 and for which a s<br>brief (two- or three-word) descrip<br>CATEGORY OF SERVICE<br>Continuing Services:<br>• Pay cable<br>• Pay cable<br>• Pay cable—add'l channel<br>• Fire protection<br>Installation: Residential<br>• First set<br>• Additional set(s)<br>• FM radio (if separate rate) | rate column.<br>e charged by ti<br>your cable sys<br>separate charg<br>tion and includ<br>BLO<br>RATE<br>\$ 50.00 | he cable<br>stem furn<br>e was n<br>de the ra<br>CK 1<br>CATEC<br>Installa<br>• Mo<br>• Col<br>• Pay<br>• Fire<br>• Bur<br>• Bur<br>• Bur<br>• Bur<br>• Bur<br>• Dis<br>• Out | e system for ea<br>nished or offer<br>nade or establi<br>ate for each.<br>GORY OF SER<br>ation: Non-res<br>tel, hotel<br>mmercial<br>y cable<br>y cable-add'l cl<br>e protection<br>rglar protectior<br>services:<br>connect            | ates are ch<br>ach of the a<br>ed during<br>shed. List<br>VICE<br>idential   | applicable servic<br>the accounting p<br>these other serv | es listed.<br>period that<br>vices in the | were not<br>form of a<br>BLOCK 2 | RATE    |  |  |  |

|   | OWNER OF CABLE SY   |   |  |   | SYSTEM I  | Name  |
|---|---|---|--|---|---|---|
|   | ural Telephone  |   | e Corp.  |   | 6264  | 14  |
|   | IITTERS: TELEVISIO  |   | tion (in checking the  |   |   |   |
|   |   |   |  |   | and low power television stations)<br>l only on a part-time basis under   | G   |
| FCC rules and reg   | ulations in effect or   | June 24, 198  | 1, permitting the  | carriage of certa   | in network programs [sections   |   |
| ( )( )  |   |   | •  | (e)(2) and (4))]; ar  | nd (2) certain stations carried on a  | Primary<br>Transmitters:                      |
|   | n basis, as explaine<br>sis Stations: With r  |   | •  | carried by your ca  | ble system on a substitute program  | Television                                    |
|   | fc FCC rules, regula  |   |  |   |   |   |
|   | ation here in space<br>ried only on a subst   |   | it in space I (the   | e Special Stateme   | nt and Program Log)—if the  |   |
| List the station he   | ere, and also in spa  | ce I, if the stat   |  |   | ite basis and also on some other  |   |
| basis. For furth<br>in the paper SA   |   | erning substitu   | ute basis station  | s, see page (v) of  | the general instructions located  |   |
|   |   | sign. Do not re   | eport origination  | program services  | such as HBO, ESPN, etc. Identify  |   |
|   |   |   | •  | •   | ion. For example, report multi-   |   |
| cast stream as "W<br>WETA-simulcast).   |   | streams must  | be reported in c   | olumn 1 (list each  | stream separately; for example  |   |
|   |   |   | 0  |   | on for broadcasting over-the-air in   |   |
| •   | cense. For example<br>le system carried th  |   | innel 4 in Washi   | ngton, D.C. This r  | nay be different from the channel   |   |
|   |   |   | ation is a networ  | k station, an indep   | pendent station, or a noncommercial   |   |
|   |   |   |  |   | st), "I" (for independent), "I-M"   |   |
| · ·   | nulticast), "E" (for no<br>of these terms, see p  |   |  | ``  | nmercial educational multicast).<br>e paper SA3 form.   |   |
| Column 4: If th   | e station is outside  | the local servi   | ice area, (i.e. "di  | stant"), enter "Yes   | s". If not, enter "No". For an ex-  |   |
|   | service area, see pa<br>ou have entered "Ye   |   |  |   | paper SA3 form.<br>tating the basis on which your   |   |
| -   |   |   | -  | -   | ering "LAC" if your cable system  |   |
|   | station on a part-tin   | ne basis beca   | use of lack of ac  | tivated channel c   | apacity.  |   |
|   | main air an af a diatamt  | manulation and adman  |  |   |   |   |
|   |   |   |  |   | payment because it is the subject<br>em or an association representing  |   |
| of a written agreer<br>the cable system a   | ment entered into or<br>and a primary transr  | n or before Jur<br>mitter or an as  | ne 30, 2009, bet<br>sociation repres   | ween a cable syst<br>enting the primary   | payment because it is the subject<br>em or an association representing<br>/ transmitter, enter the designa-   |   |
| of a written agreer<br>the cable system a<br>tion "E" (exempt).   | nent entered into or<br>and a primary transr<br>For simulcasts, also  | n or before Jur<br>mitter or an as<br>o enter "E". If y   | ne 30, 2009, bet<br>sociation repres<br>/ou carried the c  | ween a cable syst<br>enting the primary<br>hannel on any oth  | payment because it is the subject<br>em or an association representing<br>y transmitter, enter the designa-<br>uer basis, enter "O." For a further  |   |
| of a written agreer<br>the cable system a<br>tion "E" (exempt).<br>explanation of the<br><b>Column 6:</b> Giv   | nent entered into or<br>and a primary transr<br>For simulcasts, also<br>se three categories,<br>e the location of ead   | n or before Jur<br>nitter or an as<br>o enter "E". If y<br>see page (v)<br>ch station. For  | ne 30, 2009, bet<br>sociation repres<br>/ou carried the c<br>of the general ir<br><sup>-</sup> U.S. stations, li   | ween a cable syst<br>enting the primary<br>hannel on any oth<br>astructions located<br>st the community   | payment because it is the subject<br>tem or an association representing<br>y transmitter, enter the designa-<br>ter basis, enter "O." For a further<br>d in the paper SA3 form.<br>to which the station is licensed by the  |   |
| of a written agreer<br>the cable system a<br>ion "E" (exempt).<br>explanation of the<br><b>Column 6:</b> Giv<br>FCC. For Mexican  | ment entered into or<br>and a primary transr<br>For simulcasts, also<br>se three categories,<br>e the location of eac<br>or Canadian station  | n or before Jur<br>nitter or an as<br>o enter "E". If y<br>see page (v)<br>ch station. For<br>ns, if any, give  | ne 30, 2009, bet<br>sociation repres<br>you carried the c<br>of the general ir<br>r U.S. stations, li<br>the name of the   | ween a cable syst<br>enting the primary<br>hannel on any oth<br>istructions located<br>st the community<br>e community with   | payment because it is the subject<br>tem or an association representing<br>y transmitter, enter the designa-<br>ter basis, enter "O." For a further<br>d in the paper SA3 form.<br>to which the station is licensed by the<br>which the station is identifed.   |   |
| of a written agreer<br>the cable system a<br>tion "E" (exempt). I<br>explanation of the<br><b>Column 6:</b> Giv<br>FCC. For Mexican   | nent entered into or<br>and a primary transr<br>For simulcasts, also<br>se three categories,<br>e the location of ead   | n or before Jur<br>mitter or an as<br>o enter "E". If y<br>see page (v)<br>ch station. For<br>ns, if any, give<br>nel line-ups, u   | ne 30, 2009, bet<br>sociation repres<br>you carried the c<br>of the general ir<br>r U.S. stations, li<br>the name of the<br>use a separate s   | ween a cable syst<br>enting the primary<br>hannel on any oth<br>astructions located<br>st the community<br>e community with<br>pace G for each o  | payment because it is the subject<br>tem or an association representing<br>y transmitter, enter the designa-<br>ter basis, enter "O." For a further<br>d in the paper SA3 form.<br>to which the station is licensed by the<br>which the station is identifed.   |   |
| of a written agreer<br>the cable system a<br>tion "E" (exempt).<br>explanation of the<br><b>Column 6:</b> Giv<br>FCC. For Mexican<br><b>Note:</b> If you are ut   | ment entered into or<br>and a primary transr<br>For simulcasts, also<br>se three categories,<br>e the location of ead<br>or Canadian station<br>illizing multiple chan  | n or before Jur<br>mitter or an as<br>o enter "E". If y<br>see page (v)<br>ch station. For<br>ns, if any, give<br>nel line-ups, u<br>CHANN  | ne 30, 2009, bet<br>sociation repres<br>you carried the c<br>of the general ir<br>V.S. stations, li<br>the name of the<br>use a separate s<br><b>EL LINE-UP</b>  | ween a cable syst<br>enting the primary<br>hannel on any oth<br>istructions located<br>st the community<br>e community with<br>pace G for each of<br>A  | payment because it is the subject<br>sem or an association representing<br>y transmitter, enter the designa-<br>ter basis, enter "O." For a further<br>d in the paper SA3 form.<br>to which the station is licensed by the<br>which the station is identifed.   |   |
| of a written agreer<br>the cable system a<br>tion "E" (exempt). I<br>explanation of the<br><b>Column 6:</b> Giv<br>FCC. For Mexican<br><b>Note:</b> If you are ut   | ment entered into or<br>and a primary transm<br>For simulcasts, also<br>se three categories,<br>e the location of eac<br>or Canadian station<br>ilizing multiple chan<br>2. B'CAST  | n or before Jur<br>mitter or an as<br>o enter "E". If y<br>see page (v)<br>ch station. For<br>ns, if any, give<br>nel line-ups, u<br>CHANN<br>3. TYPE   | e 30, 2009, bet<br>sociation repres<br>you carried the c<br>of the general ir<br>r U.S. stations, li<br>the name of the<br>use a separate s<br><b>EL LINE-UP</b><br>4. DISTANT?  | ween a cable syst<br>enting the primary<br>hannel on any oth<br>astructions located<br>st the community<br>e community with<br>pace G for each of<br>A<br>5. BASIS OF                             | payment because it is the subject<br>tem or an association representing<br>y transmitter, enter the designa-<br>ter basis, enter "O." For a further<br>d in the paper SA3 form.<br>to which the station is licensed by the<br>which the station is identifed.   |   |
| of a written agreer<br>the cable system a<br>tion "E" (exempt).<br>explanation of the<br><b>Column 6:</b> Giv<br>FCC. For Mexican<br><b>Note:</b> If you are ut   | nent entered into or<br>and a primary transm<br>For simulcasts, also<br>se three categories,<br>e the location of each<br>or Canadian station<br>illizing multiple chan<br>2. B'CAST<br>CHANNEL   | n or before Jur<br>mitter or an as<br>o enter "E". If y<br>see page (v)<br>ch station. For<br>ns, if any, give<br>nel line-ups, u<br><b>CHANN</b><br>3. TYPE<br>OF  | ne 30, 2009, bet<br>sociation repres<br>you carried the c<br>of the general ir<br>V.S. stations, li<br>the name of the<br>use a separate s<br><b>EL LINE-UP</b>  | ween a cable syst<br>enting the primary<br>hannel on any oth<br>astructions located<br>st the community<br>e community with<br>pace G for each of<br><b>A</b><br>5. BASIS OF<br>CARRIAGE          | payment because it is the subject<br>sem or an association representing<br>y transmitter, enter the designa-<br>ter basis, enter "O." For a further<br>d in the paper SA3 form.<br>to which the station is licensed by the<br>which the station is identifed.   |   |
| of a written agreer<br>the cable system a<br>tion "E" (exempt).<br>explanation of the<br><b>Column 6:</b> Giv<br>FCC. For Mexican<br><b>Note:</b> If you are ut<br>1. CALL<br>SIGN  | nent entered into or<br>and a primary transm<br>For simulcasts, also<br>se three categories,<br>e the location of each<br>or Canadian station<br>ilizing multiple chan<br>2. B'CAST<br>CHANNEL<br>NUMBER  | n or before Jur<br>mitter or an as<br>o enter "E". If y<br>see page (v)<br>ch station. For<br>ns, if any, give<br>nel line-ups, u<br><b>CHANN</b><br>3. TYPE<br>OF<br>STATION   | ne 30, 2009, bet<br>sociation repres<br>rou carried the c<br>of the general ir<br>r U.S. stations, li<br>the name of the<br>use a separate s<br><b>EL LINE-UP</b><br>4. DISTANT?<br>(Yes or No)  | ween a cable syst<br>enting the primary<br>hannel on any oth<br>astructions located<br>st the community<br>e community with<br>pace G for each of<br>A<br>5. BASIS OF                             | by yment because it is the subject<br>term or an association representing<br>y transmitter, enter the designa-<br>ter basis, enter "O." For a further<br>d in the paper SA3 form.<br>to which the station is licensed by the<br>which the station is identifed.<br>channel line-up.   |   |
| of a written agreer<br>the cable system a<br>tion "E" (exempt).<br>explanation of thes<br><b>Column 6:</b> Giv<br>FCC. For Mexican<br><b>Note:</b> If you are ut<br>1. CALL<br>SIGN   | ment entered into or<br>and a primary transm<br>For simulcasts, also<br>se three categories,<br>e the location of each<br>or Canadian station<br>illizing multiple chan<br>2. B'CAST<br>CHANNEL<br>NUMBER<br>23   | n or before Jur<br>mitter or an as<br>o enter "E". If y<br>see page (v)<br>ch station. For<br>ns, if any, give<br>mel line-ups, u<br><b>CHANN</b><br>3. TYPE<br>OF<br>STATION<br><b>N</b>   | ne 30, 2009, bet<br>sociation repres<br>you carried the c<br>of the general ir<br>U.S. stations, li<br>the name of the<br>use a separate s<br><b>EL LINE-UP</b><br>4. DISTANT?<br>(Yes or No)<br><b>No</b>   | ween a cable syst<br>enting the primary<br>hannel on any oth<br>astructions located<br>st the community<br>e community with<br>pace G for each of<br><b>A</b><br>5. BASIS OF<br>CARRIAGE          | payment because it is the subject<br>em or an association representing<br>y transmitter, enter the designa-<br>ter basis, enter "O." For a further<br>d in the paper SA3 form.<br>to which the station is licensed by the<br>which the station is identifed.<br>channel line-up.<br>6. LOCATION OF STATION<br>Huntington, WV  |   |
| of a written agreer<br>the cable system a<br>tion "E" (exempt).<br>explanation of the<br><b>Column 6:</b> Giv<br>FCC. For Mexican<br><b>Note:</b> If you are ut<br>1. CALL<br>SIGN<br>WSAZ  | nent entered into or<br>and a primary transr<br>For simulcasts, also<br>se three categories,<br>e the location of each<br>or Canadian station<br>ilizing multiple chan<br>2. B'CAST<br>CHANNEL<br>NUMBER<br>23<br>23  | n or before Jur<br>mitter or an as<br>o enter "E". If y<br>see page (v)<br>ch station. For<br>ns, if any, give<br>nel line-ups, u<br><b>CHANN</b><br>3. TYPE<br>OF<br>STATION<br><b>N</b><br><b>N-M</b>                                       | ne 30, 2009, bet<br>sociation repres<br>rou carried the c<br>of the general ir<br>r U.S. stations, li<br>e the name of the<br>use a separate s<br><b>EL LINE-UP</b><br>4. DISTANT?<br>(Yes or No)<br><b>No</b><br><b>No</b>  | ween a cable syst<br>enting the primary<br>hannel on any oth<br>astructions located<br>st the community<br>e community with<br>pace G for each of<br><b>A</b><br>5. BASIS OF<br>CARRIAGE          | payment because it is the subject<br>term or an association representing<br>y transmitter, enter the designa-<br>ter basis, enter "O." For a further<br>d in the paper SA3 form.<br>to which the station is licensed by the<br>which the station is identifed.<br>channel line-up.<br>6. LOCATION OF STATION<br>Huntington, WV<br>Huntington, WV  | See instructions for<br>additional informatio |
| of a written agreer<br>the cable system a<br>tion "E" (exempt). I<br>explanation of thes<br><b>Column 6:</b> Giv<br>FCC. For Mexican<br><b>Note:</b> If you are ut<br>1. CALL<br>SIGN<br>WSAZ<br>WSAZ-2<br>WSAZ-3   | ment entered into or<br>and a primary transm<br>For simulcasts, also<br>se three categories,<br>e the location of each<br>or Canadian station<br>illizing multiple chan<br>2. B'CAST<br>CHANNEL<br>NUMBER<br>23<br>23<br>23<br>23   | n or before Jur<br>mitter or an as<br>o enter "E". If y<br>see page (v)<br>ch station. For<br>ns, if any, give<br>nel line-ups, u<br><b>CHANN</b><br>3. TYPE<br>OF<br>STATION<br><b>N</b><br><b>N</b> -M<br><b>N-M</b>                        | ne 30, 2009, bet<br>sociation repres<br>you carried the c<br>of the general ir<br>U.S. stations, li<br>the name of the<br>use a separate s<br><b>EL LINE-UP</b><br>4. DISTANT?<br>(Yes or No)<br>NO<br>NO  | ween a cable syst<br>enting the primary<br>hannel on any oth<br>astructions located<br>st the community<br>e community with<br>pace G for each of<br><b>A</b><br>5. BASIS OF<br>CARRIAGE          | payment because it is the subject<br>term or an association representing<br>y transmitter, enter the designa-<br>ter basis, enter "O." For a further<br>d in the paper SA3 form.<br>to which the station is licensed by the<br>which the station is identifed.<br>thannel line-up.<br>6. LOCATION OF STATION<br>Huntington, WV<br>Huntington, WV  |   |
| of a written agreer<br>the cable system a<br>tion "E" (exempt).<br>explanation of the<br><b>Column 6:</b> Giv<br>FCC. For Mexican<br><b>Note:</b> If you are ut<br>1. CALL<br>SIGN<br><b>WSAZ</b><br><b>WSAZ-2</b><br><b>WSAZ-3</b><br><b>WSAZ-4</b>  | ment entered into or<br>and a primary transm<br>For simulcasts, also<br>se three categories,<br>e the location of each<br>or Canadian station<br>illizing multiple chan<br>2. B'CAST<br>CHANNEL<br>NUMBER<br>23<br>23<br>23<br>23<br>23   | n or before Jur<br>mitter or an as<br>o enter "E". If y<br>see page (v)<br>ch station. For<br>ns, if any, give<br>nel line-ups, u<br>CHANN<br>3. TYPE<br>OF<br>STATION<br>N<br>N-M<br>N-M<br>N-M  | ne 30, 2009, bet<br>sociation repres<br>rou carried the c<br>of the general ir<br>r U.S. stations, li<br>e the name of the<br>use a separate s<br><b>EL LINE-UP</b><br>4. DISTANT?<br>(Yes or No)<br>No<br>No<br>No  | ween a cable syst<br>enting the primary<br>hannel on any oth<br>astructions located<br>st the community<br>e community with<br>pace G for each of<br><b>A</b><br>5. BASIS OF<br>CARRIAGE          | payment because it is the subject<br>em or an association representing<br>y transmitter, enter the designa-<br>ter basis, enter "O." For a further<br>d in the paper SA3 form.<br>to which the station is licensed by the<br>which the station is identifed.<br>channel line-up.<br>6. LOCATION OF STATION<br>Huntington, WV<br>Huntington, WV<br>Huntington, WV  | additional information                        |
| of a written agreer<br>the cable system a<br>tion "E" (exempt). I<br>explanation of thes<br><b>Column 6:</b> Giv<br>FCC. For Mexican<br><b>Note:</b> If you are ut<br>1. CALL<br>SIGN<br>WSAZ-<br>WSAZ-2<br>WSAZ-3<br>WSAZ-4<br>WKMR  | ment entered into or<br>and a primary transm<br>For simulcasts, also<br>se three categories,<br>e the location of each<br>or Canadian station<br>illizing multiple chan<br>2. B'CAST<br>CHANNEL<br>NUMBER<br>23<br>23<br>23<br>23<br>23<br>15   | n or before Jur<br>mitter or an as<br>o enter "E". If y<br>see page (v)<br>ch station. For<br>ns, if any, give<br>nel line-ups, u<br>CHANN<br>3. TYPE<br>OF<br>STATION<br>N<br>N-M<br>N-M<br>E  | ne 30, 2009, bet<br>sociation repres<br>you carried the c<br>of the general ir<br>U.S. stations, li<br>the name of the<br>use a separate s<br><b>EL LINE-UP</b><br>4. DISTANT?<br>(Yes or No)<br><b>NO</b><br><b>NO</b><br><b>NO</b><br><b>NO</b><br><b>NO</b><br><b>NO</b>                            | ween a cable syst<br>enting the primary<br>hannel on any oth<br>astructions located<br>st the community<br>e community with<br>pace G for each of<br><b>A</b><br>5. BASIS OF<br>CARRIAGE          | payment because it is the subject<br>term or an association representing<br>y transmitter, enter the designa-<br>ter basis, enter "O." For a further<br>d in the paper SA3 form.<br>to which the station is licensed by the<br>which the station is identifed.<br>channel line-up.<br>6. LOCATION OF STATION<br>Huntington, WV<br>Huntington, WV<br>Huntington, WV<br>Morehead, KY  | additional information                        |
| of a written agreer<br>the cable system a<br>tion "E" (exempt). I<br>explanation of the<br><b>Column 6:</b> Giv<br>FCC. For Mexican<br>Note: If you are ut<br>1. CALL<br>SIGN<br>WSAZ-<br>WSAZ-2<br>WSAZ-3<br>WSAZ-4<br>WKMR<br>WKMR-2  | ment entered into or<br>and a primary transm<br>For simulcasts, also<br>se three categories,<br>e the location of each<br>or Canadian station<br>ilizing multiple chan<br>2. B'CAST<br>CHANNEL<br>NUMBER<br>23<br>23<br>23<br>23<br>15<br>15  | n or before Jur<br>mitter or an as<br>o enter "E". If y<br>see page (v)<br>ch station. For<br>ns, if any, give<br>mel line-ups, u<br>CHANN<br>3. TYPE<br>OF<br>STATION<br>N<br>N-M<br>N-M<br>N-M<br>E<br>E-M                                  | ne 30, 2009, bet<br>sociation repres<br>you carried the c<br>of the general ir<br>'U.S. stations, li<br>the name of the<br>use a separate s<br><b>EL LINE-UP</b><br>4. DISTANT?<br>(Yes or No)<br>NO<br>NO<br>NO<br>NO<br>NO   | ween a cable syst<br>enting the primary<br>hannel on any oth<br>astructions located<br>st the community<br>e community with<br>pace G for each of<br><b>A</b><br>5. BASIS OF<br>CARRIAGE          | payment because it is the subject<br>em or an association representing<br>y transmitter, enter the designa-<br>ter basis, enter "O." For a further<br>d in the paper SA3 form.<br>to which the station is licensed by the<br>which the station is identifed.<br>channel line-up.<br>6. LOCATION OF STATION<br>Huntington, WV<br>Huntington, WV<br>Huntington, WV<br>Huntington, WV<br>Morehead, KY  | additional information                        |
| of a written agreer<br>the cable system a<br>tion "E" (exempt). I<br>explanation of the<br><b>Column 6:</b> Giv<br>FCC. For Mexican<br><b>Note:</b> If you are ut<br>1. CALL<br>SIGN<br><b>WSAZ</b><br><b>WSAZ-2</b><br><b>WSAZ-3</b><br><b>WSAZ-4</b><br><b>WKMR</b><br><b>WKMR-2</b><br><b>WKMR-3</b>             | nent entered into or<br>and a primary transm<br>For simulcasts, also<br>se three categories,<br>e the location of each<br>or Canadian station<br>ilizing multiple chan<br>2. B'CAST<br>CHANNEL<br>NUMBER<br>23<br>23<br>23<br>23<br>15<br>15<br>15  | n or before Jur<br>mitter or an as<br>o enter "E". If y<br>see page (v)<br>ch station. For<br>ns, if any, give<br>nel line-ups, u<br>CHANN<br>3. TYPE<br>OF<br>STATION<br>N.M<br>N-M<br>N-M<br>E<br>E-M<br>E-M                                | ne 30, 2009, bet<br>sociation repres<br>you carried the c<br>of the general ir<br>U.S. stations, li<br>the name of the<br>use a separate s<br><b>EL LINE-UP</b><br>4. DISTANT?<br>(Yes or No)<br><b>NO</b><br><b>NO</b><br><b>NO</b><br><b>NO</b><br><b>NO</b><br><b>NO</b><br><b>NO</b><br><b>NO</b>  | ween a cable syst<br>enting the primary<br>hannel on any oth<br>astructions located<br>st the community<br>e community with<br>pace G for each of<br><b>A</b><br>5. BASIS OF<br>CARRIAGE          | payment because it is the subject<br>term or an association representing<br>y transmitter, enter the designa-<br>ter basis, enter "O." For a further<br>d in the paper SA3 form.<br>to which the station is licensed by the<br>which the station is identifed.<br>channel line-up.<br>6. LOCATION OF STATION<br>Huntington, WV<br>Huntington, WV<br>Huntington, WV<br>Huntington, WV<br>Morehead, KY<br>Morehead, KY  | additional information                        |
| of a written agreer<br>the cable system a<br>tion "E" (exempt). I<br>explanation of the<br><b>Column 6:</b> Giv<br>FCC. For Mexican<br><b>Note:</b> If you are ut<br>1. CALL<br>SIGN<br><b>WSAZ</b><br><b>WSAZ-2</b><br><b>WSAZ-3</b><br><b>WSAZ-4</b><br><b>WKMR</b><br><b>WKMR-2</b><br><b>WKMR-3</b>             | ment entered into or<br>and a primary transm<br>For simulcasts, also<br>se three categories,<br>e the location of each<br>or Canadian station<br>ilizing multiple chan<br>2. B'CAST<br>CHANNEL<br>NUMBER<br>23<br>23<br>23<br>23<br>15<br>15  | n or before Jur<br>mitter or an as<br>o enter "E". If y<br>see page (v)<br>ch station. For<br>ns, if any, give<br>mel line-ups, u<br>CHANN<br>3. TYPE<br>OF<br>STATION<br>N<br>N-M<br>N-M<br>N-M<br>E<br>E-M                                  | ne 30, 2009, bet<br>sociation repres<br>you carried the c<br>of the general ir<br>'U.S. stations, li<br>the name of the<br>use a separate s<br><b>EL LINE-UP</b><br>4. DISTANT?<br>(Yes or No)<br>NO<br>NO<br>NO<br>NO<br>NO   | ween a cable syst<br>enting the primary<br>hannel on any oth<br>astructions located<br>st the community<br>e community with<br>pace G for each of<br><b>A</b><br>5. BASIS OF<br>CARRIAGE          | payment because it is the subject<br>em or an association representing<br>y transmitter, enter the designa-<br>ter basis, enter "O." For a further<br>d in the paper SA3 form.<br>to which the station is licensed by the<br>which the station is identifed.<br>channel line-up.<br>6. LOCATION OF STATION<br>Huntington, WV<br>Huntington, WV<br>Huntington, WV<br>Huntington, WV<br>Morehead, KY  | additional information                        |
| of a written agreer<br>the cable system a<br>tion "E" (exempt). I<br>explanation of thes<br><b>Column 6:</b> Giv<br>FCC. For Mexican<br><b>Note:</b> If you are ut<br>1. CALL<br>SIGN<br>WSAZ-2<br>WSAZ-3<br>WSAZ-3<br>WSAZ-4<br>WKMR<br>WKMR-2<br>WKMR-3<br>WKMR-4   | nent entered into or<br>and a primary transm<br>For simulcasts, also<br>se three categories,<br>e the location of each<br>or Canadian station<br>ilizing multiple chan<br>2. B'CAST<br>CHANNEL<br>NUMBER<br>23<br>23<br>23<br>23<br>15<br>15<br>15  | n or before Jur<br>mitter or an as<br>o enter "E". If y<br>see page (v)<br>ch station. For<br>ns, if any, give<br>nel line-ups, u<br>CHANN<br>3. TYPE<br>OF<br>STATION<br>N.M<br>N-M<br>N-M<br>E<br>E-M<br>E-M                                | ne 30, 2009, bet<br>sociation repres<br>you carried the c<br>of the general ir<br>U.S. stations, li<br>the name of the<br>use a separate s<br><b>EL LINE-UP</b><br>4. DISTANT?<br>(Yes or No)<br><b>NO</b><br><b>NO</b><br><b>NO</b><br><b>NO</b><br><b>NO</b><br><b>NO</b><br><b>NO</b><br><b>NO</b>  | ween a cable syst<br>enting the primary<br>hannel on any oth<br>astructions located<br>st the community<br>e community with<br>pace G for each of<br><b>A</b><br>5. BASIS OF<br>CARRIAGE          | payment because it is the subject<br>term or an association representing<br>y transmitter, enter the designa-<br>ter basis, enter "O." For a further<br>d in the paper SA3 form.<br>to which the station is licensed by the<br>which the station is identifed.<br>channel line-up.<br>6. LOCATION OF STATION<br>Huntington, WV<br>Huntington, WV<br>Huntington, WV<br>Huntington, WV<br>Morehead, KY<br>Morehead, KY  | additional information                        |
| of a written agreer<br>the cable system a<br>tion "E" (exempt). I<br>explanation of thes<br><b>Column 6:</b> Giv<br>FCC. For Mexican<br>Note: If you are ut<br>1. CALL<br>SIGN<br>WSAZ-2<br>WSAZ-3<br>WSAZ-3<br>WSAZ-4<br>WKMR<br>WKMR-2<br>WKMR-3<br>WKMR-4  | ment entered into or<br>and a primary transm<br>For simulcasts, also<br>se three categories,<br>e the location of each<br>or Canadian station<br>illizing multiple chan<br>2. B'CAST<br>CHANNEL<br>NUMBER<br>23<br>23<br>23<br>23<br>23<br>15<br>15<br>15<br>15   | n or before Jur<br>mitter or an as<br>o enter "E". If y<br>see page (v)<br>ch station. For<br>ns, if any, give<br>nel line-ups, u<br>CHANN<br>3. TYPE<br>OF<br>STATION<br>N-M<br>N-M<br>N-M<br>E<br>E-M<br>E-M<br>E-M                         | ne 30, 2009, bet<br>sociation repres<br>you carried the c<br>of the general ir<br>· U.S. stations, li<br>e the name of the<br>use a separate s<br>EL LINE-UP<br>4. DISTANT?<br>(Yes or No)<br>NO<br>NO<br>NO<br>NO<br>NO<br>NO<br>NO<br>NO<br>NO   | ween a cable syst<br>enting the primary<br>hannel on any oth<br>istructions located<br>st the community<br>e community with<br>pace G for each of<br>A<br>5. BASIS OF<br>CARRIAGE<br>(If Distant) | payment because it is the subject<br>em or an association representing<br>y transmitter, enter the designa-<br>ter basis, enter "O." For a further<br>d in the paper SA3 form.<br>to which the station is licensed by the<br>which the station is identifed.<br>channel line-up.<br>6. LOCATION OF STATION<br>Huntington, WV<br>Huntington, WV<br>Huntington, WV<br>Huntington, WV<br>Morehead, KY<br>Morehead, KY<br>Morehead, KY  | additional information                        |
| of a written agreer<br>the cable system a<br>tion "E" (exempt). I<br>explanation of thes<br><b>Column 6:</b> Giv<br>FCC. For Mexican<br><b>Note:</b> If you are ut<br>1. CALL<br>SIGN<br>WSAZ-2<br>WSAZ-3<br>WSAZ-3<br>WSAZ-4<br>WKMR<br>WKMR-2<br>WKMR-2<br>WKMR-3<br>WKMR-4                                       | ment entered into or<br>and a primary transm<br>For simulcasts, also<br>se three categories,<br>e the location of each<br>or Canadian station<br>illizing multiple chan<br>2. B'CAST<br>CHANNEL<br>NUMBER<br>23<br>23<br>23<br>23<br>23<br>15<br>15<br>15<br>15   | n or before Jur<br>mitter or an as<br>o enter "E". If y<br>see page (v)<br>ch station. For<br>ns, if any, give<br>nel line-ups, u<br>CHANN<br>3. TYPE<br>OF<br>STATION<br>N-M<br>N-M<br>N-M<br>E<br>E-M<br>E-M<br>E-M                         | ne 30, 2009, bet<br>sociation repress<br>you carried the c<br>of the general ir<br>U.S. stations, li<br>the name of the<br>use a separate s<br><b>EL LINE-UP</b><br>4. DISTANT?<br>(Yes or No)<br><b>NO</b><br><b>NO</b><br><b>NO</b><br><b>NO</b><br><b>NO</b><br><b>NO</b><br><b>NO</b><br><b>NO</b> | ween a cable syst<br>enting the primary<br>hannel on any oth<br>istructions located<br>st the community<br>e community with<br>pace G for each of<br>A<br>5. BASIS OF<br>CARRIAGE<br>(If Distant) | payment because it is the subject<br>em or an association representing<br>y transmitter, enter the designa-<br>ter basis, enter "O." For a further<br>d in the paper SA3 form.<br>to which the station is licensed by the<br>which the station is identifed.<br>channel line-up.<br>6. LOCATION OF STATION<br>Huntington, WV<br>Huntington, WV<br>Huntington, WV<br>Huntington, WV<br>Morehead, KY<br>Morehead, KY<br>Morehead, KY  | additional information                        |
| of a written agreer<br>the cable system a<br>tion "E" (exempt).<br>explanation of the<br><b>Column 6:</b> Giv<br>FCC. For Mexican<br>Note: If you are ut<br>1. CALL<br>SIGN<br>WSAZ-<br>WSAZ-2<br>WSAZ-3<br>WSAZ-4<br>WKMR-3<br>WKMR-3<br>WKMR-4<br>WKMR-4<br>WKYT  | ment entered into or<br>and a primary transr<br>For simulcasts, also<br>se three categories,<br>e the location of eac<br>or Canadian station<br>illizing multiple chan<br>2. B'CAST<br>CHANNEL<br>NUMBER<br>23<br>23<br>23<br>23<br>23<br>15<br>15<br>15<br>15<br>15<br>15  | n or before Jur<br>mitter or an as<br>o enter "E". If y<br>see page (v)<br>ch station. For<br>ns, if any, give<br>nel line-ups, u<br>CHANN<br>3. TYPE<br>OF<br>STATION<br>N-M<br>N-M<br>N-M<br>E<br>E-M<br>E-M<br>E-M<br>N                    | ne 30, 2009, bet<br>sociation repres<br>you carried the c<br>of the general ir<br>U.S. stations, li<br>e the name of the<br>use a separate s<br>EL LINE-UP<br>4. DISTANT?<br>(Yes or No)<br>NO<br>NO<br>NO<br>NO<br>NO<br>NO<br>NO<br>NO<br>NO<br>NO<br>NO<br>NO<br>NO                                 | ween a cable syst<br>enting the primary<br>hannel on any oth<br>istructions located<br>st the community<br>e community with<br>pace G for each of<br>A<br>5. BASIS OF<br>CARRIAGE<br>(If Distant) | payment because it is the subject<br>em or an association representing<br>y transmitter, enter the designa-<br>ter basis, enter "O." For a further<br>d in the paper SA3 form.<br>to which the station is licensed by the<br>which the station is identifed.<br>channel line-up.<br>6. LOCATION OF STATION<br>6. LOCATION OF STATION<br>Huntington, WV<br>Huntington, WV<br>Huntington, WV<br>Huntington, WV<br>Morehead, KY<br>Morehead, KY<br>Morehead, KY<br>Lexington, KY<br>Hazard, KY         | additional information                        |
| of a written agreer<br>the cable system a<br>tion "E" (exempt). I<br>explanation of thes<br><b>Column 6:</b> Giv<br>FCC. For Mexican<br><b>Note:</b> If you are ut<br>1. CALL<br>SIGN<br>WSAZ-2<br>WSAZ-3<br>WSAZ-3<br>WSAZ-4<br>WKMR<br>WKMR-3<br>WKMR-3<br>WKMR-4<br>WKMR-4<br>WKYT                               | ment entered into or<br>and a primary transm<br>For simulcasts, also<br>se three categories,<br>e the location of each<br>or Canadian station<br>illizing multiple chan<br>2. B'CAST<br>CHANNEL<br>NUMBER<br>23<br>23<br>23<br>23<br>23<br>15<br>15<br>15<br>15<br>15<br>15<br>12<br>12<br>12   | n or before Jur<br>mitter or an as<br>o enter "E". If y<br>see page (v)<br>ch station. For<br>ns, if any, give<br>mel line-ups, u<br>CHANN<br>3. TYPE<br>OF<br>STATION<br>N-M<br>N-M<br>N-M<br>E<br>E-M<br>E-M<br>E-M<br>N<br>N               | ne 30, 2009, bet<br>sociation repress<br>you carried the c<br>of the general ir<br>U.S. stations, li<br>e the name of the<br>use a separate s<br>EL LINE-UP<br>4. DISTANT?<br>(Yes or No)<br>NO<br>NO<br>NO<br>NO<br>NO<br>NO<br>NO<br>NO<br>NO<br>NO<br>NO<br>NO<br>NO                                | ween a cable syst<br>enting the primary<br>hannel on any oth<br>istructions located<br>st the community<br>e community with<br>pace G for each of<br>A<br>5. BASIS OF<br>CARRIAGE<br>(If Distant) | payment because it is the subject<br>term or an association representing<br>y transmitter, enter the designa-<br>ter basis, enter "O." For a further<br>d in the paper SA3 form.<br>to which the station is licensed by the<br>which the station is identifed.<br>thannel line-up.<br>6. LOCATION OF STATION<br>Huntington, WV<br>Huntington, WV<br>Huntington, WV<br>Huntington, WV<br>Huntington, WV<br>Morehead, KY<br>Morehead, KY<br>Morehead, KY<br>Lexington, KY<br>Hazard, KY<br>Hazard, KY | additional information                        |
| of a written agreer<br>the cable system a<br>tion "E" (exempt).<br>explanation of thes<br><b>Column 6:</b> Giv<br>FCC. For Mexican<br>Note: If you are ut<br>1. CALL<br>SIGN<br>WSAZ-3<br>WSAZ-3<br>WSAZ-4<br>WKAR-3<br>WKMR-2<br>WKMR-3<br>WKMR-3<br>WKMR-4<br>WKMR-4<br>WKYT                                      | ment entered into or<br>and a primary transr<br>For simulcasts, also<br>se three categories,<br>e the location of eac<br>or Canadian station<br>illizing multiple chan<br>2. B'CAST<br>CHANNEL<br>NUMBER<br>23<br>23<br>23<br>23<br>23<br>15<br>15<br>15<br>15<br>15<br>15<br>15<br>15<br>15<br>15<br>15<br>15<br>15                    | n or before Jur<br>mitter or an as<br>o enter "E". If y<br>see page (v)<br>ch station. For<br>ns, if any, give<br>mel line-ups, u<br>CHANN<br>3. TYPE<br>OF<br>STATION<br>N-M<br>N-M<br>E<br>E-M<br>E-M<br>E-M<br>E-M<br>N<br>N-M<br>I        | ne 30, 2009, bet<br>sociation repres<br>you carried the c<br>of the general ir<br>U.S. stations, li<br>e the name of the<br>use a separate s<br>EL LINE-UP<br>4. DISTANT?<br>(Yes or No)<br>NO<br>NO<br>NO<br>NO<br>NO<br>NO<br>NO<br>NO<br>NO<br>NO<br>NO<br>NO<br>NO                                 | ween a cable syst<br>enting the primary<br>hannel on any oth<br>istructions located<br>st the community<br>e community with<br>pace G for each of<br>A<br>5. BASIS OF<br>CARRIAGE<br>(If Distant) | payment because it is the subject<br>em or an association representing<br>y transmitter, enter the designa-<br>ter basis, enter "O." For a further<br>d in the paper SA3 form.<br>to which the station is licensed by the<br>which the station is identifed.<br>channel line-up.<br>6. LOCATION OF STATION<br>Huntington, WV<br>Huntington, WV<br>Huntington, WV<br>Huntington, WV<br>Morehead, KY<br>Morehead, KY<br>Morehead, KY<br>Morehead, KY<br>Hazard, KY<br>Hazard, KY<br>Charleston, WV    | additional information                        |
| of a written agreer<br>the cable system a<br>tion "E" (exempt). I<br>explanation of thes<br><b>Column 6:</b> Giv<br>FCC. For Mexican<br>Note: If you are ut<br>1. CALL<br>SIGN<br>WSAZ-<br>WSAZ-2<br>WSAZ-3<br>WSAZ-4<br>WKMR<br>WKMR-3<br>WKMR-3<br>WKMR-3<br>WKMR-4<br>WKYT<br>WYMT-2<br>WYMT<br>WYMT-2<br>WLPX-2 | ment entered into or<br>and a primary transm<br>For simulcasts, also<br>se three categories,<br>e the location of each<br>or Canadian station<br>illizing multiple chan<br>2. B'CAST<br>CHANNEL<br>NUMBER<br>23<br>23<br>23<br>23<br>23<br>23<br>15<br>15<br>15<br>15<br>15<br>15<br>15<br>15<br>15<br>15<br>15<br>15<br>18<br>18<br>18 | n or before Jur<br>mitter or an as<br>o enter "E". If y<br>see page (v)<br>ch station. For<br>ns, if any, give<br>nel line-ups, u<br>CHANN<br>3. TYPE<br>OF<br>STATION<br>N-M<br>N-M<br>E<br>E-M<br>E-M<br>E-M<br>E-M<br>N<br>N-M<br>I<br>I-M | ne 30, 2009, bet<br>sociation repress<br>you carried the c<br>of the general ir<br>U.S. stations, li<br>e the name of the<br>use a separate s<br>EL LINE-UP<br>4. DISTANT?<br>(Yes or No)<br>NO<br>NO<br>NO<br>NO<br>NO<br>NO<br>NO<br>NO<br>NO<br>NO<br>NO<br>NO<br>NO                                | ween a cable syst<br>enting the primary<br>hannel on any oth<br>istructions located<br>st the community<br>e community with<br>pace G for each of<br>A<br>5. BASIS OF<br>CARRIAGE<br>(If Distant) | payment because it is the subject<br>term or an association representing<br>y transmitter, enter the designa-<br>ter basis, enter "O." For a further<br>d in the paper SA3 form.<br>to which the station is licensed by the<br>which the station is identifed.<br>thannel line-up.<br>6. LOCATION OF STATION<br>Huntington, WV<br>Huntington, WV<br>Huntington, WV<br>Huntington, WV<br>Morehead, KY<br>Morehead, KY<br>Morehead, KY<br>Lexington, KY<br>Hazard, KY<br>Hazard, KY<br>Charleston, WV | additional information                        |
| of a written agreer<br>the cable system a<br>tion "E" (exempt).<br>explanation of the<br><b>Column 6:</b> Giv<br>FCC. For Mexican<br><b>Note:</b> If you are ut<br>1. CALL  | ment entered into or<br>and a primary transr<br>For simulcasts, also<br>se three categories,<br>e the location of eac<br>or Canadian station<br>illizing multiple chan<br>2. B'CAST<br>CHANNEL<br>NUMBER<br>23<br>23<br>23<br>23<br>23<br>15<br>15<br>15<br>15<br>15<br>15<br>15<br>15<br>15<br>15<br>15<br>15<br>15                    | n or before Jur<br>mitter or an as<br>o enter "E". If y<br>see page (v)<br>ch station. For<br>ns, if any, give<br>mel line-ups, u<br>CHANN<br>3. TYPE<br>OF<br>STATION<br>N-M<br>N-M<br>E<br>E-M<br>E-M<br>E-M<br>E-M<br>N<br>N-M<br>I        | ne 30, 2009, bet<br>sociation repres<br>you carried the c<br>of the general ir<br>U.S. stations, li<br>e the name of the<br>use a separate s<br>EL LINE-UP<br>4. DISTANT?<br>(Yes or No)<br>NO<br>NO<br>NO<br>NO<br>NO<br>NO<br>NO<br>NO<br>NO<br>NO<br>NO<br>NO<br>NO                                 | ween a cable syst<br>enting the primary<br>hannel on any oth<br>istructions located<br>st the community<br>e community with<br>pace G for each of<br>A<br>5. BASIS OF<br>CARRIAGE<br>(If Distant) | payment because it is the subject<br>em or an association representing<br>y transmitter, enter the designa-<br>ter basis, enter "O." For a further<br>d in the paper SA3 form.<br>to which the station is licensed by the<br>which the station is identifed.<br>channel line-up.<br>6. LOCATION OF STATION<br>Huntington, WV<br>Huntington, WV<br>Huntington, WV<br>Huntington, WV<br>Morehead, KY<br>Morehead, KY<br>Morehead, KY<br>Morehead, KY<br>Hazard, KY<br>Hazard, KY<br>Charleston, WV    | additional information                        |

WCHS

WCHS-2

41

41

Ν

Ν

No

No

Charleston, WV

Charleston, WV

|   | WNER OF CABLE SY   |   | e Corp   |  | SYSTEM ID#<br>62644   | Name                                      |
|---|--|---|--|--|---|---|
|   | -  | -   |  |  | 02011   |   |
| carried by your cabl<br>FCC rules and regu<br>76.59(d)(2) and (4),<br>substitute program<br><b>Substitute Basi</b><br>basis under specifc<br>• Do not list the stat<br>station was carri<br>• List the station her<br>basis. For furthe<br>in the paper SA3<br><b>Column 1:</b> List e<br>each multicast strea<br>cast stream as "WE<br>WETA-simulcast).<br><b>Column 2:</b> Give<br>its community of licr<br>on which your cable<br><b>Column 3:</b> Indic<br>educational station, | e G, identify every<br>e system during the<br>lations in effect or<br>76.61(e)(2) and (a<br>basis, as explaine<br><b>s Stations:</b> With r<br>FCC rules, regulation<br>ion here in space<br>ed only on a substance<br>re, and also in space<br>red only on a substance<br>red on sub | r television sta<br>ne accounting<br>n June 24, 198<br>4), or 76.63 (re<br>d in the next p<br>espect to any<br>tions, or author<br>G—but do list<br>titute basis.<br>ce I, if the sta<br>erning substitu<br>sign. Do not re<br>n a station acc<br>streams must<br>ber the FCC ha<br>e, WRC is Cha<br>e station.<br>whether the sta<br>tter "N" (for ne<br>poncommercial | period, except (<br>11, permitting the<br>eferring to 76.61<br>varagraph.<br>distant stations<br>orizations:<br>it in space I (the<br>tion was carried<br>ute basis station<br>eport origination<br>cording to its ove<br>be reported in c<br>as assigned to tt<br>innel 4 in Washi<br>ation is a networ<br>twork), "N-M" (for<br>educational), or | <ol> <li>stations carried<br/>e carriage of certai<br/>(e)(2) and (4))]; an<br/>carried by your ca</li> <li>Special Statement<br/>both on a substitut<br/>s, see page (v) of<br/>program services<br/>er-the-air designati<br/>olumn 1 (list each<br/>ne television station<br/>ngton, D.C. This no<br/>k station, an indep<br/>or network multica:<br/>"E-M" (for noncon</li> </ol> | and low power television stations)<br>only on a part-time basis under<br>in network programs [sections<br>id (2) certain stations carried on a<br>ble system on a substitute program<br>int and Program Log)—if the<br>the basis and also on some other<br>the general instructions located<br>such as HBO, ESPN, etc. Identify<br>on. For example, report multi-<br>stream separately; for example<br>in for broadcasting over-the-air in<br>nay be different from the channel<br>pendent station, or a noncommercial<br>st), "I" (for independent), "I-M"<br>inmercial educational multicast).<br>e paper SA3 form. | G<br>Primary<br>Transmitter<br>Television |
| cable system carrie<br>carried the distant s<br>For the retransm<br>of a written agreem<br>the cable system ar<br>tion "E" (exempt). F<br>explanation of these<br><b>Column 6:</b> Give   | d the distant static<br>tation on a part-tir<br>ission of a distant<br>ent entered into or<br>nd a primary transi<br>or simulcasts, also<br>e three categories,<br>the location of ea<br>or Canadian statio  | n during the a<br>ne basis beca<br>multicast stre<br>n or before Jun<br>mitter or an as<br>b enter "E". If y<br>see page (v)<br>ch station. For<br>ns, if any, give   | accounting perio<br>use of lack of ac<br>am that is not su<br>ne 30, 2009, bet<br>sociation repres<br>rou carried the c<br>of the general ir<br>U.S. stations, li<br>e the name of the   | d. Indicate by entectivated channel caubject to a royalty ween a cable systemating the primary hannel on any oth astructions located st the community with a   | payment because it is the subject<br>em or an association representing<br>r transmitter, enter the designa-<br>er basis, enter "O." For a further<br>in the paper SA3 form.<br>to which the station is licensed by the<br>which the station is identifed.   |   |
|   |  | CHANN   | EL LINE-UP   | Α  |   |   |
| 1. CALL<br>SIGN   | 2. B'CAST<br>CHANNEL<br>NUMBER   | 3. TYPE<br>OF<br>STATION  | 4. DISTANT?<br>(Yes or No)   | 5. BASIS OF<br>CARRIAGE<br>(If Distant)  | 6. LOCATION OF STATION  |   |
| WQCW  | 17   | I   | No   |  | Huntington, WV  |   |
|   |  |   | No   |  |   |   |
| WTVQ  | 40   | N   | Yes  | •  |   |   |
| WTVQ-2  |  | 1   |  | 0  | Lexington, KY   |   |
|   | 40   | N-M   | Yes  | 0  | Lexington, KY<br>Lexington, KY  |   |
|   | 40   | N-M<br>N-M  | Yes<br>Yes   | 1  |   |   |
| WTVQ-3  |  |   |  | 0  | Lexington, KY   |   |
| WTVQ-3<br>WTVQ-4  | 40   | N-M   | Yes  | 0<br>0   | Lexington, KY<br>Lexington, KY<br>Lexington, KY   |   |
| WTVQ-3<br>WTVQ-4<br>WTVQ-5  | 40<br>40<br>40   | N-M<br>N-M  | Yes<br>Yes   | 0<br>0<br>0  | Lexington, KY<br>Lexington, KY<br>Lexington, KY<br>Lexington, KY  |   |
| WTVQ-3<br>WTVQ-4<br>WTVQ-5<br>WVAH-2  | 40<br>40<br>40<br>19   | N-M<br>N-M<br>N-M<br>I-M  | Yes<br>Yes<br>Yes<br>No  | 0<br>0<br>0  | Lexington, KY<br>Lexington, KY<br>Lexington, KY<br>Lexington, KY<br>Charleston, WV  |   |
| WTVQ-3<br>WTVQ-4<br>WTVQ-5<br>WVAH-2<br>WVAH-3  | 40<br>40<br>40<br>19<br>19   | N-M<br>N-M<br>I-M<br>I-M  | Yes<br>Yes<br>Yes<br>No<br>No  | 0<br>0<br>0  | Lexington, KY<br>Lexington, KY<br>Lexington, KY<br>Lexington, KY<br>Charleston, WV<br>Charleston, WV  |   |
| WTVQ-3<br>WTVQ-4<br>WTVQ-5<br>WVAH-2<br>WVAH-3<br>WVAH-4  | 40<br>40<br>40<br>19<br>19<br>19<br>19   | N-M<br>N-M<br>I-M<br>I-M<br>I-M   | Yes<br>Yes<br>Yes<br>No<br>No<br>No  | 0<br>0<br>0  | Lexington, KY<br>Lexington, KY<br>Lexington, KY<br>Lexington, KY<br>Charleston, WV<br>Charleston, WV<br>Charleston, WV  |   |
| WTVQ-3<br>WTVQ-4<br>WTVQ-5<br>WVAH-2<br>WVAH-3<br>WVAH-4<br>WVAH-5  | 40<br>40<br>40<br>19<br>19<br>19<br>19<br>19   | N-M<br>N-M<br>I-M<br>I-M<br>I-M<br>I-M  | Yes<br>Yes<br>No<br>No<br>No<br>No   | 0<br>0<br>0<br>0   | Lexington, KY<br>Lexington, KY<br>Lexington, KY<br>Lexington, KY<br>Charleston, WV<br>Charleston, WV<br>Charleston, WV<br>Charleston, WV  |   |
| WTVQ-3<br>WTVQ-4<br>WTVQ-5<br>WVAH-2<br>WVAH-3<br>WVAH-4<br>WVAH-5<br>WLJC  | 40<br>40<br>40<br>19<br>19<br>19<br>19<br>19<br>7  | N-M<br>N-M<br>I-M<br>I-M<br>I-M<br>I-M<br>N   | Yes<br>Yes<br>No<br>No<br>No<br>No<br>Yes  | 0<br>0<br>0<br>0   | Lexington, KY<br>Lexington, KY<br>Lexington, KY<br>Charleston, WV<br>Charleston, WV<br>Charleston, WV<br>Charleston, WV<br>Morehead, KY   |   |
| WTVQ-3<br>WTVQ-4<br>WTVQ-5<br>WVAH-2<br>WVAH-3<br>WVAH-4<br>WVAH-5  | 40<br>40<br>40<br>19<br>19<br>19<br>19<br>19   | N-M<br>N-M<br>I-M<br>I-M<br>I-M<br>I-M  | Yes<br>Yes<br>No<br>No<br>No<br>No   | 0<br>0<br>0<br>0   | Lexington, KY<br>Lexington, KY<br>Lexington, KY<br>Lexington, KY<br>Charleston, WV<br>Charleston, WV<br>Charleston, WV<br>Charleston, WV  |   |

WLJC-4

WLJC-5

WLJC-6

7

7

7

N-M

N-M

N-M

Yes

Yes

Yes

No

0

0

0

Morehead, KY

Morehead, KY

Morehead, KY

|   | WNER OF CABLE SY  |  |   |  | SYSTE   |      | Name                         |
|---|---|--|---|--|---|------|------------------------------|
| Foothills Rur   | al Telephone  | Cooperativ   | e Corp.   |  | 6   | 2644 | humo                         |
| PRIMARY TRANSMIT  | TERS: TELEVISIO   | N  |   |  |   |      |                              |
| carried by your cabl<br>FCC rules and regu<br>76.59(d)(2) and (4),<br>substitute program I  | e system during th<br>lations in effect or<br>76.61(e)(2) and (4<br>basis, as explained   | ne accounting<br>1 June 24, 198<br>4), or 76.63 (re<br>d in the next p   | period, except (<br>81, permitting the<br>eferring to 76.61<br>paragraph.   | 1) stations carried<br>e carriage of certa<br>(e)(2) and (4))]; ar   | and low power television stations)<br>l only on a part-time basis under<br>in network programs [sections<br>nd (2) certain stations carried on a  |      | G<br>Primary<br>Transmitters |
| basis under specifc   | FCC rules, regula   | tions, or autho  | orizations:   |  | able system on a substitute program<br>nt and Program Log)—if the   |      | Television                   |
| station was carrie<br>• List the station her  | ed only on a subst<br>re, and also in spa<br>r information conc   | itute basis.<br>ce I, if the stat  | tion was carried  | both on a substitu   | Ite basis and also on some other<br>the general instructions located  |      |                              |
|   |   | sign. Do not re  | eport origination   | program services   | s such as HBO, ESPN, etc. Identify  |      |                              |
|   |   |  | -   | -  | ion. For example, report multi-   |      |                              |
| WETA-simulcast).  |   |  |   | · ·  | stream separately; for example  |      |                              |
|   | ense. For example   | , WRC is Cha   | -   |  | nay be different from the channel   |      |                              |
| •   |   |  | ation is a networ   | k station, an inder  | pendent station, or a noncommercial   |      |                              |
|   |   |  |   |  | st), "I" (for independent), "I-M"   |      |                              |
| (for independent mu<br>For the meaning of t   | <i>,</i> . (  |  |   |  | nmercial educational multicast).<br>e paper SA3 form.   |      |                              |
| Column 4: If the  | station is outside  | the local serv   | ice area, (i.e. "di   | istant"), enter "Yes   | s". If not, enter "No". For an ex-  |      |                              |
| planation of local se   |   |  |   |  | paper SA3 form.<br>tating the basis on which your   |      |                              |
|   |   |  |   |  | ering "LAC" if your cable system  |      |                              |
| carried the distant s   |   |  |   |  |   |      |                              |
|   | •   |  |   |  |   |      |                              |
|   | ission of a distant   | multicast stre   | am that is not su   | ubject to a royalty  | payment because it is the subject   |      |                              |
| of a written agreeme  | ission of a distant<br>ent entered into or  | multicast stre<br>or before Jur  | am that is not su<br>ne 30, 2009, bet   | ubject to a royalty<br>ween a cable syst   | payment because it is the subject<br>tem or an association representing   |      |                              |
| of a written agreeme<br>the cable system an<br>tion "E" (exempt). Fo  | ission of a distant<br>ent entered into or<br>nd a primary transr<br>or simulcasts, also  | multicast stre<br>n or before Jur<br>mitter or an as<br>o enter "E". If y  | am that is not su<br>ne 30, 2009, bet<br>sociation repres<br>/ou carried the c  | ubject to a royalty<br>ween a cable syst<br>senting the primary<br>hannel on any oth   | payment because it is the subject<br>tem or an association representing<br>y transmitter, enter the designa-<br>ter basis, enter "O." For a further   |      |                              |
| of a written agreeme<br>the cable system an<br>tion "E" (exempt). Fo<br>explanation of these  | ission of a distant<br>ent entered into or<br>nd a primary transr<br>or simulcasts, also<br>e three categories,   | multicast stre<br>n or before Jur<br>nitter or an as<br>o enter "E". If y<br>see page (v)  | am that is not su<br>ne 30, 2009, bet<br>sociation repres<br>/ou carried the c<br>of the general ir   | ubject to a royalty<br>ween a cable syst<br>senting the primary<br>hannel on any oth<br>nstructions located  | payment because it is the subject<br>tem or an association representing<br>y transmitter, enter the designa-<br>ter basis, enter "O." For a further<br>d in the paper SA3 form.   |      |                              |
| of a written agreeme<br>the cable system an<br>tion "E" (exempt). Fo<br>explanation of these<br><b>Column 6:</b> Give   | ission of a distant<br>ent entered into or<br>nd a primary transr<br>or simulcasts, also<br>three categories,<br>the location of eac  | multicast stre<br>o or before Jur<br>nitter or an as<br>o enter "E". If y<br>see page (v)<br>ch station. For   | am that is not su<br>ne 30, 2009, bet<br>sociation repres<br>you carried the c<br>of the general ir<br>' U.S. stations, li  | ubject to a royalty<br>ween a cable syst<br>centing the primary<br>channel on any oth<br>instructions located<br>ist the community   | payment because it is the subject<br>tem or an association representing<br>y transmitter, enter the designa-<br>ter basis, enter "O." For a further   |      |                              |
| of a written agreeme<br>the cable system an<br>tion "E" (exempt). Fo<br>explanation of these<br><b>Column 6:</b> Give<br>FCC. For Mexican o   | ission of a distant<br>ent entered into or<br>nd a primary transr<br>or simulcasts, also<br>e three categories,<br>the location of eac<br>or Canadian station   | multicast stre<br>n or before Jur<br>nitter or an as<br>o enter "E". If y<br>see page (v)<br>ch station. For<br>ns, if any, give   | am that is not su<br>ne 30, 2009, bet<br>sociation repres<br>you carried the c<br>of the general ir<br>r U.S. stations, li<br>e the name of the   | ubject to a royalty<br>ween a cable syst<br>senting the primary<br>hannel on any oth<br>astructions located<br>ist the community<br>e community with   | payment because it is the subject<br>tem or an association representing<br>y transmitter, enter the designa-<br>ner basis, enter "O." For a further<br>d in the paper SA3 form.<br>to which the station is licensed by the<br>which the station is identifed.   |      |                              |
| of a written agreeme<br>the cable system an<br>tion "E" (exempt). Fo<br>explanation of these<br><b>Column 6:</b> Give<br>FCC. For Mexican o   | ission of a distant<br>ent entered into or<br>nd a primary transr<br>or simulcasts, also<br>e three categories,<br>the location of eac<br>or Canadian station   | multicast stre<br>n or before Jur<br>nitter or an as<br>o enter "E". If y<br>see page (v)<br>ch station. For<br>ns, if any, give<br>nel line-ups, u  | am that is not su<br>ne 30, 2009, bet<br>sociation repres<br>you carried the c<br>of the general ir<br>r U.S. stations, li<br>e the name of the   | ubject to a royalty<br>ween a cable syst<br>senting the primary<br>hannel on any oth<br>astructions located<br>ist the community<br>e community with<br>space G for each o   | payment because it is the subject<br>tem or an association representing<br>y transmitter, enter the designa-<br>ner basis, enter "O." For a further<br>d in the paper SA3 form.<br>to which the station is licensed by the<br>which the station is identifed.   |      |                              |
| of a written agreeme<br>the cable system an<br>tion "E" (exempt). Fo<br>explanation of these<br><b>Column 6:</b> Give<br>FCC. For Mexican c<br><b>Note:</b> If you are utili  | ission of a distant<br>ent entered into or<br>nd a primary transr<br>or simulcasts, also<br>e three categories,<br>the location of eac<br>or Canadian station   | multicast stre<br>n or before Jur<br>nitter or an as<br>o enter "E". If y<br>see page (v)<br>ch station. For<br>ns, if any, give<br>nel line-ups, u  | am that is not su<br>ne 30, 2009, bet<br>sociation repres<br>you carried the c<br>of the general ir<br>r U.S. stations, li<br>the name of the<br>use a separate s   | ubject to a royalty<br>ween a cable syst<br>senting the primary<br>hannel on any oth<br>astructions located<br>ist the community<br>e community with<br>space G for each o   | payment because it is the subject<br>tem or an association representing<br>y transmitter, enter the designa-<br>ner basis, enter "O." For a further<br>d in the paper SA3 form.<br>to which the station is licensed by the<br>which the station is identifed.   |      |                              |
| of a written agreeme<br>the cable system an<br>tion "E" (exempt). Fo<br>explanation of these<br><b>Column 6:</b> Give<br>FCC. For Mexican o   | ission of a distant<br>ent entered into or<br>nd a primary transr<br>or simulcasts, also<br>e three categories,<br>the location of eac<br>or Canadian station<br>zing multiple chan   | multicast stre<br>n or before Jur<br>nitter or an as<br>o enter "E". If y<br>see page (v)<br>ch station. For<br>ns, if any, give<br>nel line-ups, u<br>CHANN   | am that is not super 30, 2009, bet<br>sociation represe<br>you carried the c<br>of the general in<br>t U.S. stations, li<br>the name of the<br>use a separate se<br><b>EL LINE-UP</b>   | ubject to a royalty<br>ween a cable syst<br>senting the primary<br>channel on any oth<br>astructions located<br>ist the community<br>e community with<br>space G for each of<br>A  | payment because it is the subject<br>tem or an association representing<br>y transmitter, enter the designa-<br>ter basis, enter "O." For a further<br>d in the paper SA3 form.<br>to which the station is licensed by the<br>which the station is identifed.<br>channel line-up.   |      |                              |
| of a written agreeme<br>the cable system an<br>tion "E" (exempt). Fo<br>explanation of these<br><b>Column 6:</b> Give<br>FCC. For Mexican o<br><b>Note:</b> If you are utili  | ission of a distant<br>ent entered into or<br>nd a primary transr<br>or simulcasts, also<br>e three categories,<br>the location of eac<br>or Canadian station<br>zing multiple chan<br>2. B'CAST                                  | multicast stre<br>n or before Jur<br>mitter or an as<br>o enter "E". If y<br>see page (v)<br>ch station. For<br>ns, if any, give<br>nel line-ups, u<br><b>CHANN</b><br>3. TYPE   | am that is not sume 30, 2009, bet<br>sociation represe<br>you carried the c<br>of the general in<br>U.S. stations, li<br>the name of the<br>use a separate s<br><b>EL LINE-UP</b><br>4. DISTANT?  | ubject to a royalty<br>ween a cable syst<br>senting the primary<br>shannel on any oth<br>astructions located<br>ist the community<br>e community with<br>space G for each of<br><b>A</b><br>5. BASIS OF                        | payment because it is the subject<br>tem or an association representing<br>y transmitter, enter the designa-<br>ter basis, enter "O." For a further<br>d in the paper SA3 form.<br>to which the station is licensed by the<br>which the station is identifed.<br>channel line-up.   |      |                              |
| of a written agreeme<br>the cable system an<br>tion "E" (exempt). Fo<br>explanation of these<br><b>Column 6:</b> Give<br>FCC. For Mexican o<br><b>Note:</b> If you are utili<br>1. CALL<br>SIGN                               | ission of a distant<br>ent entered into or<br>nd a primary transr<br>or simulcasts, also<br>e three categories,<br>the location of eac<br>or Canadian station<br>zing multiple chan<br>2. B'CAST<br>CHANNEL                       | multicast stre<br>n or before Jur<br>mitter or an as<br>o enter "E". If y<br>see page (v)<br>ch station. For<br>ns, if any, give<br>nel line-ups, u<br><b>CHANN</b><br>3. TYPE<br>OF   | am that is not sume 30, 2009, bet<br>sociation represe<br>you carried the c<br>of the general in<br>U.S. stations, li<br>the name of the<br>use a separate s<br><b>EL LINE-UP</b><br>4. DISTANT?  | ubject to a royalty<br>ween a cable syst<br>senting the primary<br>channel on any oth<br>astructions located<br>ist the community<br>e community with<br>space G for each of<br><b>A</b><br>5. BASIS OF<br>CARRIAGE            | payment because it is the subject<br>tem or an association representing<br>y transmitter, enter the designa-<br>ter basis, enter "O." For a further<br>d in the paper SA3 form.<br>to which the station is licensed by the<br>which the station is identifed.<br>channel line-up.   |      |                              |
| of a written agreeme<br>the cable system an<br>tion "E" (exempt). Fo<br>explanation of these<br><b>Column 6:</b> Give<br>FCC. For Mexican o<br><b>Note:</b> If you are utili<br>1. CALL<br>SIGN                               | ission of a distant<br>ent entered into or<br>nd a primary transr<br>or simulcasts, also<br>e three categories,<br>the location of eac<br>or Canadian station<br>izing multiple chan<br>2. B'CAST<br>CHANNEL<br>NUMBER            | multicast stre<br>n or before Jur<br>nitter or an as<br>o enter "E". If y<br>see page (v)<br>ch station. For<br>ns, if any, give<br>nel line-ups, t<br><b>CHANN</b><br>3. TYPE<br>OF<br>STATION                                  | am that is not super 30, 2009, bet<br>sociation represe<br>you carried the c<br>of the general in<br>r U.S. stations, li<br>the name of the<br>use a separate s<br><b>EL LINE-UP</b><br>4. DISTANT?<br>(Yes or No)  | ubject to a royalty<br>ween a cable syst<br>enting the primary<br>hannel on any oth<br>astructions located<br>ist the community<br>e community with<br>space G for each of<br>A<br>5. BASIS OF<br>CARRIAGE<br>(If Distant)     | payment because it is the subject<br>term or an association representing<br>y transmitter, enter the designa-<br>ner basis, enter "O." For a further<br>d in the paper SA3 form.<br>to which the station is licensed by the<br>which the station is identifed.<br>channel line-up.  |      |                              |
| of a written agreeme<br>the cable system an<br>tion "E" (exempt). Fo<br>explanation of these<br><b>Column 6:</b> Give<br>FCC. For Mexican o<br><b>Note:</b> If you are utili<br>1. CALL<br>SIGN<br><b>WLEX</b>                | ission of a distant<br>ent entered into or<br>nd a primary transr<br>or simulcasts, also<br>e three categories,<br>the location of eac<br>or Canadian station<br>izing multiple chan<br>2. B'CAST<br>CHANNEL<br>NUMBER            | multicast stre<br>n or before Jur<br>nitter or an as<br>o enter "E". If y<br>see page (v)<br>ch station. For<br>ns, if any, give<br>nel line-ups, t<br><b>CHANN</b><br>3. TYPE<br>OF<br>STATION                                  | am that is not su<br>ne 30, 2009, bet<br>sociation repres<br>you carried the c<br>of the general ir<br>'U.S. stations, li<br>the name of the<br>use a separate s<br><b>EL LINE-UP</b><br>4. DISTANT?<br>(Yes or No)<br><b>Yes</b>   | ubject to a royalty<br>ween a cable syst<br>enting the primary<br>hannel on any oth<br>astructions located<br>ist the community<br>e community with<br>space G for each of<br>A<br>5. BASIS OF<br>CARRIAGE<br>(If Distant)     | payment because it is the subject<br>term or an association representing<br>y transmitter, enter the designa-<br>ner basis, enter "O." For a further<br>d in the paper SA3 form.<br>to which the station is licensed by the<br>which the station is identifed.<br>channel line-up.  |      |                              |
| of a written agreeme<br>the cable system an<br>tion "E" (exempt). Fo<br>explanation of these<br><b>Column 6:</b> Give<br>FCC. For Mexican o<br><b>Note:</b> If you are utili<br>1. CALL<br>SIGN<br><b>WLEX</b>                | ission of a distant<br>ent entered into or<br>a primary transr<br>or simulcasts, also<br>e three categories,<br>the location of eac<br>or Canadian station<br>izing multiple chan<br>2. B'CAST<br>CHANNEL<br>NUMBER<br>39         | multicast stre<br>n or before Jur<br>mitter or an as<br>o enter "E". If y<br>see page (v)<br>ch station. For<br>ns, if any, give<br>nel line-ups, t<br><b>CHANN</b><br>3. TYPE<br>OF<br>STATION<br><b>N</b>                      | am that is not super 30, 2009, bet<br>sociation repress<br>you carried the c<br>of the general in<br>r U.S. stations, li<br>the name of the<br>use a separate s<br><b>EL LINE-UP</b><br>4. DISTANT?<br>(Yes or No)<br><b>Yes</b><br><b>No</b>   | ubject to a royalty<br>ween a cable syst<br>enting the primary<br>hannel on any oth<br>structions located<br>ist the community<br>e community with<br>space G for each of<br>A<br>5. BASIS OF<br>CARRIAGE<br>(If Distant)<br>0 | payment because it is the subject<br>tem or an association representing<br>y transmitter, enter the designa-<br>ner basis, enter "O." For a further<br>d in the paper SA3 form.<br>to which the station is licensed by the<br>which the station is identifed.<br>channel line-up.<br>6. LOCATION OF STATION<br>Lexington, KY                    |      |                              |
| of a written agreeme<br>the cable system an<br>tion "E" (exempt). Fo<br>explanation of these<br><b>Column 6:</b> Give<br>FCC. For Mexican o<br><b>Note:</b> If you are utili<br>1. CALL<br>SIGN<br><b>WLEX</b>                | ission of a distant<br>ent entered into or<br>ad a primary transr<br>or simulcasts, also<br>a three categories,<br>the location of eac<br>or Canadian station<br>zing multiple chan<br>2. B'CAST<br>CHANNEL<br>NUMBER<br>39<br>39 | multicast stre<br>n or before Jur<br>nitter or an as<br>o enter "E". If y<br>see page (v)<br>ch station. For<br>ns, if any, give<br>nel line-ups, u<br><b>CHANN</b><br>3. TYPE<br>OF<br>STATION<br><b>N</b>                      | am that is not su<br>ne 30, 2009, bet<br>sociation repres<br>you carried the c<br>of the general ir<br>'U.S. stations, li<br>the name of the<br>use a separate s<br><b>EL LINE-UP</b><br>4. DISTANT?<br>(Yes or No)<br>Yes<br>No<br>Yes   | ubject to a royalty<br>ween a cable syst<br>enting the primary<br>hannel on any oth<br>structions located<br>ist the community<br>e community with<br>space G for each of<br>A<br>5. BASIS OF<br>CARRIAGE<br>(If Distant)<br>0 | payment because it is the subject<br>term or an association representing<br>y transmitter, enter the designa-<br>ter basis, enter "O." For a further<br>d in the paper SA3 form.<br>to which the station is licensed by the<br>which the station is identifed.<br>channel line-up.<br>6. LOCATION OF STATION<br>Lexington, KY                   |      |                              |
| of a written agreeme<br>the cable system an<br>tion "E" (exempt). Fo<br>explanation of these<br><b>Column 6:</b> Give<br>FCC. For Mexican o<br><b>Note:</b> If you are utili<br>1. CALL<br>SIGN<br><b>WLEX</b><br><b>WLEX</b> | ission of a distant<br>ent entered into or<br>a primary transr<br>or simulcasts, also<br>e three categories,<br>the location of eac<br>or Canadian station<br>izing multiple chan<br>2. B'CAST<br>CHANNEL<br>NUMBER<br>39<br>9    | multicast stre<br>n or before Jur<br>mitter or an as<br>o enter "E". If y<br>see page (v)<br>ch station. For<br>ns, if any, give<br>nel line-ups, to<br><b>CHANN</b><br>3. TYPE<br>OF<br>STATION<br><b>N</b><br><b>N</b> -M<br>E | am that is not su<br>ne 30, 2009, bet<br>sociation repres<br>you carried the c<br>of the general ir<br>U.S. stations, li<br>e the name of the<br>use a separate s<br><b>EL LINE-UP</b><br>4. DISTANT?<br>(Yes or No)<br>Yes<br>No<br>Yes<br>No<br>No  | ubject to a royalty<br>ween a cable syst<br>enting the primary<br>hannel on any oth<br>structions located<br>ist the community<br>e community with<br>space G for each of<br>A<br>5. BASIS OF<br>CARRIAGE<br>(If Distant)<br>0 | payment because it is the subject<br>term or an association representing<br>y transmitter, enter the designa-<br>ner basis, enter "O." For a further<br>d in the paper SA3 form.<br>to which the station is licensed by the<br>which the station is identifed.<br>channel line-up.<br>6. LOCATION OF STATION<br>Lexington, KY<br>Huntington, WV |      |                              |
| of a written agreeme<br>the cable system an<br>tion "E" (exempt). Fo<br>explanation of these<br><b>Column 6:</b> Give<br>FCC. For Mexican o<br><b>Note:</b> If you are utili<br>1. CALL<br>SIGN<br><b>WLEX</b><br><b>WLEX</b> | ission of a distant<br>ent entered into or<br>a primary transr<br>or simulcasts, also<br>e three categories,<br>the location of eac<br>or Canadian station<br>izing multiple chan<br>2. B'CAST<br>CHANNEL<br>NUMBER<br>39<br>9    | multicast stre<br>n or before Jur<br>mitter or an as<br>o enter "E". If y<br>see page (v)<br>ch station. For<br>ns, if any, give<br>nel line-ups, to<br><b>CHANN</b><br>3. TYPE<br>OF<br>STATION<br><b>N</b><br><b>N</b> -M<br>E | am that is not su<br>ne 30, 2009, bet<br>sociation repres<br>you carried the c<br>of the general ir<br>r U.S. stations, li<br>e the name of the<br>use a separate s<br><b>EL LINE-UP</b><br>4. DISTANT?<br>(Yes or No)<br>Yes<br>No<br>Yes<br>No<br>No<br>No  | ubject to a royalty<br>ween a cable syst<br>enting the primary<br>hannel on any oth<br>structions located<br>ist the community<br>e community with<br>space G for each of<br>A<br>5. BASIS OF<br>CARRIAGE<br>(If Distant)<br>0 | payment because it is the subject<br>term or an association representing<br>y transmitter, enter the designa-<br>ner basis, enter "O." For a further<br>d in the paper SA3 form.<br>to which the station is licensed by the<br>which the station is identifed.<br>channel line-up.<br>6. LOCATION OF STATION<br>Lexington, KY<br>Huntington, WV |      |                              |
| of a written agreeme<br>the cable system an<br>tion "E" (exempt). Fo<br>explanation of these<br><b>Column 6:</b> Give<br>FCC. For Mexican o<br><b>Note:</b> If you are utili<br>1. CALL<br>SIGN<br><b>WLEX</b><br><b>WLEX</b> | ission of a distant<br>ent entered into or<br>a primary transr<br>or simulcasts, also<br>e three categories,<br>the location of eac<br>or Canadian station<br>izing multiple chan<br>2. B'CAST<br>CHANNEL<br>NUMBER<br>39<br>9    | multicast stre<br>n or before Jur<br>mitter or an as<br>o enter "E". If y<br>see page (v)<br>ch station. For<br>ns, if any, give<br>nel line-ups, to<br><b>CHANN</b><br>3. TYPE<br>OF<br>STATION<br><b>N</b><br><b>N</b> -M<br>E | am that is not su<br>ne 30, 2009, bet<br>sociation repres<br>you carried the c<br>of the general ir<br>U.S. stations, li<br>e the name of the<br>use a separate s<br><b>EL LINE-UP</b><br>4. DISTANT?<br>(Yes or No)<br><b>Yes</b><br><b>No</b><br><b>Yes</b><br><b>No</b><br><b>No</b><br><b>No</b><br><b>No</b><br><b>No</b>  | ubject to a royalty<br>ween a cable syst<br>enting the primary<br>hannel on any oth<br>structions located<br>ist the community<br>e community with<br>space G for each of<br>A<br>5. BASIS OF<br>CARRIAGE<br>(If Distant)<br>0 | payment because it is the subject<br>term or an association representing<br>y transmitter, enter the designa-<br>ner basis, enter "O." For a further<br>d in the paper SA3 form.<br>to which the station is licensed by the<br>which the station is identifed.<br>channel line-up.<br>6. LOCATION OF STATION<br>Lexington, KY<br>Huntington, WV |      |                              |
| of a written agreeme<br>the cable system an<br>tion "E" (exempt). Fo<br>explanation of these<br><b>Column 6:</b> Give<br>FCC. For Mexican o<br><b>Note:</b> If you are utili<br>1. CALL<br>SIGN<br><b>WLEX</b><br><b>WLEX</b> | ission of a distant<br>ent entered into or<br>a primary transr<br>or simulcasts, also<br>e three categories,<br>the location of eac<br>or Canadian station<br>izing multiple chan<br>2. B'CAST<br>CHANNEL<br>NUMBER<br>39<br>9    | multicast stre<br>n or before Jur<br>mitter or an as<br>o enter "E". If y<br>see page (v)<br>ch station. For<br>ns, if any, give<br>nel line-ups, to<br><b>CHANN</b><br>3. TYPE<br>OF<br>STATION<br><b>N</b><br><b>N</b> -M<br>E | am that is not su<br>ne 30, 2009, bet<br>sociation repres<br>you carried the c<br>of the general ir<br>'U.S. stations, li<br>e the name of the<br>use a separate s<br><b>EL LINE-UP</b><br>4. DISTANT?<br>(Yes or No)<br><b>Yes</b><br>No<br>Yes<br>No<br>No<br>No<br>No<br>No  | ubject to a royalty<br>ween a cable syst<br>enting the primary<br>hannel on any oth<br>structions located<br>ist the community<br>e community with<br>space G for each of<br>A<br>5. BASIS OF<br>CARRIAGE<br>(If Distant)<br>0 | payment because it is the subject<br>term or an association representing<br>y transmitter, enter the designa-<br>ner basis, enter "O." For a further<br>d in the paper SA3 form.<br>to which the station is licensed by the<br>which the station is identifed.<br>channel line-up.<br>6. LOCATION OF STATION<br>Lexington, KY<br>Huntington, WV |      |                              |
| of a written agreeme<br>the cable system an<br>tion "E" (exempt). Fo<br>explanation of these<br><b>Column 6:</b> Give<br>FCC. For Mexican o<br><b>Note:</b> If you are utili<br>1. CALL<br>SIGN<br><b>WLEX</b><br><b>WLEX</b> | ission of a distant<br>ent entered into or<br>a primary transr<br>or simulcasts, also<br>e three categories,<br>the location of eac<br>or Canadian station<br>izing multiple chan<br>2. B'CAST<br>CHANNEL<br>NUMBER<br>39<br>9    | multicast stre<br>n or before Jur<br>mitter or an as<br>o enter "E". If y<br>see page (v)<br>ch station. For<br>ns, if any, give<br>nel line-ups, to<br><b>CHANN</b><br>3. TYPE<br>OF<br>STATION<br><b>N</b><br><b>N</b> -M<br>E | am that is not su<br>ne 30, 2009, bet<br>sociation repres<br>you carried the c<br>of the general ir<br>U.S. stations, li<br>e the name of the<br>use a separate s<br><b>EL LINE-UP</b><br>4. DISTANT?<br>(Yes or No)<br><b>Yes</b><br><b>No</b><br><b>Yes</b><br><b>No</b><br><b>No</b><br><b>No</b><br><b>No</b><br><b>No</b>  | ubject to a royalty<br>ween a cable syst<br>enting the primary<br>hannel on any oth<br>structions located<br>ist the community<br>e community with<br>space G for each of<br>A<br>5. BASIS OF<br>CARRIAGE<br>(If Distant)<br>0 | payment because it is the subject<br>term or an association representing<br>y transmitter, enter the designa-<br>ner basis, enter "O." For a further<br>d in the paper SA3 form.<br>to which the station is licensed by the<br>which the station is identifed.<br>channel line-up.<br>6. LOCATION OF STATION<br>Lexington, KY<br>Huntington, WV |      |                              |
| of a written agreeme<br>the cable system an<br>tion "E" (exempt). Fo<br>explanation of these<br><b>Column 6:</b> Give<br>FCC. For Mexican o<br><b>Note:</b> If you are utili<br>1. CALL<br>SIGN<br><b>WLEX</b><br><b>WLEX</b> | ission of a distant<br>ent entered into or<br>a primary transr<br>or simulcasts, also<br>e three categories,<br>the location of eac<br>or Canadian station<br>izing multiple chan<br>2. B'CAST<br>CHANNEL<br>NUMBER<br>39<br>9    | multicast stre<br>n or before Jur<br>mitter or an as<br>o enter "E". If y<br>see page (v)<br>ch station. For<br>ns, if any, give<br>nel line-ups, to<br><b>CHANN</b><br>3. TYPE<br>OF<br>STATION<br><b>N</b><br><b>N</b> -M<br>E | am that is not su<br>ne 30, 2009, bet<br>sociation repres<br>you carried the c<br>of the general ir<br>'U.S. stations, li<br>e the name of the<br>use a separate s<br><b>EL LINE-UP</b><br>4. DISTANT?<br>(Yes or No)<br><b>Yes</b><br>No<br>Yes<br>No<br>No<br>No<br>No<br>No  | ubject to a royalty<br>ween a cable syst<br>enting the primary<br>hannel on any oth<br>structions located<br>ist the community<br>e community with<br>space G for each of<br>A<br>5. BASIS OF<br>CARRIAGE<br>(If Distant)<br>0 | payment because it is the subject<br>term or an association representing<br>y transmitter, enter the designa-<br>ner basis, enter "O." For a further<br>d in the paper SA3 form.<br>to which the station is licensed by the<br>which the station is identifed.<br>channel line-up.<br>6. LOCATION OF STATION<br>Lexington, KY<br>Huntington, WV |      |                              |
| of a written agreeme<br>the cable system an<br>tion "E" (exempt). Fo<br>explanation of these<br><b>Column 6:</b> Give<br>FCC. For Mexican o<br><b>Note:</b> If you are utili<br>1. CALL<br>SIGN<br><b>WLEX</b><br><b>WLEX</b> | ission of a distant<br>ent entered into or<br>a primary transr<br>or simulcasts, also<br>e three categories,<br>the location of eac<br>or Canadian station<br>izing multiple chan<br>2. B'CAST<br>CHANNEL<br>NUMBER<br>39<br>9    | multicast stre<br>n or before Jur<br>mitter or an as<br>o enter "E". If y<br>see page (v)<br>ch station. For<br>ns, if any, give<br>nel line-ups, to<br><b>CHANN</b><br>3. TYPE<br>OF<br>STATION<br><b>N</b><br><b>N</b> -M<br>E | am that is not su<br>ne 30, 2009, bet<br>sociation repress<br>you carried the c<br>of the general ir<br>U.S. stations, li<br>e the name of the<br>use a separate s<br><b>EL LINE-UP</b><br>4. DISTANT?<br>(Yes or No)<br><b>Yes</b><br><b>No</b><br><b>Yes</b><br><b>No</b><br><b>Yes</b><br><b>No</b><br><b>No</b><br><b>No</b><br><b>No</b><br><b>No</b><br><b>No</b><br><b>No</b><br><b>No</b> | ubject to a royalty<br>ween a cable syst<br>enting the primary<br>hannel on any oth<br>structions located<br>ist the community<br>e community with<br>space G for each of<br>A<br>5. BASIS OF<br>CARRIAGE<br>(If Distant)<br>0 | payment because it is the subject<br>term or an association representing<br>y transmitter, enter the designa-<br>ner basis, enter "O." For a further<br>d in the paper SA3 form.<br>to which the station is licensed by the<br>which the station is identifed.<br>channel line-up.<br>6. LOCATION OF STATION<br>Lexington, KY<br>Huntington, WV |      |                              |
| of a written agreeme<br>the cable system an<br>tion "E" (exempt). Fo<br>explanation of these<br><b>Column 6:</b> Give<br>FCC. For Mexican o<br><b>Note:</b> If you are utili<br>1. CALL<br>SIGN<br><b>WLEX</b><br><b>WLEX</b> | ission of a distant<br>ent entered into or<br>a primary transr<br>or simulcasts, also<br>e three categories,<br>the location of eac<br>or Canadian station<br>izing multiple chan<br>2. B'CAST<br>CHANNEL<br>NUMBER<br>39<br>9    | multicast stre<br>n or before Jur<br>mitter or an as<br>o enter "E". If y<br>see page (v)<br>ch station. For<br>ns, if any, give<br>nel line-ups, to<br><b>CHANN</b><br>3. TYPE<br>OF<br>STATION<br><b>N</b><br><b>N</b> -M<br>E | am that is not su<br>ne 30, 2009, bet<br>sociation repress<br>you carried the c<br>of the general ir<br>- U.S. stations, li<br>e the name of the<br>use a separate s<br>EL LINE-UP<br>4. DISTANT?<br>(Yes or No)<br>Yes<br>No<br>Yes<br>No<br>Yes<br>No<br>No<br>No<br>No<br>No<br>No<br>No<br>No   | ubject to a royalty<br>ween a cable syst<br>enting the primary<br>hannel on any oth<br>structions located<br>ist the community<br>e community with<br>space G for each of<br>A<br>5. BASIS OF<br>CARRIAGE<br>(If Distant)<br>0 | payment because it is the subject<br>term or an association representing<br>y transmitter, enter the designa-<br>ner basis, enter "O." For a further<br>d in the paper SA3 form.<br>to which the station is licensed by the<br>which the station is identifed.<br>channel line-up.<br>6. LOCATION OF STATION<br>Lexington, KY<br>Huntington, WV |      |                              |
| of a written agreeme<br>the cable system an<br>tion "E" (exempt). Fo<br>explanation of these<br><b>Column 6:</b> Give<br>FCC. For Mexican o<br><b>Note:</b> If you are utili<br>1. CALL<br>SIGN<br><b>WLEX</b><br><b>WLEX</b> | ission of a distant<br>ent entered into or<br>a primary transr<br>or simulcasts, also<br>e three categories,<br>the location of eac<br>or Canadian station<br>izing multiple chan<br>2. B'CAST<br>CHANNEL<br>NUMBER<br>39<br>9    | multicast stre<br>n or before Jur<br>mitter or an as<br>o enter "E". If y<br>see page (v)<br>ch station. For<br>ns, if any, give<br>nel line-ups, to<br><b>CHANN</b><br>3. TYPE<br>OF<br>STATION<br><b>N</b><br><b>N</b> -M<br>E | am that is not su<br>ne 30, 2009, bet<br>sociation repres<br>you carried the c<br>of the general ir<br>'U.S. stations, li<br>e the name of the<br>use a separate s<br><b>EL LINE-UP</b><br>4. DISTANT?<br>(Yes or No)<br><b>Yes</b><br>No<br>Yes<br>No<br>Yes<br>No<br>No<br>No<br>No<br>No<br>No<br>No<br>No<br>No   | ubject to a royalty<br>ween a cable syst<br>enting the primary<br>hannel on any oth<br>structions located<br>ist the community<br>e community with<br>space G for each of<br>A<br>5. BASIS OF<br>CARRIAGE<br>(If Distant)<br>0 | payment because it is the subject<br>term or an association representing<br>y transmitter, enter the designa-<br>ner basis, enter "O." For a further<br>d in the paper SA3 form.<br>to which the station is licensed by the<br>which the station is identifed.<br>channel line-up.<br>6. LOCATION OF STATION<br>Lexington, KY<br>Huntington, WV |      |                              |
| of a written agreeme<br>the cable system an<br>tion "E" (exempt). Fo<br>explanation of these<br><b>Column 6:</b> Give<br>FCC. For Mexican o<br><b>Note:</b> If you are utili<br>1. CALL<br>SIGN<br><b>WLEX</b><br><b>WLEX</b> | ission of a distant<br>ent entered into or<br>a primary transr<br>or simulcasts, also<br>e three categories,<br>the location of eac<br>or Canadian station<br>izing multiple chan<br>2. B'CAST<br>CHANNEL<br>NUMBER<br>39<br>9    | multicast stre<br>n or before Jur<br>mitter or an as<br>o enter "E". If y<br>see page (v)<br>ch station. For<br>ns, if any, give<br>nel line-ups, to<br><b>CHANN</b><br>3. TYPE<br>OF<br>STATION<br><b>N</b><br><b>N</b> -M<br>E | am that is not su<br>ne 30, 2009, bet<br>sociation repress<br>you carried the c<br>of the general ir<br>'U.S. stations, li<br>e the name of the<br>use a separate s<br>EL LINE-UP<br>4. DISTANT?<br>(Yes or No)<br>Yes<br>No<br>Yes<br>No<br>No<br>No<br>No<br>No<br>No<br>No<br>No<br>No<br>No<br>No<br>No<br>No   | ubject to a royalty<br>ween a cable syst<br>enting the primary<br>hannel on any oth<br>structions located<br>ist the community<br>e community with<br>space G for each of<br>A<br>5. BASIS OF<br>CARRIAGE<br>(If Distant)<br>0 | payment because it is the subject<br>term or an association representing<br>y transmitter, enter the designa-<br>ner basis, enter "O." For a further<br>d in the paper SA3 form.<br>to which the station is licensed by the<br>which the station is identifed.<br>channel line-up.<br>6. LOCATION OF STATION<br>Lexington, KY<br>Huntington, WV |      |                              |
| of a written agreeme<br>the cable system an<br>tion "E" (exempt). Fo<br>explanation of these<br><b>Column 6:</b> Give<br>FCC. For Mexican o<br><b>Note:</b> If you are utili<br>1. CALL<br>SIGN<br><b>WLEX</b><br><b>WLEX</b> | ission of a distant<br>ent entered into or<br>a primary transr<br>or simulcasts, also<br>e three categories,<br>the location of eac<br>or Canadian station<br>izing multiple chan<br>2. B'CAST<br>CHANNEL<br>NUMBER<br>39<br>9    | multicast stre<br>n or before Jur<br>mitter or an as<br>o enter "E". If y<br>see page (v)<br>ch station. For<br>ns, if any, give<br>nel line-ups, to<br><b>CHANN</b><br>3. TYPE<br>OF<br>STATION<br><b>N</b><br><b>N</b> -M<br>E | am that is not su<br>ne 30, 2009, bet<br>sociation repres<br>you carried the c<br>of the general ir<br>U.S. stations, li<br>e the name of the<br>use a separate s<br>EL LINE-UP<br>4. DISTANT?<br>(Yes or No)<br>Yes<br>No<br>Yes<br>No<br>Yes<br>No<br>No<br>No<br>No<br>No<br>No<br>No<br>No<br>No<br>No<br>No<br>No<br>No  | ubject to a royalty<br>ween a cable syst<br>enting the primary<br>hannel on any oth<br>structions located<br>ist the community<br>e community with<br>space G for each of<br>A<br>5. BASIS OF<br>CARRIAGE<br>(If Distant)<br>0 | payment because it is the subject<br>term or an association representing<br>y transmitter, enter the designa-<br>ner basis, enter "O." For a further<br>d in the paper SA3 form.<br>to which the station is licensed by the<br>which the station is identifed.<br>channel line-up.<br>6. LOCATION OF STATION<br>Lexington, KY<br>Huntington, WV |      |                              |
| of a written agreeme<br>the cable system an<br>tion "E" (exempt). Fo<br>explanation of these<br><b>Column 6:</b> Give<br>FCC. For Mexican o<br><b>Note:</b> If you are utili<br>1. CALL<br>SIGN<br><b>WLEX</b><br><b>WLEX</b> | ission of a distant<br>ent entered into or<br>a primary transr<br>or simulcasts, also<br>e three categories,<br>the location of eac<br>or Canadian station<br>izing multiple chan<br>2. B'CAST<br>CHANNEL<br>NUMBER<br>39<br>9    | multicast stre<br>n or before Jur<br>mitter or an as<br>o enter "E". If y<br>see page (v)<br>ch station. For<br>ns, if any, give<br>nel line-ups, to<br><b>CHANN</b><br>3. TYPE<br>OF<br>STATION<br><b>N</b><br><b>N</b> -M<br>E | am that is not su<br>ne 30, 2009, bet<br>sociation repress<br>you carried the c<br>of the general ir<br>'U.S. stations, li<br>e the name of the<br>use a separate s<br>EL LINE-UP<br>4. DISTANT?<br>(Yes or No)<br>Yes<br>No<br>Yes<br>No<br>No<br>No<br>No<br>No<br>No<br>No<br>No<br>No<br>No<br>No<br>No<br>No   | ubject to a royalty<br>ween a cable syst<br>enting the primary<br>hannel on any oth<br>structions located<br>ist the community<br>e community with<br>space G for each of<br>A<br>5. BASIS OF<br>CARRIAGE<br>(If Distant)<br>0 | payment because it is the subject<br>term or an association representing<br>y transmitter, enter the designa-<br>ner basis, enter "O." For a further<br>d in the paper SA3 form.<br>to which the station is licensed by the<br>which the station is identifed.<br>channel line-up.<br>6. LOCATION OF STATION<br>Lexington, KY<br>Huntington, WV |      |                              |

No

| LEGAL NAME OF O   | WNER OF CABLE SY   | STEM:   |  |   | SYSTEM ID#   | Name                                       |
|---|--|---|--|---|--|--|
| Foothills Rur   | al Telephone   | Cooperativ  | e Corp.  |   | 62644  | Name                                       |
| PRIMARY TRANSMIT  | TERS: TELEVISIO  | N   |  |   |  |  |
| carried by your cabl<br>FCC rules and regu<br>76.59(d)(2) and (4),<br>substitute program<br><b>Substitute Basi</b><br>basis under specifc<br>• Do not list the stat<br>station was carri<br>• List the station her<br>basis. For furthe<br>in the paper SA3<br><b>Column 1:</b> List of<br>each multicast streac<br>cast stream as "WE<br>WETA-simulcast).<br><b>Column 2:</b> Give<br>its community of lice<br>on which your cable<br><b>Column 3:</b> Indic | e system during the<br>lations in effect or<br>76.61(e)(2) and (4<br>basis, as explaine<br><b>s Stations:</b> With r<br>FCC rules, regulation<br>here in space<br>ed only on a substance<br>ed only on a substance<br>and also in space<br>in information conce<br>form.<br>each station's call<br>am associated with<br>TA-2". Simulcast<br>the channel numberse. For example<br>a system carried the<br>ate in each case v | ne accounting<br>in June 24, 198<br>4), or 76.63 (red<br>d in the next p<br>espect to any<br>tions, or author<br>G—but do list<br>itute basis.<br>ce I, if the sta<br>erning substitu-<br>sign. Do not re-<br>n a station account<br>streams must<br>ber the FCC has<br>been the station. | period, except (<br>81, permitting the<br>eferring to 76.61<br>baragraph.<br>distant stations<br>orizations:<br>it in space I (the<br>tion was carried<br>ute basis station<br>eport origination<br>cording to its ove<br>be reported in c<br>as assigned to tt<br>annel 4 in Washi<br>ation is a networ | (1) stations carried<br>e carriage of certai<br>(e)(2) and (4))]; an<br>carried by your ca<br>e Special Statemen<br>both on a substitu<br>ns, see page (v) of<br>program services<br>er-the-air designati<br>column 1 (list each<br>he television static<br>ington, D.C. This n<br>rk station, an indep | and low power television stations)<br>only on a part-time basis under<br>in network programs [sections<br>id (2) certain stations carried on a<br>ble system on a substitute program<br>nt and Program Log)—if the<br>the basis and also on some other<br>the general instructions located<br>such as HBO, ESPN, etc. Identify<br>on. For example, report multi-<br>stream separately; for example<br>on for broadcasting over-the-air in<br>nay be different from the channel<br>pendent station, or a noncommercial<br>st), "I" (for independent), "I-M" | G<br>Primary<br>Transmitters<br>Television |
| For the meaning of<br>Column 4: If the<br>planation of local se<br>Column 5: If you<br>cable system carrie<br>carried the distant s<br>For the retransm<br>of a written agreement<br>the cable system ar<br>tion "E" (exempt). For<br>explanation of these<br>Column 6: Give  | these terms, see p<br>station is outside<br>ervice area, see pa<br>have entered "Ye<br>d the distant static<br>tation on a part-tir<br>ission of a distant<br>ent entered into or<br>a primary transf<br>or simulcasts, also<br>three categories,<br>the location of ear<br>or Canadian station  | bage (v) of the<br>the local serv<br>age (v) of the<br>ges" in column<br>on during the a<br>multicast stree<br>or before Jun<br>mitter or an as<br>be enter "E". If y<br>see page (v)<br>ch station. For<br>ns, if any, give  | e general instruc-<br>ice area, (i.e. "d<br>general instruction<br>4, you must com<br>accounting perion<br>use of lack of act<br>earn that is not su<br>ne 30, 2009, bet<br>sociation represe<br>you carried the co<br>of the general in<br>r U.S. stations, lite<br>the name of the                     | tions located in the<br>istant"), enter "Yes<br>ons located in the<br>plete column 5, st<br>d. Indicate by enter<br>ctivated channel ca<br>ubject to a royalty<br>ween a cable syst<br>senting the primary<br>channel on any oth<br>istructions located<br>ist the community<br>e community with        | <ul> <li>". If not, enter "No". For an expaper SA3 form.</li> <li>ating the basis on which your</li> <li>ating "LAC" if your cable system</li> <li>apacity.</li> <li>payment because it is the subject</li> <li>em or an association representing</li> <li>rtansmitter, enter the designa-</li> <li>er basis, enter "O." For a further</li> <li>I in the paper SA3 form.</li> <li>to which the station is licensed by the</li> <li>which the station is identifed.</li> </ul>  |  |
| Note. Il you ale utili  |  |   | EL LINE-UP   |   |  |  |
|   |  |   |  |   |  |  |
| 1. CALL<br>SIGN   | 2. B'CAST<br>CHANNEL<br>NUMBER   | 3. TYPE<br>OF<br>STATION  | 4. DISTANT?<br>(Yes or No)   | 5. BASIS OF<br>CARRIAGE<br>(If Distant)   | 6. LOCATION OF STATION   |  |
| WSAZ  | 23   | N   | No   |   | Huntington, WV   |  |
| WSAZ-2  | 23   | N-M   | No   |   | Huntington, WV   |  |
| WSAZ-3  | 23   | N-M   | No   |   | Huntington, WV   |  |
| WSAZ-4  | 23   | N-M   | No   |   | Huntington, WV   |  |
| WKMR  | 15   | Е   | No   |   | Morehead, KY   |  |
| WKMR-2  | 15   | E-M   | No   |   | Morehead, KY   |  |
| WKMR-3  | 15   | E-M   | No   |   | Morehead, KY   |  |
| WKMR-4  | 15   | E-M   | No   |   |  |  |
|   |  |   |  | •   | Morehead, KY   |  |
| WKYT  | 13   | N   | Yes  | 0   | Lexington, KY  |  |
|   |  |   | No   |   |  |  |
| WYMT  | 12   | N   | No   |   | Hazard, KY   |  |
| WYMT-2  | 12   | N-M   | No   |   | Hazard, KY   |  |
| WLPX  | 18   | <u> </u>  | No   |   | Charleston, WV   |  |
| WLPX-2  | 18   | I-M   | No   |   | Charleston, WV   |  |
| WLPX-3  | 18   | I-M   | No   |   | Charleston, WV   |  |
|   |  |   |  |   |  |  |

WLPX-4

WCHS-2

WCHS

18

41

41

I-M

Ν

Ν

No

No

No

Charleston, WV

Charleston, WV Charleston, WV

|   | OWNER OF CABLE SY   | STEM:  |   |  | SYS   | TEM ID# |                         |
|---|---|--|---|--|---|---------|-------------------------|
| Foothills Ru  | ral Telephone   | Cooperativ   | e Corp.   |  |   | 62644   | Name                    |
| PRIMARY TRANSM  | ITTERS: TELEVISIO   | N  |   |  |   |         |                         |
|   |   |  |   |  | and low power television stations)<br>only on a part-time basis under   |         | G                       |
| •   |   |  |   | •  | in network programs [sections   |         |                         |
|   | ), 76.61(e)(2) and (4<br>ı basis, as explained  |  | ÷   | (e)(2) and (4))]; an   | d (2) certain stations carried on a   |         | Primary<br>Transmitters |
|   |   |  |   | carried by your ca   | ble system on a substitute progra   | n       | Television              |
|   | c FCC rules, regula   | ,  |   |  | nt and Drawney (an) if the  |         |                         |
|   | ried only on a subst  |  | it in space i (the  | e Special Stateme  | nt and Program Log)—if the  |         |                         |
| basis. For furth  | er information conc   |  |   |  | te basis and also on some other the general instructions located  |         |                         |
| in the paper SA<br>Column 1: List   |   | sign. Do not re  | eport origination   | program services   | such as HBO, ESPN, etc. Identify  | ,       |                         |
| each multicast stre   | eam associated with   | a station acc  | ording to its ove   | er-the-air designati   | on. For example, report multi-  |         |                         |
| cast stream as "W<br>WETA-simulcast).   | ETA-2". Simulcast   | streams must   | be reported in c  | olumn 1 (list each   | stream separately; for example  |         |                         |
| Column 2: Give  |   |  | -   |  | on for broadcasting over-the-air in   |         |                         |
|   | cense. For example<br>le system carried th  |  | innel 4 in Washi  | ington, D.C. This n  | nay be different from the channel   |         |                         |
| •   |   |  | ation is a networ   | k station, an indep  | pendent station, or a noncommerci   | al      |                         |
|   |   | •  | , ,   |  | st), "I" (for independent), "I-M"   |         |                         |
| · ·   | f these terms, see p  |  | <i>,</i> .  |  | nmercial educational multicast).<br>e paper SA3 form.   |         |                         |
| Column 4: If th   | e station is outside  | the local serv   | ice area, (i.e. "d  | istant"), enter "Yes   | s". If not, enter "No". For an ex-  |         |                         |
|   | ervice area, see pa<br>ou have entered "Ye  |  |   |  | paper SA3 form.<br>ating the basis on which your  |         |                         |
| cable system carri  | ed the distant statio   | n during the a   | accounting perio  | d. Indicate by ente  | ering "LAC" if your cable system  |         |                         |
|   | station on a part-tin   | ne basis beca  | use of lack of a  | ctivated channel ca  | an a ait /  |         |                         |
|   |   | multicast stre   | am that is not si   |  |   |         |                         |
|   |   |  |   | ubject to a royalty  | apacity.<br>payment because it is the subject<br>em or an association representing  |         |                         |
| of a written agreen<br>the cable system a   | nent entered into or<br>and a primary transr  | n or before Jur<br>nitter or an as   | ne 30, 2009, bet<br>sociation repres  | ubject to a royalty<br>ween a cable syst<br>senting the primary  | payment because it is the subject<br>em or an association representing<br>v transmitter, enter the designa-   |         |                         |
| of a written agreen<br>the cable system a<br>tion "E" (exempt). I<br>explanation of thes  | nent entered into or<br>and a primary transr<br>For simulcasts, also<br>se three categories,  | n or before Jur<br>nitter or an as<br>o enter "E". If y<br>see page (v)  | ne 30, 2009, bet<br>sociation repres<br>/ou carried the c<br>of the general ir  | ubject to a royalty<br>ween a cable syst<br>senting the primary<br>channel on any oth<br>nstructions located   | payment because it is the subject<br>em or an association representing<br>r transmitter, enter the designa-<br>er basis, enter "O." For a further<br>I in the paper SA3 form.   |         |                         |
| of a written agreen<br>the cable system a<br>tion "E" (exempt). I<br>explanation of thes<br><b>Column 6:</b> Give   | nent entered into or<br>and a primary transr<br>For simulcasts, also<br>se three categories,<br>e the location of eac   | n or before Jur<br>nitter or an as<br>o enter "E". If y<br>see page (v)<br>ch station. For   | ne 30, 2009, bet<br>sociation repres<br>you carried the c<br>of the general ir<br>U.S. stations, li   | ubject to a royalty<br>ween a cable syst<br>senting the primary<br>shannel on any oth<br>nstructions located<br>ist the community  | payment because it is the subject<br>em or an association representing<br>r transmitter, enter the designa-<br>er basis, enter "O." For a further<br>I in the paper SA3 form.<br>to which the station is licensed by  |         |                         |
| of a written agreen<br>the cable system a<br>tion "E" (exempt). I<br>explanation of thes<br><b>Column 6:</b> Give<br>FCC. For Mexican   | nent entered into or<br>and a primary transr<br>For simulcasts, also<br>se three categories,<br>e the location of eac   | n or before Jur<br>nitter or an as<br>o enter "E". If y<br>see page (v)<br>ch station. For<br>ns, if any, give   | ne 30, 2009, bet<br>sociation repres<br>you carried the c<br>of the general ir<br>r U.S. stations, li<br>e the name of the  | ubject to a royalty<br>ween a cable syst<br>senting the primary<br>channel on any oth<br>instructions located<br>ist the community<br>e community with   | payment because it is the subject<br>em or an association representing<br>r transmitter, enter the designa-<br>er basis, enter "O." For a further<br>I in the paper SA3 form.<br>to which the station is licensed by<br>which the station is identifed.   |         |                         |
| of a written agreen<br>the cable system a<br>tion "E" (exempt). I<br>explanation of thes<br><b>Column 6:</b> Give<br>FCC. For Mexican   | nent entered into or<br>and a primary transr<br>For simulcasts, also<br>se three categories,<br>e the location of eac<br>or Canadian station  | or before Jur<br>nitter or an as<br>o enter "E". If y<br>see page (v)<br>ch station. For<br>ns, if any, give<br>nel line-ups, u  | ne 30, 2009, bet<br>sociation repres<br>you carried the c<br>of the general ir<br>r U.S. stations, li<br>e the name of the  | ubject to a royalty<br>ween a cable syst<br>senting the primary<br>channel on any oth<br>instructions located<br>ist the community<br>e community with<br>space G for each c   | payment because it is the subject<br>em or an association representing<br>r transmitter, enter the designa-<br>er basis, enter "O." For a further<br>I in the paper SA3 form.<br>to which the station is licensed by<br>which the station is identifed.   |         |                         |
| of a written agreen<br>the cable system a<br>tion "E" (exempt). I<br>explanation of thes<br><b>Column 6:</b> Give<br>FCC. For Mexican   | nent entered into or<br>and a primary transr<br>For simulcasts, also<br>se three categories,<br>e the location of eac<br>or Canadian station  | or before Jur<br>nitter or an as<br>o enter "E". If y<br>see page (v)<br>ch station. For<br>ns, if any, give<br>nel line-ups, u  | ne 30, 2009, bet<br>sociation repres<br>you carried the c<br>of the general ir<br>r U.S. stations, li<br>the name of the<br>use a separate s<br><b>EL LINE-UP</b>   | ubject to a royalty<br>ween a cable syst<br>senting the primary<br>channel on any oth<br>instructions located<br>ist the community<br>e community with<br>space G for each c   | payment because it is the subject<br>em or an association representing<br>r transmitter, enter the designa-<br>er basis, enter "O." For a further<br>I in the paper SA3 form.<br>to which the station is licensed by<br>which the station is identifed.   |         |                         |
| of a written agreen<br>the cable system a<br>tion "E" (exempt). I<br>explanation of thes<br><b>Column 6:</b> Give<br>FCC. For Mexican<br><b>Note:</b> If you are uti  | nent entered into or<br>and a primary transr<br>For simulcasts, also<br>se three categories,<br>e the location of ear<br>or Canadian station<br>lizing multiple chan  | n or before Jur<br>nitter or an as<br>o enter "E". If y<br>see page (v)<br>ch station. For<br>ns, if any, give<br>nel line-ups, u<br>CHANN   | ne 30, 2009, bet<br>sociation repres<br>you carried the c<br>of the general ir<br>r U.S. stations, li<br>the name of the<br>use a separate s<br><b>EL LINE-UP</b>   | ubject to a royalty<br>ween a cable syst<br>senting the primary<br>channel on any oth<br>instructions located<br>ist the community<br>e community with<br>space G for each c<br>B  | payment because it is the subject<br>em or an association representing<br>r transmitter, enter the designa-<br>er basis, enter "O." For a further<br>I in the paper SA3 form.<br>to which the station is licensed by<br>which the station is identifed.<br>hannel line-up.  |         |                         |
| of a written agreen<br>the cable system a<br>tion "E" (exempt). I<br>explanation of thes<br><b>Column 6:</b> Give<br>FCC. For Mexican<br><b>Note:</b> If you are uti<br>1. CALL<br>SIGN   | nent entered into or<br>and a primary transm<br>For simulcasts, also<br>se three categories,<br>e the location of eac<br>or Canadian station<br>lizing multiple chan<br>2. B'CAST<br>CHANNEL<br>NUMBER  | or before Jur<br>nitter or an as<br>o enter "E". If y<br>see page (v)<br>ch station. For<br>ns, if any, give<br>nel line-ups, u<br>CHANN<br>3. TYPE  | ne 30, 2009, bet<br>sociation represe<br>you carried the c<br>of the general in<br>t U.S. stations, li<br>the name of the<br>use a separate s<br><b>EL LINE-UP</b><br>4. DISTANT?   | ubject to a royalty<br>ween a cable syst<br>senting the primary<br>channel on any oth<br>structions located<br>ist the community<br>e community with<br>space G for each c<br>B<br>5. BASIS OF   | payment because it is the subject<br>em or an association representing<br>r transmitter, enter the designa-<br>er basis, enter "O." For a further<br>I in the paper SA3 form.<br>to which the station is licensed by<br>which the station is identifed.<br>hannel line-up.  |         |                         |
| of a written agreen<br>the cable system a<br>tion "E" (exempt). I<br>explanation of thes<br><b>Column 6:</b> Give<br>FCC. For Mexican<br><b>Note:</b> If you are uting<br>1. CALL<br>SIGN   | nent entered into or<br>and a primary transm<br>For simulcasts, also<br>se three categories,<br>e the location of ead<br>or Canadian station<br>dizing multiple chan<br>2. B'CAST<br>CHANNEL  | n or before Jur<br>nitter or an as<br>o enter "E". If y<br>see page (v)<br>ch station. For<br>ns, if any, give<br>nel line-ups, u<br><b>CHANN</b><br>3. TYPE<br>OF   | ne 30, 2009, bet<br>sociation represe<br>you carried the c<br>of the general in<br>t U.S. stations, li<br>the name of the<br>use a separate s<br><b>EL LINE-UP</b><br>4. DISTANT?   | ubject to a royalty<br>ween a cable syst<br>senting the primary<br>channel on any oth<br>structions located<br>ist the community<br>e community with<br>space G for each c<br>B<br>5. BASIS OF<br>CARRIAGE   | payment because it is the subject<br>em or an association representing<br>r transmitter, enter the designa-<br>er basis, enter "O." For a further<br>I in the paper SA3 form.<br>to which the station is licensed by<br>which the station is identifed.<br>hannel line-up.  |         |                         |
| of a written agreen<br>the cable system a<br>tion "E" (exempt). I<br>explanation of thes<br><b>Column 6:</b> Give<br>FCC. For Mexican<br><b>Note:</b> If you are uting<br>1. CALL<br>SIGN   | nent entered into or<br>and a primary transm<br>For simulcasts, also<br>se three categories,<br>e the location of eac<br>or Canadian station<br>lizing multiple chan<br>2. B'CAST<br>CHANNEL<br>NUMBER  | n or before Jur<br>nitter or an as<br>o enter "E". If y<br>see page (v)<br>ch station. For<br>ns, if any, give<br>nel line-ups, t<br><b>CHANN</b><br>3. TYPE<br>OF<br>STATION  | ne 30, 2009, bet<br>sociation repres<br>rou carried the c<br>of the general ir<br>r U.S. stations, li<br>the name of the<br>use a separate s<br><b>EL LINE-UP</b><br>4. DISTANT?<br>(Yes or No)   | ubject to a royalty<br>ween a cable syst<br>senting the primary<br>channel on any oth<br>structions located<br>ist the community<br>e community with<br>space G for each c<br>B<br>5. BASIS OF<br>CARRIAGE   | payment because it is the subject<br>em or an association representing<br>r transmitter, enter the designa-<br>er basis, enter "O." For a further<br>I in the paper SA3 form.<br>to which the station is licensed by<br>which the station is identifed.<br>hannel line-up.  |         |                         |
| of a written agreen<br>the cable system a<br>tion "E" (exempt). I<br>explanation of thes<br><b>Column 6:</b> Give<br>FCC. For Mexican<br><b>Note:</b> If you are uti<br>1. CALL<br>SIGN<br><b>WQCW</b>  | nent entered into or<br>and a primary transm<br>For simulcasts, also<br>se three categories,<br>e the location of eac<br>or Canadian station<br>lizing multiple chan<br>2. B'CAST<br>CHANNEL<br>NUMBER  | n or before Jur<br>nitter or an as<br>o enter "E". If y<br>see page (v)<br>ch station. For<br>ns, if any, give<br>nel line-ups, t<br><b>CHANN</b><br>3. TYPE<br>OF<br>STATION  | ne 30, 2009, bet<br>sociation repres<br>you carried the c<br>of the general ir<br>U.S. stations, li<br>the name of the<br>use a separate s<br><b>EL LINE-UP</b><br>4. DISTANT?<br>(Yes or No)<br><b>No</b>  | ubject to a royalty<br>ween a cable syst<br>senting the primary<br>channel on any oth<br>structions located<br>ist the community<br>e community with<br>space G for each c<br>B<br>5. BASIS OF<br>CARRIAGE   | payment because it is the subject<br>em or an association representing<br>r transmitter, enter the designa-<br>er basis, enter "O." For a further<br>I in the paper SA3 form.<br>to which the station is licensed by<br>which the station is identifed.<br>hannel line-up.  |         |                         |
| of a written agreen<br>the cable system a<br>tion "E" (exempt). I<br>explanation of thes<br><b>Column 6:</b> Give<br>FCC. For Mexican<br><b>Note:</b> If you are uti<br>1. CALL<br>SIGN<br>WQCW   | nent entered into or<br>and a primary transm<br>For simulcasts, also<br>se three categories,<br>e the location of ead<br>or Canadian station<br>lizing multiple chan<br>2. B'CAST<br>CHANNEL<br>NUMBER<br>17  | n or before Jur<br>nitter or an as<br>o enter "E". If y<br>see page (v)<br>ch station. For<br>ns, if any, give<br>nel line-ups, t<br><b>CHANN</b><br>3. TYPE<br>OF<br>STATION<br><b>I</b>  | ne 30, 2009, bet<br>sociation repres<br>rou carried the c<br>of the general ir<br>r U.S. stations, li<br>e the name of the<br>use a separate s<br><b>EL LINE-UP</b><br>4. DISTANT?<br>(Yes or No)<br><b>No</b><br><b>No</b>   | ubject to a royalty<br>ween a cable syst<br>senting the primary<br>channel on any oth<br>histructions located<br>ist the community<br>e community with<br>space G for each or<br><b>B</b><br>5. BASIS OF<br>CARRIAGE<br>(If Distant)                                 | payment because it is the subject<br>em or an association representing<br>r transmitter, enter the designa-<br>er basis, enter "O." For a further<br>I in the paper SA3 form.<br>to which the station is licensed by<br>which the station is identifed.<br>thannel line-up.<br>6. LOCATION OF STATION<br>Huntington, WV   |         |                         |
| of a written agreen<br>the cable system a<br>tion "E" (exempt). I<br>explanation of thes<br><b>Column 6:</b> Give<br>FCC. For Mexican<br><b>Note:</b> If you are uti<br>1. CALL<br>SIGN<br><b>WQCW</b><br><b>WTVQ</b>   | nent entered into or<br>and a primary transm<br>For simulcasts, also<br>se three categories,<br>e the location of ead<br>or Canadian station<br>lizing multiple chan<br>2. B'CAST<br>CHANNEL<br>NUMBER<br>17<br>40  | n or before Jur<br>nitter or an as<br>o enter "E". If y<br>see page (v)<br>ch station. For<br>ns, if any, give<br>nel line-ups, u<br><b>CHANN</b><br>3. TYPE<br>OF<br>STATION<br>I<br>N  | ne 30, 2009, bet<br>sociation repres<br>you carried the c<br>of the general ir<br>U.S. stations, li<br>the name of the<br>use a separate s<br><b>EL LINE-UP</b><br>4. DISTANT?<br>(Yes or No)<br><b>NO</b><br><b>NO</b><br><b>Yes</b>   | ubject to a royalty<br>ween a cable syst<br>senting the primary<br>channel on any oth<br>structions located<br>ist the community<br>e community with<br>space G for each of<br>B<br>5. BASIS OF<br>CARRIAGE<br>(If Distant)<br>0                                     | payment because it is the subject<br>em or an association representing<br>r transmitter, enter the designa-<br>er basis, enter "O." For a further<br>in the paper SA3 form.<br>to which the station is licensed by<br>which the station is identifed.<br>thannel line-up.<br>6. LOCATION OF STATION<br>Huntington, WV<br>Lexington, KY  |         |                         |
| of a written agreen<br>the cable system a<br>tion "E" (exempt). I<br>explanation of thes<br><b>Column 6:</b> Give<br>FCC. For Mexican<br><b>Note:</b> If you are uti<br>1. CALL<br>SIGN<br>WQCW<br>WTVQ<br>WTVQ-2<br>WTVQ-3   | nent entered into or<br>and a primary transm<br>For simulcasts, also<br>se three categories,<br>e the location of eac<br>or Canadian station<br>lizing multiple chan<br>2. B'CAST<br>CHANNEL<br>NUMBER<br>17<br>40<br>40  | n or before Jur<br>nitter or an as<br>o enter "E". If y<br>see page (v)<br>ch station. For<br>ns, if any, give<br>nel line-ups, t<br><b>CHANN</b><br>3. TYPE<br>OF<br>STATION<br>I<br>N<br>N-M   | ne 30, 2009, bet<br>sociation repres<br>rou carried the c<br>of the general ir<br>r U.S. stations, li<br>e the name of the<br>use a separate s<br><b>EL LINE-UP</b><br>4. DISTANT?<br>(Yes or No)<br><b>No</b><br><b>No</b><br><b>Yes</b><br><b>Yes</b>   | ubject to a royalty<br>ween a cable syst<br>senting the primary<br>channel on any oth<br>structions located<br>ist the community<br>e community with<br>space G for each c<br>B<br>5. BASIS OF<br>CARRIAGE<br>(If Distant)<br>0<br>0                                 | payment because it is the subject<br>em or an association representing<br>r transmitter, enter the designa-<br>er basis, enter "O." For a further<br>in the paper SA3 form.<br>to which the station is licensed by<br>which the station is identifed.<br>thannel line-up.<br>6. LOCATION OF STATION<br>Huntington, WV<br>Lexington, KY  |         |                         |
| of a written agreen<br>the cable system a<br>tion "E" (exempt). I<br>explanation of thes<br><b>Column 6:</b> Give<br>FCC. For Mexican<br><b>Note:</b> If you are uti<br>1. CALL<br>SIGN<br>WQCW<br>WTVQ<br>WTVQ-2<br>WTVQ-3<br>WTVQ-4   | nent entered into or<br>and a primary transm<br>For simulcasts, also<br>se three categories,<br>e the location of ead<br>or Canadian station<br>lizing multiple chan<br>2. B'CAST<br>CHANNEL<br>NUMBER<br>17<br>40<br>40<br>40<br>40  | n or before Jur<br>nitter or an as<br>o enter "E". If y<br>see page (v)<br>ch station. For<br>ns, if any, give<br>nel line-ups, u<br><b>CHANN</b><br>3. TYPE<br>OF<br>STATION<br>I<br>N-M<br>N-M   | ne 30, 2009, bet<br>sociation repres<br>you carried the c<br>of the general ir<br>U.S. stations, li<br>the name of the<br>use a separate s<br><b>EL LINE-UP</b><br>4. DISTANT?<br>(Yes or No)<br><b>NO</b><br><b>NO</b><br><b>Yes</b><br><b>Yes</b><br><b>Yes</b>   | ubject to a royalty<br>ween a cable syst<br>senting the primary<br>channel on any oth<br>hstructions located<br>ist the community<br>e community with<br>space G for each of<br>B<br>5. BASIS OF<br>CARRIAGE<br>(If Distant)<br>0<br>0<br>0                          | payment because it is the subject<br>em or an association representing<br>r transmitter, enter the designa-<br>er basis, enter "O." For a further<br>I in the paper SA3 form.<br>to which the station is licensed by<br>which the station is identifed.<br>thannel line-up.<br>6. LOCATION OF STATION<br>Huntington, WV<br>Lexington, KY<br>Lexington, KY   |         |                         |
| of a written agreen<br>the cable system a<br>tion "E" (exempt). I<br>explanation of thes<br><b>Column 6:</b> Give<br>FCC. For Mexican<br><b>Note:</b> If you are uti<br>1. CALL<br>SIGN<br>WQCW<br>WTVQ<br>WTVQ-2<br>WTVQ-3<br>WTVQ-4<br>WTVQ-5   | nent entered into or<br>and a primary transm<br>For simulcasts, also<br>se three categories,<br>a the location of eac<br>or Canadian station<br>lizing multiple chan<br>2. B'CAST<br>CHANNEL<br>NUMBER<br>17<br>40<br>40<br>40<br>40<br>40  | n or before Jur<br>mitter or an as<br>penter "E". If y<br>see page (v)<br>ch station. For<br>ns, if any, give<br>nel line-ups, t<br>CHANN<br>3. TYPE<br>OF<br>STATION<br>I<br>N-M<br>N-M<br>N-M  | ne 30, 2009, bet<br>sociation repres<br>you carried the c<br>of the general ir<br>U.S. stations, li<br>the name of the<br>use a separate s<br><b>EL LINE-UP</b><br>4. DISTANT?<br>(Yes or No)<br><b>No</b><br><b>No</b><br><b>Yes</b><br><b>Yes</b><br><b>Yes</b><br><b>Yes</b><br><b>Yes</b>   | ubject to a royalty<br>ween a cable syst<br>senting the primary<br>channel on any oth<br>structions located<br>ist the community<br>e community with<br>space G for each or<br><b>B</b><br>5. BASIS OF<br>CARRIAGE<br>(If Distant)<br>0<br>0<br>0                    | payment because it is the subject<br>em or an association representing<br>r transmitter, enter the designa-<br>er basis, enter "O." For a further<br>in the paper SA3 form.<br>to which the station is licensed by<br>which the station is identifed.<br>thannel line-up.<br>6. LOCATION OF STATION<br>Huntington, WV<br>Lexington, KY<br>Lexington, KY<br>Lexington, KY  |         |                         |
| of a written agreen<br>the cable system a<br>tion "E" (exempt). I<br>explanation of thes<br><b>Column 6:</b> Give<br>FCC. For Mexican<br><b>Note:</b> If you are uti<br>1. CALL<br>SIGN<br>WQCW<br>WTVQ<br>WTVQ-2<br>WTVQ-3<br>WTVQ-4<br>WTVQ-5<br>WVAH-2   | nent entered into or<br>and a primary transm<br>For simulcasts, also<br>se three categories,<br>e the location of eac<br>or Canadian station<br>lizing multiple chan<br>2. B'CAST<br>CHANNEL<br>NUMBER<br>17<br>40<br>40<br>40<br>40<br>40<br>40                                    | n or before Jur<br>mitter or an as<br>penter "E". If y<br>see page (v)<br>ch station. For<br>ns, if any, give<br>nel line-ups, t<br>CHANN<br>3. TYPE<br>OF<br>STATION<br>I<br>N-M<br>N-M<br>N-M<br>N-M<br>N-M                                | ne 30, 2009, bet<br>sociation repres<br>you carried the c<br>of the general ir<br>U.S. stations, li<br>the name of the<br>use a separate s<br><b>EL LINE-UP</b><br>4. DISTANT?<br>(Yes or No)<br><b>NO</b><br><b>NO</b><br><b>Yes</b><br><b>Yes</b><br><b>Yes</b><br><b>Yes</b><br><b>Yes</b><br><b>Yes</b>   | ubject to a royalty<br>ween a cable syst<br>senting the primary<br>channel on any oth<br>structions located<br>ist the community<br>e community with<br>space G for each or<br><b>B</b><br>5. BASIS OF<br>CARRIAGE<br>(If Distant)<br>0<br>0<br>0                    | payment because it is the subject<br>em or an association representing<br>r transmitter, enter the designa-<br>er basis, enter "O." For a further<br>I in the paper SA3 form.<br>to which the station is licensed by<br>which the station is identifed.<br>thannel line-up.<br>6. LOCATION OF STATION<br>Huntington, WV<br>Lexington, KY<br>Lexington, KY<br>Lexington, KY<br>Lexington, KY   |         |                         |
| of a written agreen<br>the cable system a<br>tion "E" (exempt). I<br>explanation of thes<br><b>Column 6:</b> Give<br>FCC. For Mexican<br><b>Note:</b> If you are uti<br>1. CALL<br>SIGN<br>WQCW<br>WTVQ-2<br>WTVQ-2<br>WTVQ-3<br>WTVQ-4<br>WTVQ-4<br>WTVQ-4<br>WTVQ-5<br>WVAH-2<br>WVAH-3                           | nent entered into or<br>and a primary transm<br>For simulcasts, also<br>se three categories,<br>e the location of ead<br>or Canadian station<br>lizing multiple chan<br>2. B'CAST<br>CHANNEL<br>NUMBER<br>17<br>40<br>40<br>40<br>40<br>40<br>19<br>19                              | n or before Jur<br>mitter or an as<br>penter "E". If y<br>see page (v)<br>ch station. For<br>ns, if any, give<br>nel line-ups, u<br><b>CHANN</b><br>3. TYPE<br>OF<br>STATION<br>I<br>N-M<br>N-M<br>N-M<br>N-M<br>I-M<br>I-M                  | ne 30, 2009, bet<br>sociation repress<br>rou carried the c<br>of the general ir<br>r U.S. stations, li<br>e the name of the<br>use a separate s<br><b>EL LINE-UP</b><br>4. DISTANT?<br>(Yes or No)<br><b>No</b><br><b>Yes</b><br><b>Yes</b><br><b>Yes</b><br><b>Yes</b><br><b>Yes</b><br><b>Yes</b><br><b>Yes</b><br><b>Yes</b><br><b>Yes</b><br><b>Yes</b><br><b>No</b><br><b>No</b><br><b>No</b>  | ubject to a royalty<br>ween a cable syst<br>senting the primary<br>channel on any oth<br>structions located<br>ist the community<br>e community with<br>space G for each or<br><b>B</b><br>5. BASIS OF<br>CARRIAGE<br>(If Distant)<br>0<br>0<br>0                    | payment because it is the subject<br>em or an association representing<br>of transmitter, enter the designa-<br>er basis, enter "O." For a further<br>in the paper SA3 form.<br>to which the station is licensed by<br>which the station is identifed.<br>thannel line-up.<br>6. LOCATION OF STATION<br>Huntington, WV<br>Lexington, KY<br>Lexington, KY<br>Lexington, KY<br>Lexington, KY<br>Charleston, WV  |         |                         |
| of a written agreen<br>the cable system a<br>tion "E" (exempt). I<br>explanation of thes<br><b>Column 6:</b> Give<br>FCC. For Mexican<br><b>Note:</b> If you are uti<br>1. CALL<br>SIGN<br>WQCW<br>WTVQ-<br>WTVQ-2<br>WTVQ-3<br>WTVQ-4<br>WTVQ-4<br>WTVQ-5<br>WVAH-2<br>WVAH-3<br>WVAH-4                            | nent entered into or<br>and a primary transm<br>For simulcasts, also<br>se three categories,<br>e the location of eac<br>or Canadian station<br>lizing multiple chan<br>2. B'CAST<br>CHANNEL<br>NUMBER<br>17<br>40<br>40<br>40<br>40<br>40<br>40<br>19<br>19<br>19                  | n or before Jur<br>mitter or an as<br>penter "E". If y<br>see page (v)<br>ch station. For<br>ns, if any, give<br>nel line-ups, u<br>CHANN<br>3. TYPE<br>OF<br>STATION<br>I<br>N-M<br>N-M<br>N-M<br>N-M<br>I-M<br>I-M<br>I-M                  | ne 30, 2009, bet<br>sociation repres<br>you carried the c<br>of the general ir<br>U.S. stations, li<br>e the name of the<br>use a separate s<br><b>EL LINE-UP</b><br>4. DISTANT?<br>(Yes or No)<br><b>NO</b><br><b>NO</b><br><b>Yes</b><br><b>Yes</b><br><b>Yes</b><br><b>Yes</b><br><b>Yes</b><br><b>Yes</b><br><b>Yes</b><br><b>Yes</b><br><b>NO</b><br><b>NO</b><br><b>NO</b><br><b>NO</b><br><b>NO</b><br><b>NO</b><br><b>NO</b><br><b>NO</b> | ubject to a royalty<br>ween a cable syst<br>senting the primary<br>channel on any oth<br>structions located<br>ist the community<br>e community with<br>space G for each or<br><b>B</b><br>5. BASIS OF<br>CARRIAGE<br>(If Distant)<br>0<br>0<br>0                    | payment because it is the subject<br>em or an association representing<br>of transmitter, enter the designa-<br>er basis, enter "O." For a further<br>I in the paper SA3 form.<br>to which the station is licensed by<br>which the station is identifed.<br>channel line-up.<br>6. LOCATION OF STATION<br>Huntington, WV<br>Lexington, KY<br>Lexington, KY<br>Lexington, KY<br>Lexington, KY<br>Lexington, KY<br>Charleston, WV<br>Charleston, WV                                   |         |                         |
| of a written agreen<br>the cable system a<br>tion "E" (exempt). I<br>explanation of thes<br><b>Column 6:</b> Give<br>FCC. For Mexican<br><b>Note:</b> If you are uti<br>1. CALL<br>SIGN<br>WQCW<br>WTVQ-2<br>WTVQ-2<br>WTVQ-3<br>WTVQ-4<br>WTVQ-4<br>WTVQ-5<br>WVAH-2<br>WVAH-2<br>WVAH-3<br>WVAH-4<br>WVAH-5       | nent entered into or<br>and a primary transm<br>For simulcasts, also<br>se three categories,<br>a the location of eac<br>or Canadian station<br>lizing multiple chan<br>2. B'CAST<br>CHANNEL<br>NUMBER<br>17<br>40<br>40<br>40<br>40<br>40<br>40<br>19<br>19<br>19<br>19            | n or before Jur<br>mitter or an as<br>p enter "E". If y<br>see page (v)<br>ch station. For<br>ns, if any, give<br>nel line-ups, t<br>CHANN<br>3. TYPE<br>OF<br>STATION<br>I<br>N-M<br>N-M<br>N-M<br>N-M<br>I-M<br>I-M<br>I-M<br>I-M          | ne 30, 2009, bet<br>sociation repres<br>you carried the c<br>of the general ir<br>U.S. stations, li<br>e the name of the<br>use a separate s<br>EL LINE-UP<br>4. DISTANT?<br>(Yes or No)<br>No<br>No<br>Yes<br>Yes<br>Yes<br>Yes<br>Yes<br>Yes<br>No<br>No<br>No<br>No<br>No<br>No  | ubject to a royalty<br>ween a cable syst<br>senting the primary<br>channel on any oth<br>structions located<br>ist the community<br>e community with<br>space G for each or<br>B<br>5. BASIS OF<br>CARRIAGE<br>(If Distant)<br>0<br>0<br>0<br>0<br>0                 | payment because it is the subject<br>em or an association representing<br>of transmitter, enter the designa-<br>er basis, enter "O." For a further<br>in the paper SA3 form.<br>to which the station is licensed by<br>which the station is identifed.<br>thannel line-up.<br>6. LOCATION OF STATION<br>6. LOCATION OF STATION<br>Huntington, WV<br>Lexington, KY<br>Lexington, KY<br>Lexington, KY<br>Lexington, KY<br>Charleston, WV<br>Charleston, WV<br>Charleston, WV          |         |                         |
| of a written agreen<br>the cable system a<br>tion "E" (exempt). I<br>explanation of thes<br><b>Column 6:</b> Give<br>FCC. For Mexican<br><b>Note:</b> If you are uti<br>1. CALL<br>SIGN<br>WQCW<br>WTVQ<br>WTVQ-2<br>WTVQ-3<br>WTVQ-3<br>WTVQ-4<br>WTVQ-5<br>WVAH-2<br>WVAH-2<br>WVAH-3<br>WVAH-4<br>WVAH-5<br>WLJC | nent entered into or<br>and a primary transm<br>For simulcasts, also<br>se three categories,<br>e the location of ead<br>or Canadian station<br>lizing multiple chan<br>2. B'CAST<br>CHANNEL<br>NUMBER<br>17<br>40<br>40<br>40<br>40<br>40<br>40<br>19<br>19<br>19<br>19<br>19<br>7 | n or before Jur<br>mitter or an as<br>penter "E". If y<br>see page (v)<br>ch station. For<br>ns, if any, give<br>nel line-ups, u<br>CHANN<br>3. TYPE<br>OF<br>STATION<br>I<br>N-M<br>N-M<br>N-M<br>N-M<br>I-M<br>I-M<br>I-M<br>I-M<br>N<br>N | ne 30, 2009, bet<br>sociation repres<br>you carried the c<br>of the general ir<br>U.S. stations, li<br>e the name of the<br>use a separate s<br>EL LINE-UP<br>4. DISTANT?<br>(Yes or No)<br>NO<br>NO<br>Yes<br>Yes<br>Yes<br>Yes<br>Yes<br>Yes<br>No<br>NO<br>NO<br>NO<br>NO<br>NO<br>Yes   | ubject to a royalty<br>ween a cable syst<br>senting the primary<br>channel on any oth<br>hstructions located<br>ist the community<br>e community with<br>space G for each of<br>B<br>5. BASIS OF<br>CARRIAGE<br>(If Distant)<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0 | payment because it is the subject<br>em or an association representing<br>of transmitter, enter the designa-<br>er basis, enter "O." For a further<br>I in the paper SA3 form.<br>to which the station is licensed by<br>which the station is identifed.<br>thannel line-up.<br>6. LOCATION OF STATION<br>Huntington, WV<br>Lexington, KY<br>Lexington, KY<br>Lexington, KY<br>Lexington, KY<br>Lexington, KY<br>Charleston, WV<br>Charleston, WV<br>Charleston, WV<br>Morehead, KY |         |                         |
| of a written agreen<br>the cable system a<br>tion "E" (exempt). I<br>explanation of thes<br><b>Column 6:</b> Give<br>FCC. For Mexican<br><b>Note:</b> If you are uti<br>1. CALL<br>SIGN<br>WQCW<br>WTVQ-2<br>WTVQ-2<br>WTVQ-3<br>WTVQ-4<br>WTVQ-4<br>WTVQ-5<br>WVAH-2<br>WVAH-2<br>WVAH-3<br>WVAH-4<br>WVAH-5       | nent entered into or<br>and a primary transm<br>For simulcasts, also<br>se three categories,<br>a the location of eac<br>or Canadian station<br>lizing multiple chan<br>2. B'CAST<br>CHANNEL<br>NUMBER<br>17<br>40<br>40<br>40<br>40<br>40<br>40<br>19<br>19<br>19<br>19            | n or before Jur<br>mitter or an as<br>p enter "E". If y<br>see page (v)<br>ch station. For<br>ns, if any, give<br>nel line-ups, t<br>CHANN<br>3. TYPE<br>OF<br>STATION<br>I<br>N-M<br>N-M<br>N-M<br>N-M<br>I-M<br>I-M<br>I-M<br>I-M          | ne 30, 2009, bet<br>sociation repres<br>you carried the c<br>of the general ir<br>U.S. stations, li<br>e the name of the<br>use a separate s<br>EL LINE-UP<br>4. DISTANT?<br>(Yes or No)<br>No<br>No<br>Yes<br>Yes<br>Yes<br>Yes<br>Yes<br>Yes<br>No<br>No<br>No<br>No<br>No<br>No  | ubject to a royalty<br>ween a cable syst<br>senting the primary<br>channel on any oth<br>structions located<br>ist the community<br>e community with<br>space G for each or<br>B<br>5. BASIS OF<br>CARRIAGE<br>(If Distant)<br>0<br>0<br>0<br>0<br>0                 | payment because it is the subject<br>em or an association representing<br>of transmitter, enter the designa-<br>er basis, enter "O." For a further<br>in the paper SA3 form.<br>to which the station is licensed by<br>which the station is identifed.<br>thannel line-up.<br>6. LOCATION OF STATION<br>6. LOCATION OF STATION<br>Huntington, WV<br>Lexington, KY<br>Lexington, KY<br>Lexington, KY<br>Lexington, KY<br>Charleston, WV<br>Charleston, WV<br>Charleston, WV          |         |                         |

0

0

0

Morehead, KY

Morehead, KY

Morehead, KY

WLJC-4

WLJC-5

WLJC-6

7

7

7

N-M

N-M

N-M

Yes

Yes

Yes

| Foothills Rural  | VER OF CABLE SY                     |   | e Corp.  |   | SYSTEM ID#<br>62644  | Name         |
|--|-------------------------------------|---|--|---|--|--------------|
| PRIMARY TRANSMITTE                                     | •                                   | •   | •  |   |  |              |
| carried by your cable s                                | system during th                    | ne accounting                             | period, except (   | 1) stations carried                                 | and low power television stations)<br>only on a part-time basis under<br>in network programs [sections | G            |
| -  |                                     |   |  | -   | nd (2) certain stations carried on a   | Primary      |
| substitute program bas                                 |                                     |   |  | carried by your on                                  | ble system on a substitute program   | Transmitters |
| basis under specifc F(                                 |                                     |   |  | carried by your ca                                  | ble system on a substitute program   | Television   |
| <ul> <li>Do not list the station</li> </ul>            | here in space                       | G—but do list                             |  | e Special Stateme                                   | nt and Program Log)—if the   |              |
| station was carried                                    | ,                                   |   | tion was corriad   | hath an a substitu                                  | its basis and also an same other   |              |
|  | nformation conc                     |   |  |   | te basis and also on some other<br>the general instructions located                                    |              |
|  |                                     | -   |  |   | such as HBO, ESPN, etc. Identify   |              |
|  |                                     |   | Ũ  | Ũ   | on. For example, report multi-   |              |
| WETA-simulcast).                                       |                                     |   |  | ,   | stream separately; for example<br>on for broadcasting over-the-air in                                  |              |
| its community of licens<br>on which your cable sy      | se. For example<br>ystem carried th | e, WRC is Cha<br>le station.              | nnel 4 in Washi  | ngton, D.C. This n                                  | nay be different from the channel  |              |
|  |                                     |   |  |   | pendent station, or a noncommercial  |              |
|  | -                                   |   | , ,  |   | st), "I" (for independent), "I-M"<br>nmercial educational multicast).                                  |              |
| For the meaning of the                                 | ese terms, see p                    | bage (v) of the                           | general instruct   | tions located in the                                | e paper SA3 form.  |              |
| <b>Column 4:</b> If the st<br>planation of local servi |                                     |   |  |   | s". If not, enter "No". For an ex-   |              |
|  |                                     |   |  |   | ating the basis on which your  |              |
|  |                                     | •   | υ.   |   | ering "LAC" if your cable system   |              |
| carried the distant stat                               |                                     |   |  |   | apacity.<br>payment because it is the subject  |              |
|  |                                     |   |  |   | em or an association representing  |              |
| the cable system and                                   | a primary transi                    | nitter or an as                           | sociation repres   | enting the primary                                  | rransmitter, enter the designa-  |              |
|  |                                     |   |  |   | er basis, enter "O." For a further<br>I in the paper SA3 form.   |              |
|  |                                     |   |  |   | to which the station is licensed by the  |              |
|  |                                     |   |  |   | which the station is identifed.  |              |
| Note: If you are utilizir                              | ng multiple char                    |   | •  | pace G for each c                                   |  |              |
|  |                                     |   |  | -   | name me-up.  |              |
| 4  |                                     | CHANN                                     | EL LINE-UP   | В   | ina inte-up.   |              |
| 1. CALL  | 2. B'CAST                           | 3. TYPE                                   | 4. DISTANT?  | 5. BASIS OF   | 6. LOCATION OF STATION   |              |
| 1. CALL<br>SIGN  | CHANNEL                             | 3. TYPE<br>OF                             |  | 5. BASIS OF<br>CARRIAGE                             |  |              |
| SIGN   | CHANNEL<br>NUMBER                   | 3. TYPE<br>OF<br>STATION                  | 4. DISTANT?<br>(Yes or No)   | 5. BASIS OF<br>CARRIAGE<br>(If Distant)             | 6. LOCATION OF STATION   |              |
| SIGN   | CHANNEL                             | 3. TYPE<br>OF                             | 4. DISTANT?  | 5. BASIS OF<br>CARRIAGE                             |  |              |
| SIGN   | CHANNEL<br>NUMBER                   | 3. TYPE<br>OF<br>STATION                  | 4. DISTANT?<br>(Yes or No)   | 5. BASIS OF<br>CARRIAGE<br>(If Distant)             | 6. LOCATION OF STATION   |              |
| SIGN   | CHANNEL<br>NUMBER                   | 3. TYPE<br>OF<br>STATION                  | 4. DISTANT?<br>(Yes or No)<br><b>Yes</b>   | 5. BASIS OF<br>CARRIAGE<br>(If Distant)             | 6. LOCATION OF STATION   |              |
| SIGN<br>WLEX<br>WLEX-3                                 | CHANNEL<br>NUMBER<br>39             | 3. TYPE<br>OF<br>STATION<br>N             | 4. DISTANT?<br>(Yes or No)<br>Yes<br>No  | 5. BASIS OF<br>CARRIAGE<br>(If Distant)<br><b>0</b> | 6. LOCATION OF STATION   |              |
| SIGN<br>WLEX<br>WLEX-3<br>WVPB                         | CHANNEL<br>NUMBER<br>39<br>39       | 3. TYPE<br>OF<br>STATION<br>N<br>N-M      | 4. DISTANT?<br>(Yes or No)<br>Yes<br>No<br>Yes   | 5. BASIS OF<br>CARRIAGE<br>(If Distant)<br><b>0</b> | 6. LOCATION OF STATION<br>Lexington, KY<br>Lexington, KY<br>Huntington, WV                             |              |
| SIGN<br>WLEX<br>WLEX-3<br>WVPB                         | CHANNEL<br>NUMBER<br>39<br>39<br>9  | 3. TYPE<br>OF<br>STATION<br>N<br>N-M<br>E | 4. DISTANT?<br>(Yes or No)<br>Yes<br>No<br>Yes<br>No<br>No   | 5. BASIS OF<br>CARRIAGE<br>(If Distant)<br><b>0</b> | 6. LOCATION OF STATION<br>Lexington, KY<br>Lexington, KY   |              |
| SIGN<br>WLEX<br>WLEX-3<br>WVPB                         | CHANNEL<br>NUMBER<br>39<br>39<br>9  | 3. TYPE<br>OF<br>STATION<br>N<br>N-M<br>E | 4. DISTANT?<br>(Yes or No)<br>Yes<br>No<br>Yes<br>No<br>No<br>No   | 5. BASIS OF<br>CARRIAGE<br>(If Distant)<br><b>0</b> | 6. LOCATION OF STATION<br>Lexington, KY<br>Lexington, KY<br>Huntington, WV                             |              |
| SIGN<br>WLEX<br>WLEX-3<br>WVPB                         | CHANNEL<br>NUMBER<br>39<br>39<br>9  | 3. TYPE<br>OF<br>STATION<br>N<br>N-M<br>E | 4. DISTANT?<br>(Yes or No)<br>Yes<br>No<br>Yes<br>No<br>No   | 5. BASIS OF<br>CARRIAGE<br>(If Distant)<br><b>0</b> | 6. LOCATION OF STATION<br>Lexington, KY<br>Lexington, KY<br>Huntington, WV                             |              |
| SIGN<br>WLEX<br>WLEX-3<br>WVPB                         | CHANNEL<br>NUMBER<br>39<br>39<br>9  | 3. TYPE<br>OF<br>STATION<br>N<br>N-M<br>E | 4. DISTANT?<br>(Yes or No)<br>Yes<br>No<br>Yes<br>No<br>No<br>No   | 5. BASIS OF<br>CARRIAGE<br>(If Distant)<br><b>0</b> | 6. LOCATION OF STATION<br>Lexington, KY<br>Lexington, KY<br>Huntington, WV                             |              |
| SIGN<br>WLEX<br>WLEX-3<br>WVPB                         | CHANNEL<br>NUMBER<br>39<br>39<br>9  | 3. TYPE<br>OF<br>STATION<br>N<br>N-M<br>E | 4. DISTANT?<br>(Yes or No)<br>Yes<br>No<br>Yes<br>No<br>No<br>No   | 5. BASIS OF<br>CARRIAGE<br>(If Distant)<br><b>0</b> | 6. LOCATION OF STATION<br>Lexington, KY<br>Lexington, KY<br>Huntington, WV                             |              |
| SIGN   | CHANNEL<br>NUMBER<br>39<br>39<br>9  | 3. TYPE<br>OF<br>STATION<br>N<br>N-M<br>E | 4. DISTANT?<br>(Yes or No)<br>Yes<br>No<br>Yes<br>No<br>No<br>No<br>No   | 5. BASIS OF<br>CARRIAGE<br>(If Distant)<br><b>0</b> | 6. LOCATION OF STATION<br>Lexington, KY<br>Lexington, KY<br>Huntington, WV                             |              |
| SIGN<br>WLEX<br>WLEX-3<br>WVPB                         | CHANNEL<br>NUMBER<br>39<br>39<br>9  | 3. TYPE<br>OF<br>STATION<br>N<br>N-M<br>E | 4. DISTANT?<br>(Yes or No)<br>Yes<br>No<br>Yes<br>No<br>No<br>No<br>No<br>No<br>No                               | 5. BASIS OF<br>CARRIAGE<br>(If Distant)<br><b>0</b> | 6. LOCATION OF STATION<br>Lexington, KY<br>Lexington, KY<br>Huntington, WV                             |              |
| SIGN<br>WLEX<br>WLEX-3<br>WVPB                         | CHANNEL<br>NUMBER<br>39<br>39<br>9  | 3. TYPE<br>OF<br>STATION<br>N<br>N-M<br>E | 4. DISTANT?<br>(Yes or No)<br>Yes<br>No<br>Yes<br>No<br>No<br>No<br>No<br>No<br>No<br>No                         | 5. BASIS OF<br>CARRIAGE<br>(If Distant)<br><b>0</b> | 6. LOCATION OF STATION<br>Lexington, KY<br>Lexington, KY<br>Huntington, WV                             |              |
| SIGN<br>WLEX<br>WLEX-3<br>WVPB                         | CHANNEL<br>NUMBER<br>39<br>39<br>9  | 3. TYPE<br>OF<br>STATION<br>N<br>N-M<br>E | 4. DISTANT?<br>(Yes or No)<br>Yes<br>No<br>Yes<br>No<br>No<br>No<br>No<br>No<br>No<br>No                         | 5. BASIS OF<br>CARRIAGE<br>(If Distant)<br><b>0</b> | 6. LOCATION OF STATION<br>Lexington, KY<br>Lexington, KY<br>Huntington, WV                             |              |
| SIGN<br>WLEX<br>WLEX-3<br>WVPB                         | CHANNEL<br>NUMBER<br>39<br>39<br>9  | 3. TYPE<br>OF<br>STATION<br>N<br>N-M<br>E | 4. DISTANT?<br>(Yes or No)<br>Yes<br>No<br>Yes<br>No<br>No<br>No<br>No<br>No<br>No<br>No                         | 5. BASIS OF<br>CARRIAGE<br>(If Distant)<br><b>0</b> | 6. LOCATION OF STATION<br>Lexington, KY<br>Lexington, KY<br>Huntington, WV                             |              |
| SIGN<br>WLEX<br>WLEX-3<br>WVPB                         | CHANNEL<br>NUMBER<br>39<br>39<br>9  | 3. TYPE<br>OF<br>STATION<br>N<br>N-M<br>E | 4. DISTANT?<br>(Yes or No)<br>Yes<br>No<br>Yes<br>No<br>No<br>No<br>No<br>No<br>No<br>No                         | 5. BASIS OF<br>CARRIAGE<br>(If Distant)<br><b>0</b> | 6. LOCATION OF STATION<br>Lexington, KY<br>Lexington, KY<br>Huntington, WV                             |              |
| SIGN<br>WLEX<br>WLEX-3<br>WVPB                         | CHANNEL<br>NUMBER<br>39<br>39<br>9  | 3. TYPE<br>OF<br>STATION<br>N<br>N-M<br>E | 4. DISTANT?<br>(Yes or No)<br>Yes<br>No<br>Yes<br>No<br>No<br>No<br>No<br>No<br>No<br>No<br>No<br>No             | 5. BASIS OF<br>CARRIAGE<br>(If Distant)<br><b>0</b> | 6. LOCATION OF STATION<br>Lexington, KY<br>Lexington, KY<br>Huntington, WV                             |              |
| SIGN<br>WLEX<br>WLEX-3<br>WVPB                         | CHANNEL<br>NUMBER<br>39<br>39<br>9  | 3. TYPE<br>OF<br>STATION<br>N<br>N-M<br>E | 4. DISTANT?<br>(Yes or No)<br>Yes<br>No<br>Yes<br>No<br>No<br>No<br>No<br>No<br>No<br>No<br>No<br>No<br>No<br>No | 5. BASIS OF<br>CARRIAGE<br>(If Distant)<br><b>0</b> | 6. LOCATION OF STATION<br>Lexington, KY<br>Lexington, KY<br>Huntington, WV                             |              |

No

| E a a Maille Duna  | NER OF CABLE SY   |  |  |  | SYSTEM ID   | Name                                       |
|--|---|--|--|--|---|--|
| Footnills Rura   | Telephone   | Cooperativ   | e Corp.  |  | 62644   | •  |
| PRIMARY TRANSMITT  | ERS: TELEVISIO  | N  |  |  |   |  |
| carried by your cable<br>FCC rules and regulat<br>76.59(d)(2) and (4), 76<br>substitute program ba                               | system during th<br>tions in effect or<br>6.61(e)(2) and (4<br>sis, as explaine   | ne accounting<br>1 June 24, 198<br>4), or 76.63 (re<br>d in the next p   | period, except (<br>31, permitting the<br>eferring to 76.61<br>paragraph.  | 1) stations carried<br>e carriage of certa<br>(e)(2) and (4))]; ar   | and low power television stations)<br>l only on a part-time basis under<br>in network programs [sections<br>nd (2) certain stations carried on a<br>uble system on a substitute program   | G<br>Primary<br>Transmitters<br>Television |
| basis under specifc F  |   |  |  |  |   | relevision                                 |
| <ul> <li>Do not list the station<br/>station was carried</li> <li>List the station here,</li> </ul>                              | n here in space<br>only on a subst<br>and also in spa<br>nformation conc  | G—but do list<br>itute basis.<br>ce I, if the sta  | it in space I (the   | both on a substitu   | nt and Program Log)—if the<br>ite basis and also on some other<br>the general instructions located  |  |
|  |   | sign. Do not r   | eport origination  | program services   | such as HBO, ESPN, etc. Identify  |  |
|  |   |  | -  | -  | ion. For example, report multi-<br>stream separately; for example   |  |
| WETA-simulcast).<br>Column 2: Give th  | e channel numb  | er the FCC h   | as assigned to th  | he television statio   | on for broadcasting over-the-air in<br>nay be different from the channel  |  |
| educational station, by  | e in each case v<br>y entering the le<br>cast), "E" (for no   | whether the sta<br>tter "N" (for ne<br>oncommercial  | etwork), "N-M" (fo<br>educational), or   | or network multica<br>"E-M" (for noncor  | pendent station, or a noncommercial<br>st), "I" (for independent), "I-M"<br>nmercial educational multicast).  |  |
|  |   |  |  |  | s". If not, enter "No". For an ex-  |  |
| planation of local serv  |   |  |  |  | paper SA3 form.<br>tating the basis on which your   |  |
| of a written agreemen<br>the cable system and<br>tion "E" (exempt). For<br>explanation of these th<br><b>Column 6:</b> Give th   | sion of a distant<br>t entered into or<br>a primary transr<br>simulcasts, also<br>hree categories,<br>e location of ea<br>Canadian station                              | multicast stree<br>or before Juu<br>nitter or an as<br>o enter "E". If y<br>see page (v)<br>ch station. Fo<br>ns, if any, give | eam that is not su<br>ne 30, 2009, bet<br>sociation repres<br>you carried the c<br>of the general ir<br>r U.S. stations, li<br>e the name of the | ubject to a royalty<br>ween a cable syst<br>senting the primary<br>hannel on any oth<br>astructions located<br>ist the community<br>e community with | payment because it is the subject<br>tem or an association representing<br>y transmitter, enter the designa-<br>ter basis, enter "O." For a further<br>d in the paper SA3 form.<br>to which the station is licensed by the<br>which the station is identifed. |  |
|  |   | CHANN  |  |  | •   |  |
|  |   | •••••  | EL LINE-UP   | С  | · · ·   | _  |
| 1. CALL<br>SIGN  | 2. B'CAST<br>CHANNEL<br>NUMBER  | 3. TYPE<br>OF<br>STATION   | 1  | 5. BASIS OF<br>CARRIAGE<br>(If Distant)  | 6. LOCATION OF STATION  | -  |
| SIGN   | CHANNEL   | 3. TYPE<br>OF  | 4. DISTANT?  | 5. BASIS OF<br>CARRIAGE  | 6. LOCATION OF STATION<br>Huntington, WV  | -  |
| SIGN<br>WSAZ   | CHANNEL<br>NUMBER   | 3. TYPE<br>OF<br>STATION   | 4. DISTANT?<br>(Yes or No)   | 5. BASIS OF<br>CARRIAGE  |   |  |
| SIGN<br>WSAZ<br>WSAZ-2   | CHANNEL<br>NUMBER<br>23   | 3. TYPE<br>OF<br>STATION<br><b>N</b>   | 4. DISTANT?<br>(Yes or No)   | 5. BASIS OF<br>CARRIAGE  | Huntington, WV  |  |
| SIGN<br>WSAZ<br>WSAZ-2<br>WSAZ-3   | CHANNEL<br>NUMBER<br>23<br>23   | 3. TYPE<br>OF<br>STATION<br>N<br>N-M   | 4. DISTANT?<br>(Yes or No)<br>No<br>No   | 5. BASIS OF<br>CARRIAGE  | Huntington, WV<br>Huntington, WV  |  |
| SIGN<br>WSAZ<br>WSAZ-2<br>WSAZ-3<br>WSAZ-4   | CHANNEL<br>NUMBER<br>23<br>23<br>23<br>23   | 3. TYPE<br>OF<br>STATION<br>N<br>N-M<br>N-M  | 4. DISTANT?<br>(Yes or No)<br>No<br>No   | 5. BASIS OF<br>CARRIAGE  | Huntington, WV<br>Huntington, WV<br>Huntington, WV  |  |
| SIGN<br>WSAZ<br>WSAZ-2<br>WSAZ-3<br>WSAZ-4<br>WKMR   | CHANNEL<br>NUMBER<br>23<br>23<br>23<br>23<br>23<br>23   | 3. TYPE<br>OF<br>STATION<br>N-M<br>N-M<br>N-M  | 4. DISTANT?<br>(Yes or No)<br>No<br>No<br>No   | 5. BASIS OF<br>CARRIAGE  | Huntington, WV<br>Huntington, WV<br>Huntington, WV<br>Huntington, WV  | -  |
| SIGN<br>WSAZ<br>WSAZ-2<br>WSAZ-3<br>WSAZ-4<br>WKMR<br>WKMR-2   | CHANNEL<br>NUMBER<br>23<br>23<br>23<br>23<br>23<br>15   | 3. TYPE<br>OF<br>STATION<br>N-M<br>N-M<br>N-M<br>E   | 4. DISTANT?<br>(Yes or No)<br>No<br>No<br>No<br>No   | 5. BASIS OF<br>CARRIAGE  | Huntington, WV<br>Huntington, WV<br>Huntington, WV<br>Huntington, WV<br>Morehead, KY  |  |
| SIGN<br>WSAZ-2<br>WSAZ-2<br>WSAZ-3<br>WSAZ-4<br>WKMR<br>WKMR-2<br>WKMR-3   | CHANNEL<br>NUMBER<br>23<br>23<br>23<br>23<br>23<br>15<br>15<br>15   | 3. TYPE<br>OF<br>STATION<br>N-M<br>N-M<br>N-M<br>E<br>E-M  | 4. DISTANT?<br>(Yes or No)<br>No<br>No<br>No<br>No<br>No   | 5. BASIS OF<br>CARRIAGE  | Huntington, WV<br>Huntington, WV<br>Huntington, WV<br>Huntington, WV<br>Morehead, KY<br>Morehead, KY  |  |
| SIGN<br>WSAZ-2<br>WSAZ-3<br>WSAZ-3<br>WSAZ-4<br>WKMR<br>WKMR-2<br>WKMR-3<br>WKMR-4   | CHANNEL<br>NUMBER<br>23<br>23<br>23<br>23<br>23<br>15<br>15<br>15<br>15   | 3. TYPE<br>OF<br>STATION<br>N-M<br>N-M<br>E<br>E-M<br>E-M  | 4. DISTANT?<br>(Yes or No)<br>No<br>No<br>No<br>No<br>No<br>No   | 5. BASIS OF<br>CARRIAGE  | Huntington, WV<br>Huntington, WV<br>Huntington, WV<br>Huntington, WV<br>Morehead, KY<br>Morehead, KY  |  |
| SIGN<br>WSAZ-2<br>WSAZ-3<br>WSAZ-3<br>WSAZ-4<br>WKMR<br>WKMR-2<br>WKMR-3<br>WKMR-3<br>WKMR-4<br>WKYT                             | CHANNEL<br>NUMBER<br>23<br>23<br>23<br>23<br>23<br>15<br>15<br>15<br>15<br>15<br>15<br>13   | 3. TYPE<br>OF<br>STATION<br>N-M<br>N-M<br>E<br>E-M<br>E-M<br>E-M<br>N<br>N   | 4. DISTANT?<br>(Yes or No)<br>No<br>No<br>No<br>No<br>No<br>No<br>No<br>No   | 5. BASIS OF<br>CARRIAGE  | Huntington, WV<br>Huntington, WV<br>Huntington, WV<br>Huntington, WV<br>Morehead, KY<br>Morehead, KY<br>Morehead, KY<br>Lexington, KY   |  |
| SIGN<br>WSAZ<br>WSAZ-2<br>WSAZ-3<br>WSAZ-4<br>WKMR<br>WKMR-2<br>WKMR-3<br>WKMR-4<br>WKYT   | CHANNEL<br>NUMBER<br>23<br>23<br>23<br>23<br>23<br>15<br>15<br>15<br>15<br>15<br>15<br>13<br>23<br>23<br>23<br>23<br>23<br>23<br>23<br>23<br>23<br>23<br>23<br>23<br>23 | 3. TYPE<br>OF<br>STATION<br>N-M<br>N-M<br>E<br>E-M<br>E-M<br>E-M<br>N<br>N   | 4. DISTANT?<br>(Yes or No)<br>No<br>No<br>No<br>No<br>No<br>No<br>No<br>No<br>No   | 5. BASIS OF<br>CARRIAGE  | Huntington, WV<br>Huntington, WV<br>Huntington, WV<br>Huntington, WV<br>Morehead, KY<br>Morehead, KY<br>Morehead, KY<br>Lexington, KY<br>Hazard, KY   |  |
| SIGN<br>WSAZ-2<br>WSAZ-2<br>WSAZ-3<br>WSAZ-4<br>WKMR<br>WKMR-2<br>WKMR-3<br>WKMR-4<br>WKMR-4<br>WKYT                             | CHANNEL<br>NUMBER<br>23<br>23<br>23<br>23<br>23<br>15<br>15<br>15<br>15<br>15<br>15<br>15<br>13<br>212<br>12  | 3. TYPE<br>OF<br>STATION<br>N-M<br>N-M<br>E<br>E-M<br>E-M<br>E-M<br>N<br>N   | 4. DISTANT?<br>(Yes or No)<br>No<br>No<br>No<br>No<br>No<br>No<br>No<br>No<br>No<br>No   | 5. BASIS OF<br>CARRIAGE  | Huntington, WV<br>Huntington, WV<br>Huntington, WV<br>Huntington, WV<br>Morehead, KY<br>Morehead, KY<br>Morehead, KY<br>Morehead, KY<br>Lexington, KY<br>Hazard, KY   |  |
| SIGN<br>WSAZ-2<br>WSAZ-2<br>WSAZ-3<br>WSAZ-4<br>WKMR<br>WKMR-2<br>WKMR-3<br>WKMR-3<br>WKMR-4<br>WKYT<br>WYMT-2<br>WYMT-2<br>WLPX | CHANNEL<br>NUMBER<br>23<br>23<br>23<br>23<br>23<br>15<br>15<br>15<br>15<br>15<br>15<br>15<br>13<br>212<br>12<br>12<br>18  | 3. TYPE<br>OF<br>STATION<br>N-M<br>N-M<br>E<br>E-M<br>E-M<br>E-M<br>N<br>N<br>N<br>N<br>N<br>I                                 | 4. DISTANT?<br>(Yes or No)<br>No<br>No<br>No<br>No<br>No<br>No<br>No<br>No<br>No<br>No<br>No<br>No   | 5. BASIS OF<br>CARRIAGE  | Huntington, WV<br>Huntington, WV<br>Huntington, WV<br>Huntington, WV<br>Morehead, KY<br>Morehead, KY<br>Morehead, KY<br>Morehead, KY<br>Lexington, KY<br>Hazard, KY<br>Hazard, KY<br>Charleston, WV   |  |
| SIGN<br>WSAZ-2<br>WSAZ-2<br>WSAZ-3<br>WSAZ-4<br>WKMR<br>WKMR-2<br>WKMR-3<br>WKMR-4<br>WKMR-4<br>WKYT                             | CHANNEL<br>NUMBER<br>23<br>23<br>23<br>23<br>23<br>15<br>15<br>15<br>15<br>15<br>15<br>15<br>13<br>212<br>12  | 3. TYPE<br>OF<br>STATION<br>N-M<br>N-M<br>E<br>E-M<br>E-M<br>E-M<br>N<br>N   | 4. DISTANT?<br>(Yes or No)<br>No<br>No<br>No<br>No<br>No<br>No<br>No<br>No<br>No<br>No   | 5. BASIS OF<br>CARRIAGE  | Huntington, WV<br>Huntington, WV<br>Huntington, WV<br>Huntington, WV<br>Morehead, KY<br>Morehead, KY<br>Morehead, KY<br>Morehead, KY<br>Lexington, KY<br>Hazard, KY   |  |

WLPX-4

WCHS-2

WCHS

18

41

41

I-M

Ν

Ν

No

Yes

Yes

0

0

Charleston, WV

Charleston, WV Charleston, WV

| LEGAL NAME OF  | OWNER OF CABLE SY   | STEM:  |  |   | SYSTEM ID#   |  |
|--|---|--|--|---|--|--|
| Foothills Ru   | ral Telephone   | Cooperativ   | e Corp.  |   | 62644  | Name                                       |
| PRIMARY TRANSM   | ITTERS: TELEVISIO   | N  |  |   |  |  |
| carried by your cat<br>FCC rules and reg<br>76.59(d)(2) and (4)<br>substitute program    | ble system during the<br>ulations in effect or<br>), 76.61(e)(2) and (4<br>basis, as explaine | ne accounting<br>n June 24, 198<br>4), or 76.63 (re<br>d in the next p   | period, except (<br>81, permitting th<br>eferring to 76.61<br>paragraph.         | (1) stations carried<br>e carriage of certa<br>l (e)(2) and (4))]; ar               | and low power television stations)<br>d only on a part-time basis under<br>in network programs [sections<br>nd (2) certain stations carried on a<br>able system on a substitute program                | G<br>Primary<br>Transmitters<br>Television |
|  | c FCC rules, regula   | -  |  |   |  |  |
|  | ition here in space   |  | it in space I (th  | e Special Stateme   | nt and Program Log)—if the   |  |
| <ul> <li>List the station he</li> </ul>  | ere, and also in spa<br>er information conc   | ce I, if the sta   |  |   | ute basis and also on some other<br>the general instructions located   |  |
|  |   | -  |  |   | s such as HBO, ESPN, etc. Identify   |  |
|  |   |  | •  | Ũ   | ion. For example, report multi-<br>stream separately; for example  |  |
| its community of lic   | ense. For example   | , WRC is Cha   | -  |   | on for broadcasting over-the-air in<br>nay be different from the channel   |  |
| Column 3: Indie<br>educational station<br>(for independent m                             | , by entering the le  | whether the sta<br>tter "N" (for ne<br>oncommercial                      | etwork), "N-M" (f<br>educational), o   | or network multica<br>r "E-M" (for noncor   | pendent station, or a noncommercial<br>ıst), "I" (for independent), "I-M"<br>mmercial educational multicast).<br>e paper SA3 form.   |  |
| Column 4: If the   | e station is outside  | the local serv   | rice area, (i.e. "d  | listant"), enter "Yes   | s". If not, enter "No". For an ex-   |  |
|  | ervice area, see pa<br>ou have entered "Ye  | • • • •  | 0  |   | paper SA3 form.<br>tating the basis on which your  |  |
| tion "E" (exempt). I<br>explanation of thes<br><b>Column 6:</b> Give<br>FCC. For Mexican | For simulcasts, also<br>se three categories,<br>e the location of ea                          | o enter "E". If y<br>see page (v)<br>ch station. For<br>ns, if any, give | you carried the o<br>of the general in<br>r U.S. stations, I<br>e the name of th | channel on any oth<br>nstructions located<br>list the community<br>e community with | y transmitter, enter the designa-<br>ner basis, enter "O." For a further<br>d in the paper SA3 form.<br>to which the station is licensed by the<br>which the station is identifed.<br>channel line-up. |  |
|  |   | CHANN  | EL LINE-UP   | C   |  | -  |
| 1. CALL<br>SIGN  | 2. B'CAST<br>CHANNEL<br>NUMBER  | 3. TYPE<br>OF<br>STATION   | 4. DISTANT?<br>(Yes or No)   | 5. BASIS OF<br>CARRIAGE<br>(If Distant)   | 6. LOCATION OF STATION   |  |
| WQCW   | 17  | I  | Yes  | 0   | Huntington, WV   |  |
|  |   |  | No   |   |  |  |
| WTVQ   | 40  | N  | No   |   | Lexington, KY  |  |
| WTVQ-2   | 40  | N-M  | No   |   | Lexington, KY  |  |
| WTVQ-3   | 40  | N-M  | No   |   | Lexington, KY  |  |
| WTVQ-4   | 40  | N-M  | No   |   | Lexington, KY  |  |
| WTVQ-5   | 40  | N-M  | No   |   | Lexington, KY  |  |
| WVAH-2   | 19  | I-M  | Yes  | 0   | Charleston, WV   |  |
| WVAH-3   | 19  | I-M  | Yes  | 0   | Charleston, WV   | 1  |
| WVAH-4   | 19  | I-M  | Yes  | 0   | Charleston, WV   | 1  |
| WVAH-5   | 19  | I-M  | Yes  | 0   | Charleston, WV   | 4  |
| WLJC   |   | ·····  |  |   |  |  |
|  | 7   | N  | No   |   |  |  |
|  | 7   | N<br>N-M   | No<br>No   |   | Morehead, KY   |  |
| WLJC-2   | 7   | N-M  | No   |   | Morehead, KY<br>Morehead, KY   |  |
| WLJC-2<br>WLJC-3<br>WLJC-4   |   |  |  |   | Morehead, KY   |  |

WLJC-5

WLJC-6

7

7

N-M

N-M

No

No

Morehead, KY

Morehead, KY

|   | OWNER OF CABLE SY   | STEM:  |  |  | SYSTEM I   | Name                        |
|---|---|--|--|--|--|-----------------------------|
| Foothills Ru  | ural Telephone  | Cooperativ   | e Corp.  |  | 6264   | 4                           |
| PRIMARY TRANSM  | AITTERS: TELEVISIO  | N  |  |  |  |                             |
| carried by your ca<br>FCC rules and reg<br>76.59(d)(2) and (4<br>substitute program   | ble system during th<br>gulations in effect on<br>4), 76.61(e)(2) and (4<br>n basis, as explained   | ne accounting<br>1 June 24, 198<br>4), or 76.63 (re<br>d in the next p   | period, except (<br>81, permitting the<br>eferring to 76.61<br>paragraph.  | 1) stations carried<br>e carriage of certai<br>(e)(2) and (4))]; an  | and low power television stations)<br>only on a part-time basis under<br>n network programs [sections<br>d (2) certain stations carried on a   | G<br>Primary<br>Transmitter |
|   |   |  |  | carried by your ca   | ble system on a substitute program   | Television                  |
| <ul> <li>Do not list the st</li> </ul>  | fc FCC rules, regula<br>ation here in space (<br>rried only on a subst  | G-but do list  |  | e Special Stateme  | nt and Program Log)—if the   |                             |
|   | ner information conc  |  |  |  | te basis and also on some other<br>the general instructions located  |                             |
| Column 1: Lis   | t each station's call   | -  |  |  | such as HBO, ESPN, etc. Identify   |                             |
|   | /ETA-2". Simulcast  |  | •  | •  | on. For example, report multi-<br>stream separately; for example   |                             |
| its community of li   | icense. For example   | , WRC is Cha   | •  |  | n for broadcasting over-the-air in<br>nay be different from the channel  |                             |
| •   | ble system carried th<br>licate in each case w  |  | ation is a networ  | k station, an inder  | endent station, or a noncommercial   |                             |
| educational statio<br>(for independent r  | n, by entering the let<br>multicast), "E" (for no   | tter "N" (for ne<br>oncommercial   | twork), "N-M" (fo<br>educational), or  | or network multica<br>"E-M" (for noncor  | st), "I" (for independent), "I-M"<br>nmercial educational multicast).  |                             |
|   | of these terms, see p<br>he station is outside  |  |  |  | e paper SA3 form.<br>.". If not, enter "No". For an ex-  |                             |
| planation of local  | service area, see pa  | age (v) of the g   | general instruction  | ons located in the   | paper SA3 form.  |                             |
| -   |   |  | -  | -  | ating the basis on which your<br>ring "LAC" if your cable system   |                             |
| •   | t station on a part-tin   | 0  | •.   |  | <b>a i i</b>   |                             |
|   | mission of a distant  | multicast stre   | am that is not su  | ibject to a royalty  | novement because it is the subject   |                             |
|   | mont ontorod into or  | or boforo lur  |  |  | · · · · · · · · · · · · · · · · · · ·  |                             |
| •   |   |  | ne 30, 2009, bet   | ween a cable syst  | em or an association representing  |                             |
| the cable system tion "E" (exempt).   | and a primary transr<br>For simulcasts, also  | nitter or an as<br>o enter "E". If y   | ne 30, 2009, bet<br>sociation repres<br>/ou carried the c  | ween a cable syst<br>enting the primary<br>hannel on any oth   | em or an association representing<br>r transmitter, enter the designa-<br>er basis, enter "O." For a further   |                             |
| the cable system<br>tion "E" (exempt).<br>explanation of the  | and a primary transr<br>For simulcasts, also<br>se three categories,  | nitter or an as<br>o enter "E". If y<br>see page (v)   | ne 30, 2009, bet<br>sociation repres<br>/ou carried the c<br>of the general ir   | ween a cable syst<br>enting the primary<br>hannel on any oth<br>nstructions located  | em or an association representing<br>r transmitter, enter the designa-<br>er basis, enter "O." For a further<br>l in the paper SA3 form.   |                             |
| the cable system a<br>tion "E" (exempt).<br>explanation of the<br><b>Column 6:</b> Giv<br>FCC. For Mexicar  | and a primary transr<br>For simulcasts, also<br>se three categories,<br>ve the location of eac<br>n or Canadian station   | nitter or an as<br>o enter "E". If y<br>see page (v)<br>ch station. For<br>ns, if any, give  | ne 30, 2009, bet<br>sociation repres<br>you carried the c<br>of the general ir<br>r U.S. stations, li<br>e the name of the   | ween a cable syst<br>enting the primary<br>hannel on any oth<br>astructions located<br>st the community<br>e community with  | em or an association representing<br>r transmitter, enter the designa-<br>er basis, enter "O." For a further<br>l in the paper SA3 form.<br>to which the station is licensed by the<br>which the station is identifed.   |                             |
| the cable system a<br>tion "E" (exempt).<br>explanation of the<br><b>Column 6:</b> Giv<br>FCC. For Mexicar  | and a primary transr<br>For simulcasts, also<br>use three categories,<br>ve the location of eac   | nitter or an as<br>o enter "E". If y<br>see page (v)<br>ch station. For<br>ns, if any, give  | ne 30, 2009, bet<br>sociation repres<br>you carried the c<br>of the general ir<br>r U.S. stations, li<br>e the name of the   | ween a cable syst<br>enting the primary<br>hannel on any oth<br>astructions located<br>st the community<br>e community with  | em or an association representing<br>r transmitter, enter the designa-<br>er basis, enter "O." For a further<br>l in the paper SA3 form.<br>to which the station is licensed by the<br>which the station is identifed.   |                             |
| the cable system a<br>tion "E" (exempt).<br>explanation of the<br><b>Column 6:</b> Giv<br>FCC. For Mexicar  | and a primary transr<br>For simulcasts, also<br>se three categories,<br>ve the location of eac<br>n or Canadian station   | nitter or an as<br>o enter "E". If y<br>see page (v)<br>ch station. For<br>ns, if any, give<br>nel line-ups, u   | ne 30, 2009, bet<br>sociation repres<br>you carried the c<br>of the general ir<br>r U.S. stations, li<br>e the name of the   | ween a cable syst<br>senting the primary<br>hannel on any oth<br>astructions located<br>st the community<br>e community with<br>apace G for each c   | em or an association representing<br>r transmitter, enter the designa-<br>er basis, enter "O." For a further<br>l in the paper SA3 form.<br>to which the station is licensed by the<br>which the station is identifed.   |                             |
| the cable system a<br>tion "E" (exempt).<br>explanation of the<br><b>Column 6:</b> Giv<br>FCC. For Mexicar  | and a primary transm<br>For simulcasts, also<br>ase three categories,<br>we the location of each<br>or Canadian station<br>tilizing multiple chan<br>2. B'CAST<br>CHANNEL                         | nitter or an as<br>o enter "E". If y<br>see page (v)<br>ch station. For<br>ns, if any, give<br>nel line-ups, u<br><b>CHANN</b><br>3. TYPE<br>OF                                    | ne 30, 2009, bet<br>sociation repres<br>you carried the c<br>of the general ir<br>r U.S. stations, li<br>the name of the<br>use a separate s<br><b>EL LINE-UP</b>  | ween a cable syst<br>senting the primary<br>hannel on any oth<br>astructions located<br>st the community<br>e community with<br>apace G for each c<br>C<br>5. BASIS OF<br>CARRIAGE                     | em or an association representing<br>r transmitter, enter the designa-<br>er basis, enter "O." For a further<br>l in the paper SA3 form.<br>to which the station is licensed by the<br>which the station is identifed.   |                             |
| the cable system :<br>tion "E" (exempt).<br>explanation of the<br><b>Column 6:</b> Giv<br>FCC. For Mexicar<br><b>Note:</b> If you are u<br>1. CALL<br>SIGN                                | and a primary transm<br>For simulcasts, also<br>ese three categories,<br>ve the location of each<br>n or Canadian station<br>tilizing multiple chan<br>2. B'CAST<br>CHANNEL<br>NUMBER             | nitter or an as<br>o enter "E". If y<br>see page (v)<br>ch station. For<br>ns, if any, give<br>nel line-ups, t<br><b>CHANN</b><br>3. TYPE<br>OF<br>STATION                         | ne 30, 2009, bet<br>sociation repres<br>rou carried the c<br>of the general ir<br>r U.S. stations, li<br>the name of the<br>use a separate s<br><b>EL LINE-UP</b><br>4. DISTANT?<br>(Yes or No)  | ween a cable syst<br>enting the primary<br>hannel on any oth<br>structions located<br>st the community<br>e community with<br>pace G for each c<br>C<br>5. BASIS OF                                    | em or an association representing<br>r transmitter, enter the designa-<br>er basis, enter "O." For a further<br>I in the paper SA3 form.<br>to which the station is licensed by the<br>which the station is identifed.<br>hannel line-up.  |                             |
| the cable system :<br>tion "E" (exempt).<br>explanation of the<br><b>Column 6:</b> Giv<br>FCC. For Mexicar<br><b>Note:</b> If you are u<br>1. CALL<br>SIGN                                | and a primary transm<br>For simulcasts, also<br>ase three categories,<br>we the location of each<br>or Canadian station<br>tilizing multiple chan<br>2. B'CAST<br>CHANNEL                         | nitter or an as<br>o enter "E". If y<br>see page (v)<br>ch station. For<br>ns, if any, give<br>nel line-ups, u<br><b>CHANN</b><br>3. TYPE<br>OF                                    | ne 30, 2009, bet<br>sociation repres<br>you carried the c<br>of the general ir<br>U.S. stations, li<br>the name of the<br>use a separate s<br><b>EL LINE-UP</b><br>4. DISTANT?<br>(Yes or No)<br><b>No</b>   | ween a cable syst<br>senting the primary<br>hannel on any oth<br>astructions located<br>st the community<br>e community with<br>apace G for each c<br>C<br>5. BASIS OF<br>CARRIAGE                     | em or an association representing<br>r transmitter, enter the designa-<br>er basis, enter "O." For a further<br>in the paper SA3 form.<br>to which the station is licensed by the<br>which the station is identifed.<br>hannel line-up.  |                             |
| the cable system at tion "E" (exempt).<br>explanation of the <b>Column 6:</b> Giv<br>FCC. For Mexicar<br><b>Note:</b> If you are ut<br>1. CALL<br>SIGN                                    | and a primary transm<br>For simulcasts, also<br>ese three categories,<br>ve the location of each<br>n or Canadian station<br>tilizing multiple chan<br>2. B'CAST<br>CHANNEL<br>NUMBER             | nitter or an as<br>o enter "E". If y<br>see page (v)<br>ch station. For<br>ns, if any, give<br>nel line-ups, t<br><b>CHANN</b><br>3. TYPE<br>OF<br>STATION<br><b>N</b>             | ne 30, 2009, bet<br>sociation repres<br>rou carried the c<br>of the general ir<br>r U.S. stations, li<br>the name of the<br>use a separate s<br><b>EL LINE-UP</b><br>4. DISTANT?<br>(Yes or No)  | ween a cable syst<br>senting the primary<br>hannel on any oth<br>astructions located<br>st the community<br>e community with<br>apace G for each c<br>C<br>5. BASIS OF<br>CARRIAGE                     | em or an association representing<br>r transmitter, enter the designa-<br>er basis, enter "O." For a further<br>I in the paper SA3 form.<br>to which the station is licensed by the<br>which the station is identifed.<br>hannel line-up.<br>6. LOCATION OF STATION<br>Lexington, KY                 |                             |
| the cable system i<br>tion "E" (exempt).<br>explanation of the<br><b>Column 6:</b> Giv<br>FCC. For Mexicar<br><b>Note:</b> If you are u<br>1. CALL<br>SIGN<br><b>WLEX</b>                 | and a primary transm<br>For simulcasts, also<br>ese three categories,<br>ve the location of each<br>n or Canadian station<br>tilizing multiple chan<br>2. B'CAST<br>CHANNEL<br>NUMBER             | nitter or an as<br>o enter "E". If y<br>see page (v)<br>ch station. For<br>ns, if any, give<br>nel line-ups, t<br><b>CHANN</b><br>3. TYPE<br>OF<br>STATION                         | ne 30, 2009, bet<br>sociation repres<br>you carried the c<br>of the general ir<br>U.S. stations, li<br>the name of the<br>use a separate s<br><b>EL LINE-UP</b><br>4. DISTANT?<br>(Yes or No)<br><b>No</b>   | ween a cable syst<br>senting the primary<br>hannel on any oth<br>astructions located<br>st the community<br>e community with<br>apace G for each c<br><b>C</b><br>5. BASIS OF<br>CARRIAGE              | em or an association representing<br>r transmitter, enter the designa-<br>er basis, enter "O." For a further<br>l in the paper SA3 form.<br>to which the station is licensed by the<br>which the station is identifed.<br>hannel line-up.<br>6. LOCATION OF STATION<br>Lexington, KY                 |                             |
| the cable system ition "E" (exempt).<br>explanation of the<br><b>Column 6:</b> Giv<br>FCC. For Mexicar<br><b>Note:</b> If you are ut<br>1. CALL<br>SIGN<br><b>WLEX</b>                    | and a primary transm<br>For simulcasts, also<br>ese three categories,<br>ve the location of each<br>n or Canadian station<br>tilizing multiple chan<br>2. B'CAST<br>CHANNEL<br>NUMBER<br>39       | nitter or an as<br>o enter "E". If y<br>see page (v)<br>ch station. For<br>ns, if any, give<br>nel line-ups, t<br><b>CHANN</b><br>3. TYPE<br>OF<br>STATION<br><b>N</b>             | ne 30, 2009, bet<br>sociation repres<br>rou carried the c<br>of the general ir<br>r U.S. stations, li<br>e the name of the<br>use a separate s<br><b>EL LINE-UP</b><br>4. DISTANT?<br>(Yes or No)<br><b>No</b><br><b>No</b>                            | ween a cable syst<br>senting the primary<br>hannel on any oth<br>astructions located<br>st the community<br>e community with<br>apace G for each c<br><b>C</b><br>5. BASIS OF<br>CARRIAGE              | em or an association representing<br>r transmitter, enter the designa-<br>er basis, enter "O." For a further<br>I in the paper SA3 form.<br>to which the station is licensed by the<br>which the station is identifed.<br>hannel line-up.<br>6. LOCATION OF STATION<br>Lexington, KY                 |                             |
| the cable system it<br>tion "E" (exempt).<br>explanation of the<br><b>Column 6:</b> Giv<br>FCC. For Mexicar<br><b>Note:</b> If you are u<br>1. CALL<br>SIGN<br><b>WLEX</b><br><b>WLEX</b> | and a primary transm<br>For simulcasts, also<br>use three categories,<br>ve the location of each<br>or Canadian station<br>tilizing multiple chan<br>2. B'CAST<br>CHANNEL<br>NUMBER<br>39<br>39   | nitter or an as<br>o enter "E". If y<br>see page (v)<br>ch station. For<br>ns, if any, give<br>nel line-ups, u<br><b>CHANN</b><br>3. TYPE<br>OF<br>STATION<br><b>N</b><br><b>N</b> | ne 30, 2009, bet<br>sociation repres<br>you carried the c<br>of the general ir<br>U.S. stations, li<br>the name of the<br>use a separate s<br><b>EL LINE-UP</b><br>4. DISTANT?<br>(Yes or No)<br>NO<br>NO<br>NO  | ween a cable syst<br>enting the primary<br>hannel on any oth<br>structions located<br>st the community<br>e community with<br>pace G for each c<br>C<br>C.<br>5. BASIS OF<br>CARRIAGE<br>(If Distant)  | em or an association representing<br>r transmitter, enter the designa-<br>er basis, enter "O." For a further<br>l in the paper SA3 form.<br>to which the station is licensed by the<br>which the station is identifed.<br>hannel line-up.<br>6. LOCATION OF STATION<br>Lexington, KY                 |                             |
| the cable system it<br>tion "E" (exempt).<br>explanation of the<br><b>Column 6:</b> Giv<br>FCC. For Mexicar<br><b>Note:</b> If you are u<br>1. CALL<br>SIGN<br><b>WLEX</b><br><b>WLEX</b> | and a primary transm<br>For simulcasts, also<br>ese three categories,<br>ve the location of each<br>n or Canadian station<br>tillizing multiple chan<br>2. B'CAST<br>CHANNEL<br>NUMBER<br>39<br>9 | nitter or an as<br>o enter "E". If y<br>see page (v)<br>ch station. For<br>ns, if any, give<br>nel line-ups, u<br>CHANN<br>3. TYPE<br>OF<br>STATION<br>N<br>N-M<br>E               | ne 30, 2009, bet<br>sociation repres<br>rou carried the c<br>of the general ir<br>r U.S. stations, li<br>e the name of the<br>use a separate s<br><b>EL LINE-UP</b><br>4. DISTANT?<br>(Yes or No)<br><b>No</b><br><b>No</b><br><b>No</b><br><b>Yes</b> | ween a cable syst<br>enting the primary<br>hannel on any oth<br>astructions located<br>st the community<br>e community with<br>pace G for each or<br>C<br>5. BASIS OF<br>CARRIAGE<br>(If Distant)<br>0 | em or an association representing<br>r transmitter, enter the designa-<br>er basis, enter "O." For a further<br>in the paper SA3 form.<br>to which the station is licensed by the<br>which the station is identifed.<br>hannel line-up.<br>6. LOCATION OF STATION<br>Lexington, KY<br>Huntington, WV |                             |
| the cable system it<br>tion "E" (exempt).<br>explanation of the<br><b>Column 6:</b> Giv<br>FCC. For Mexicar<br><b>Note:</b> If you are u<br>1. CALL<br>SIGN<br><b>WLEX</b><br><b>WLEX</b> | and a primary transm<br>For simulcasts, also<br>ese three categories,<br>ve the location of each<br>n or Canadian station<br>tillizing multiple chan<br>2. B'CAST<br>CHANNEL<br>NUMBER<br>39<br>9 | nitter or an as<br>o enter "E". If y<br>see page (v)<br>ch station. For<br>ns, if any, give<br>nel line-ups, u<br>CHANN<br>3. TYPE<br>OF<br>STATION<br>N<br>N-M<br>E               | ne 30, 2009, bet<br>sociation repres<br>rou carried the c<br>of the general ir<br>r U.S. stations, li<br>e the name of the<br>use a separate s<br><b>EL LINE-UP</b><br>4. DISTANT?<br>(Yes or No)<br><b>No</b><br><b>No</b><br><b>No</b><br><b>Yes</b> | ween a cable syst<br>enting the primary<br>hannel on any oth<br>astructions located<br>st the community<br>e community with<br>pace G for each or<br>C<br>5. BASIS OF<br>CARRIAGE<br>(If Distant)<br>0 | em or an association representing<br>r transmitter, enter the designa-<br>er basis, enter "O." For a further<br>in the paper SA3 form.<br>to which the station is licensed by the<br>which the station is identifed.<br>hannel line-up.<br>6. LOCATION OF STATION<br>Lexington, KY<br>Huntington, WV |                             |
| the cable system it<br>tion "E" (exempt).<br>explanation of the<br><b>Column 6:</b> Giv<br>FCC. For Mexicar<br><b>Note:</b> If you are u<br>1. CALL<br>SIGN<br><b>WLEX</b><br><b>WLEX</b> | and a primary transm<br>For simulcasts, also<br>ese three categories,<br>ve the location of each<br>n or Canadian station<br>tillizing multiple chan<br>2. B'CAST<br>CHANNEL<br>NUMBER<br>39<br>9 | nitter or an as<br>o enter "E". If y<br>see page (v)<br>ch station. For<br>ns, if any, give<br>nel line-ups, u<br>CHANN<br>3. TYPE<br>OF<br>STATION<br>N<br>N-M<br>E               | ne 30, 2009, bet<br>sociation repres<br>rou carried the c<br>of the general ir<br>r U.S. stations, li<br>e the name of the<br>use a separate s<br><b>EL LINE-UP</b><br>4. DISTANT?<br>(Yes or No)<br><b>No</b><br><b>No</b><br><b>No</b><br><b>Yes</b> | ween a cable syst<br>enting the primary<br>hannel on any oth<br>astructions located<br>st the community<br>e community with<br>pace G for each or<br>C<br>5. BASIS OF<br>CARRIAGE<br>(If Distant)<br>0 | em or an association representing<br>r transmitter, enter the designa-<br>er basis, enter "O." For a further<br>in the paper SA3 form.<br>to which the station is licensed by the<br>which the station is identifed.<br>hannel line-up.<br>6. LOCATION OF STATION<br>Lexington, KY<br>Huntington, WV |                             |
| the cable system it<br>tion "E" (exempt).<br>explanation of the<br><b>Column 6:</b> Giv<br>FCC. For Mexicar<br><b>Note:</b> If you are u<br>1. CALL<br>SIGN<br><b>WLEX</b><br><b>WLEX</b> | and a primary transm<br>For simulcasts, also<br>ese three categories,<br>ve the location of each<br>n or Canadian station<br>tillizing multiple chan<br>2. B'CAST<br>CHANNEL<br>NUMBER<br>39<br>9 | nitter or an as<br>o enter "E". If y<br>see page (v)<br>ch station. For<br>ns, if any, give<br>nel line-ups, u<br>CHANN<br>3. TYPE<br>OF<br>STATION<br>N<br>N-M<br>E               | ne 30, 2009, bet<br>sociation repres<br>rou carried the c<br>of the general ir<br>r U.S. stations, li<br>e the name of the<br>use a separate s<br><b>EL LINE-UP</b><br>4. DISTANT?<br>(Yes or No)<br><b>No</b><br><b>No</b><br><b>No</b><br><b>Yes</b> | ween a cable syst<br>enting the primary<br>hannel on any oth<br>astructions located<br>st the community<br>e community with<br>pace G for each or<br>C<br>5. BASIS OF<br>CARRIAGE<br>(If Distant)<br>0 | em or an association representing<br>r transmitter, enter the designa-<br>er basis, enter "O." For a further<br>in the paper SA3 form.<br>to which the station is licensed by the<br>which the station is identifed.<br>hannel line-up.<br>6. LOCATION OF STATION<br>Lexington, KY<br>Huntington, WV |                             |
| the cable system it<br>tion "E" (exempt).<br>explanation of the<br><b>Column 6:</b> Giv<br>FCC. For Mexicar<br><b>Note:</b> If you are u<br>1. CALL<br>SIGN<br><b>WLEX</b><br><b>WLEX</b> | and a primary transm<br>For simulcasts, also<br>ese three categories,<br>ve the location of each<br>n or Canadian station<br>tillizing multiple chan<br>2. B'CAST<br>CHANNEL<br>NUMBER<br>39<br>9 | nitter or an as<br>o enter "E". If y<br>see page (v)<br>ch station. For<br>ns, if any, give<br>nel line-ups, u<br>CHANN<br>3. TYPE<br>OF<br>STATION<br>N<br>N-M<br>E               | ne 30, 2009, bet<br>sociation repres<br>rou carried the c<br>of the general ir<br>r U.S. stations, li<br>e the name of the<br>use a separate s<br><b>EL LINE-UP</b><br>4. DISTANT?<br>(Yes or No)<br><b>No</b><br><b>No</b><br><b>No</b><br><b>Yes</b> | ween a cable syst<br>enting the primary<br>hannel on any oth<br>astructions located<br>st the community<br>e community with<br>pace G for each or<br>C<br>5. BASIS OF<br>CARRIAGE<br>(If Distant)<br>0 | em or an association representing<br>r transmitter, enter the designa-<br>er basis, enter "O." For a further<br>in the paper SA3 form.<br>to which the station is licensed by the<br>which the station is identifed.<br>hannel line-up.<br>6. LOCATION OF STATION<br>Lexington, KY<br>Huntington, WV |                             |
| the cable system i<br>tion "E" (exempt).<br>explanation of the<br><b>Column 6:</b> Giv<br>FCC. For Mexicar<br><b>Note:</b> If you are u<br>1. CALL<br>SIGN<br><b>WLEX</b><br><b>WLEX</b>  | and a primary transm<br>For simulcasts, also<br>ese three categories,<br>ve the location of each<br>n or Canadian station<br>tillizing multiple chan<br>2. B'CAST<br>CHANNEL<br>NUMBER<br>39<br>9 | nitter or an as<br>o enter "E". If y<br>see page (v)<br>ch station. For<br>ns, if any, give<br>nel line-ups, u<br>CHANN<br>3. TYPE<br>OF<br>STATION<br>N<br>N-M<br>E               | ne 30, 2009, bet<br>sociation repres<br>rou carried the c<br>of the general ir<br>r U.S. stations, li<br>e the name of the<br>use a separate s<br><b>EL LINE-UP</b><br>4. DISTANT?<br>(Yes or No)<br><b>No</b><br><b>No</b><br><b>No</b><br><b>Yes</b> | ween a cable syst<br>enting the primary<br>hannel on any oth<br>astructions located<br>st the community<br>e community with<br>pace G for each or<br>C<br>5. BASIS OF<br>CARRIAGE<br>(If Distant)<br>0 | em or an association representing<br>r transmitter, enter the designa-<br>er basis, enter "O." For a further<br>in the paper SA3 form.<br>to which the station is licensed by the<br>which the station is identifed.<br>hannel line-up.<br>6. LOCATION OF STATION<br>Lexington, KY<br>Huntington, WV |                             |
| the cable system i<br>tion "E" (exempt).<br>explanation of the<br><b>Column 6:</b> Giv<br>FCC. For Mexicar<br><b>Note:</b> If you are u<br>1. CALL<br>SIGN<br><b>WLEX</b><br><b>WLEX</b>  | and a primary transm<br>For simulcasts, also<br>ese three categories,<br>ve the location of each<br>n or Canadian station<br>tillizing multiple chan<br>2. B'CAST<br>CHANNEL<br>NUMBER<br>39<br>9 | nitter or an as<br>o enter "E". If y<br>see page (v)<br>ch station. For<br>ns, if any, give<br>nel line-ups, u<br>CHANN<br>3. TYPE<br>OF<br>STATION<br>N<br>N-M<br>E               | ne 30, 2009, bet<br>sociation repres<br>rou carried the c<br>of the general ir<br>r U.S. stations, li<br>e the name of the<br>use a separate s<br><b>EL LINE-UP</b><br>4. DISTANT?<br>(Yes or No)<br>No<br>No<br>No<br>Yes                             | ween a cable syst<br>enting the primary<br>hannel on any oth<br>astructions located<br>st the community<br>e community with<br>pace G for each or<br>C<br>5. BASIS OF<br>CARRIAGE<br>(If Distant)<br>0 | em or an association representing<br>r transmitter, enter the designa-<br>er basis, enter "O." For a further<br>in the paper SA3 form.<br>to which the station is licensed by the<br>which the station is identifed.<br>hannel line-up.<br>6. LOCATION OF STATION<br>Lexington, KY<br>Huntington, WV |                             |
| the cable system a<br>tion "E" (exempt).<br>explanation of the<br><b>Column 6:</b> Giv<br>FCC. For Mexicar<br><b>Note:</b> If you are ut<br>1. CALL                                       | and a primary transm<br>For simulcasts, also<br>ese three categories,<br>ve the location of each<br>n or Canadian station<br>tillizing multiple chan<br>2. B'CAST<br>CHANNEL<br>NUMBER<br>39<br>9 | nitter or an as<br>o enter "E". If y<br>see page (v)<br>ch station. For<br>ns, if any, give<br>nel line-ups, u<br>CHANN<br>3. TYPE<br>OF<br>STATION<br>N<br>N-M<br>E               | ne 30, 2009, bet<br>sociation repres<br>rou carried the c<br>of the general ir<br>r U.S. stations, li<br>e the name of the<br>use a separate s<br><b>EL LINE-UP</b><br>4. DISTANT?<br>(Yes or No)<br>No<br>No<br>No<br>Yes                             | ween a cable syst<br>enting the primary<br>hannel on any oth<br>astructions located<br>st the community<br>e community with<br>pace G for each or<br>C<br>5. BASIS OF<br>CARRIAGE<br>(If Distant)<br>0 | em or an association representing<br>r transmitter, enter the designa-<br>er basis, enter "O." For a further<br>in the paper SA3 form.<br>to which the station is licensed by the<br>which the station is identifed.<br>hannel line-up.<br>6. LOCATION OF STATION<br>Lexington, KY<br>Huntington, WV |                             |
| the cable system i<br>tion "E" (exempt).<br>explanation of the<br><b>Column 6:</b> Giv<br>FCC. For Mexicar<br><b>Note:</b> If you are u<br>1. CALL<br>SIGN<br><b>WLEX</b><br><b>WLEX</b>  | and a primary transm<br>For simulcasts, also<br>ese three categories,<br>ve the location of each<br>n or Canadian station<br>tillizing multiple chan<br>2. B'CAST<br>CHANNEL<br>NUMBER<br>39<br>9 | nitter or an as<br>o enter "E". If y<br>see page (v)<br>ch station. For<br>ns, if any, give<br>nel line-ups, u<br>CHANN<br>3. TYPE<br>OF<br>STATION<br>N<br>N-M<br>E               | ne 30, 2009, bet<br>sociation repres<br>rou carried the c<br>of the general ir<br>r U.S. stations, li<br>e the name of the<br>use a separate s<br><b>EL LINE-UP</b><br>4. DISTANT?<br>(Yes or No)<br>No<br>No<br>No<br>Yes                             | ween a cable syst<br>enting the primary<br>hannel on any oth<br>astructions located<br>st the community<br>e community with<br>pace G for each or<br>C<br>5. BASIS OF<br>CARRIAGE<br>(If Distant)<br>0 | em or an association representing<br>r transmitter, enter the designa-<br>er basis, enter "O." For a further<br>in the paper SA3 form.<br>to which the station is licensed by the<br>which the station is identifed.<br>hannel line-up.<br>6. LOCATION OF STATION<br>Lexington, KY<br>Huntington, WV |                             |
| the cable system i<br>tion "E" (exempt).<br>explanation of the<br><b>Column 6:</b> Giv<br>FCC. For Mexicar<br><b>Note:</b> If you are u<br>1. CALL<br>SIGN<br><b>WLEX</b><br><b>WLEX</b>  | and a primary transm<br>For simulcasts, also<br>use three categories,<br>ve the location of each<br>n or Canadian station<br>tillizing multiple chan<br>2. B'CAST<br>CHANNEL<br>NUMBER<br>39<br>9 | nitter or an as<br>o enter "E". If y<br>see page (v)<br>ch station. For<br>ns, if any, give<br>nel line-ups, u<br>CHANN<br>3. TYPE<br>OF<br>STATION<br>N<br>N-M<br>E               | ne 30, 2009, bet<br>sociation repres<br>rou carried the c<br>of the general ir<br>r U.S. stations, li<br>e the name of the<br>use a separate s<br><b>EL LINE-UP</b><br>4. DISTANT?<br>(Yes or No)<br>No<br>No<br>No<br>Yes                             | ween a cable syst<br>enting the primary<br>hannel on any oth<br>astructions located<br>st the community<br>e community with<br>pace G for each or<br>C<br>5. BASIS OF<br>CARRIAGE<br>(If Distant)<br>0 | em or an association representing<br>r transmitter, enter the designa-<br>er basis, enter "O." For a further<br>in the paper SA3 form.<br>to which the station is licensed by the<br>which the station is identifed.<br>hannel line-up.<br>6. LOCATION OF STATION<br>Lexington, KY<br>Huntington, WV |                             |
| the cable system i<br>tion "E" (exempt).<br>explanation of the<br><b>Column 6:</b> Giv<br>FCC. For Mexicar<br><b>Note:</b> If you are u<br>1. CALL<br>SIGN<br><b>WLEX</b><br><b>WLEX</b>  | and a primary transm<br>For simulcasts, also<br>use three categories,<br>ve the location of each<br>n or Canadian station<br>tillizing multiple chan<br>2. B'CAST<br>CHANNEL<br>NUMBER<br>39<br>9 | nitter or an as<br>o enter "E". If y<br>see page (v)<br>ch station. For<br>ns, if any, give<br>nel line-ups, u<br>CHANN<br>3. TYPE<br>OF<br>STATION<br>N<br>N-M<br>E               | ne 30, 2009, bet<br>sociation repres<br>rou carried the c<br>of the general ir<br>r U.S. stations, li<br>e the name of the<br>use a separate s<br><b>EL LINE-UP</b><br>4. DISTANT?<br>(Yes or No)<br>No<br>No<br>No<br>Yes                             | ween a cable syst<br>enting the primary<br>hannel on any oth<br>astructions located<br>st the community<br>e community with<br>pace G for each or<br>C<br>5. BASIS OF<br>CARRIAGE<br>(If Distant)<br>0 | em or an association representing<br>r transmitter, enter the designa-<br>er basis, enter "O." For a further<br>in the paper SA3 form.<br>to which the station is licensed by the<br>which the station is identifed.<br>hannel line-up.<br>6. LOCATION OF STATION<br>Lexington, KY<br>Huntington, WV |                             |

| Name                                   | LEGAL NAME OF C  |          |     | ۳:<br>operative Corp. |           |          |     | SYSTEM ID#<br>62644 |  |  |  |
|--|--|----------|-----|-----------------------|-----------|----------|-----|---------------------|--|--|--|
| H<br>Primary<br>Transmitters:<br>Radio | <ul> <li>PRIMARY TRANSMITTERS: RADIO</li> <li>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.</li> <li>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 the Copyright Office regulations on this point, see page (vi) of the general instructions located in the paper SA3 form.</li> <li>Column 1: Identify the call sign of each station carried.</li> <li>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.</li> <li>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).</li> </ul> |          |     |                       |           |          |     |                     |  |  |  |
|  | CALL SIGN  | AM or FM | S/D | LOCATION OF STATION   | CALL SIGN | AM or FM | S/D | LOCATION OF STATION |  |  |  |
|  |  |          |     |                       |           |          |     |                     |  |  |  |
|  |  |          |     |                       |           |          |     |                     |  |  |  |
|  |  |          |     |                       |           |          |     |                     |  |  |  |
|  |  |          |     |                       |           |          |     |                     |  |  |  |
|  |  |          |     |                       |           |          |     |                     |  |  |  |
|  |  |          |     |                       |           |          |     |                     |  |  |  |
|  |  |          |     |                       |           |          |     |                     |  |  |  |
|  |  |          |     |                       |           |          |     |                     |  |  |  |
|  |  |          |     |                       |           |          |     |                     |  |  |  |
|  |  |          |     |                       |           |          |     |                     |  |  |  |
|  |  |          |     |                       |           |          |     |                     |  |  |  |
|  |  |          |     |                       |           |          |     |                     |  |  |  |
|  |  |          |     |                       |           |          |     |                     |  |  |  |
|  |  |          |     |                       |           |          |     |                     |  |  |  |
|  |  |          |     |                       |           |          |     |                     |  |  |  |
|  |  |          |     |                       |           |          |     |                     |  |  |  |
|  |  |          |     |                       |           |          |     |                     |  |  |  |
|  |  |          |     |                       |           |          |     |                     |  |  |  |
|  |  |          |     |                       |           |          |     |                     |  |  |  |
|  |  |          |     |                       |           |          |     |                     |  |  |  |
|  |  |          |     |                       |           |          |     |                     |  |  |  |
|  |  |          |     |                       |           |          |     |                     |  |  |  |
|  |  |          |     |                       |           |          |     |                     |  |  |  |
|  |  |          |     |                       |           |          |     |                     |  |  |  |
|  |  |          |     |                       |           |          |     |                     |  |  |  |
|  |  |          |     |                       |           |          |     |                     |  |  |  |
|  |  |          |     |                       |           |          |     |                     |  |  |  |
|  |  |          |     |                       |           |          |     |                     |  |  |  |
|  |  |          |     |                       |           |          |     |                     |  |  |  |
|  |  |          |     |                       |           |          |     |                     |  |  |  |
|  |  |          |     |                       |           |          |     |                     |  |  |  |
|  |  |          |     |                       |           |          |     |                     |  |  |  |

| FORM SA3E. PAGE 5.  |   |   |   |  |  | ACCOUNTING      | PERIOD: 2022/1                          |
|---|---|---|---|--|--|-----------------|---|
| LEGAL NAME OF OWNER OF  |   |   |   |  | S  | SYSTEM ID#      |   |
| Foothills Rural Teleph  | one Coop  | perative Cor  | p.  |  |  | 62644           | Name                                    |
| SUBSTITUTE CARRIAGI   |   |   |   |  |  |                 | I                                       |
| In General: In space I, ident<br>substitute basis during the a<br>explanation of the programm   | ccounting p   | eriod, under sp   | ecific present and former FC  | C rules, regul   | lations, or authorizations.  | For a further   | Substitute                              |
| 1. SPECIAL STATEMEN   |   |   |   | - 9  |  | <u>,</u>        | Carriage:                               |
| During the accounting per<br>broadcast by a distant state   | riod, did you   |   |   | is, any nonne  |  | No              | Special<br>Statement and<br>Program Log |
| <b>Note:</b> If your answer is "No log in block 2.  | ", leave the  | rest of this pa   | ge blank. If your answer is   | "Yes," you mı  | ust complete the program   | n               |   |
| period, was broadcast by a<br>under certain FCC rules, re<br>SA3 form for futher informa<br>titles, for example, "I Love I<br>Column 2: If the prograr<br>Column 3: Give the call<br>Column 4: Give the broa<br>the case of Mexican or Car<br>Column 5: Give the mor<br>first. Example: for May 7 giv<br>Column 6: State the time<br>to the nearest five minutes.<br>stated as "6:00–6:30 p.m." | titute progra<br>ace, please<br>of every no<br>distant stat<br>egulations, c<br>ation. Do no<br>Lucy" or "NE<br>m was broad<br>sign of the<br>adcast station<br>th and day<br>we "5/7."<br>es when the<br>Example: a<br>er "R" if the<br>and regulati<br>rogramming | am on a separa<br>attach addition<br>innetwork telev<br>tion and that yc<br>or authorizatior<br>ot use general<br>BA Basketball:<br>dcast live, ente<br>station broadca<br>on's location (tl<br>ons, if any, the<br>when your sys<br>e substitute pro<br>a program carr<br>listed program<br>ions in effect d | al pages.<br>ision program (substitute p<br>our cable system substitute<br>is. See page (vi) of the ger<br>categories like "movies", or<br>76ers vs. Bulls."<br>rr "Yes." Otherwise enter "N<br>asting the substitute progra<br>ne community to which the<br>community with which the<br>tem carried the substitute p<br>ogram was carried by your of<br>ied by a system from 6:01:<br>n was substituted for progra | rogram) that,<br>d for the prog<br>eral instructio<br>"basketball".<br>Io."<br>m.<br>station is lice<br>station is ider<br>program. Use<br>cable system.<br>15 p.m. to 6:2<br>umming that y<br>t; enter the le | during the accounting<br>gramming of another state<br>ons located in the paper<br>. List specific program<br>ensed by the FCC or, in<br>htified).<br>In umerals, with the mon<br>List the times accuratel<br>8:30 p.m. should be<br>rour system was required<br>tter "P" if the listed pro | ion<br>th<br>y  |   |
|   |   | TE PROGRAM  | 1   |  | EN SUBSTITUTE  | 7. REASON       |   |
| 1. TITLE OF PROGRAM   | 2. LIVE?  | 3. STATION'S  |   | 5. MONTH   | 6. TIMES   | FOR<br>DELETION |   |
|   | Yes or No   | CALL SIGN   | 4. STATION'S LOCATION   | AND DAY  | FROM — TO  |                 |   |
|   |   |   |   |  |  |                 |   |
|   | <b>_</b>  |   |   |  |  |                 |   |
|   |   |   |   |  | _  |                 |   |
|   |   |   |   |  | _  |                 |   |
|   |   |   |   |  | _  |                 |   |
|   | +   |   |   |  |  |                 |   |
|   | <b></b>   |   |   |  |  |                 |   |
|   |   |   |   |  |  |                 |   |
|   | l   |   |   |  |  |                 |   |
|   | l   |   |   |  |  |                 |   |
|   |   |   |   |  | _  |                 |   |
|   |   |   |   |  | _  |                 |   |
|   | 1   |   |   |  |  |                 |   |
|   | +   |   |   |  |  |                 |   |
|   |   |   |   |  |  |                 |   |
|   |   |   |   |  |  |                 |   |
|   | l   |   |   |  |  |                 |   |
|   |   |   |   |  | _  |                 |   |
|   |   |   |   |  | _  |                 |   |
|   |   |   |   |  | _  |                 |   |
|   | 1   |   |   |  |  |                 |   |
|   |   |   |   |  |  |                 |   |
|   |   |   |   |  |  |                 |   |

| News                              | LEGAL NAME OF C  | WNER OF CABLE  | SYSTEM:  |   |  |  |  |   | SYSTEM ID# |
|-----------------------------------|--|--|--|---|--|--|--|---|------------|
| Name                              | Foothills Ru   | ral Telephon   | e Cooperat   | ive Corp.   |  |  |  |   | 62644      |
|                                   | PART-TIME CA   | RRIAGE LOG   |  |   |  |  |  |   |            |
| J<br>Part-Time<br>Carriage<br>Log | In General: This<br>time carriage du<br>hours your syste<br>Column 1 (C<br>column 5 of spa<br>Column 2 (D<br>curred during th<br>• Give the montl<br>"4/10."<br>• State the startit<br>television station<br>"app." Example: | s space ties in v<br>le to lack of acti<br>em carried that a<br>all sign): Give f<br>ce G.<br>ates and hours<br>e accounting pe<br>h and day when<br>ng and ending f<br>n's broadcast da<br>"12:30 a.m 3 | vated channel<br>station. If you r<br>the call sign of<br>a of carriage):<br>eriod.<br>the carriage o<br>times of carriag<br>ay, you may giv<br>:15 a.m. app." | If space G. If you list<br>capacity, you are red<br>need more space, ple<br>every distant station<br>For each station, list<br>ccurred. Use numera<br>ge to the nearest qua<br>ve an approximate en<br>hours of carriage we | quire<br>ease<br>who<br>the<br>als, w<br>arter l | d to complete thi<br>attach additiona<br>se basis of carrie<br>dates and hours<br>with the month firs<br>hour. In any case<br>g hour, followed b | s log giving the<br>l pages.<br>age you identifie<br>when part-time<br>st. Example: for<br>e where carriage<br>by the abbreviati | total dates and<br>d by "LAC" in<br>carriage oc-<br>April 10 give<br>e ran to the end<br>on |            |
|                                   |  |  | D  | ATES AND HOURS  | OF F   | PART-TIME CAR  | RIAGE  |   |            |
|                                   |  | WHEN   | I CARRIAGE (   | OCCURRED  |  |  | WHEN   | I CARRIAGE O  | CCURRED    |
|                                   | CALL SIGN  | DATE   | FROM   | HOURS<br>TO   |  | CALL SIGN  | DATE   | H<br>FROM   | OURS<br>TO |
|                                   |  |  |  | _   | 1  |  |  |   | _          |
|                                   |  |  |  | _   |  |  |  |   | _          |
|                                   |  |  |  | _   |  |  |  |   | _          |
|                                   |  |  |  | _   |  |  |  |   | _          |
|                                   |  |  |  | _   |  |  |  |   | _          |
|                                   |  |  |  |   |  |  |  |   |            |
|                                   |  |  |  |   |  |  |  |   |            |
|                                   |  |  |  |   |  |  |  |   |            |
|                                   |  |  |  |   | -  |  |  |   |            |
|                                   |  |  |  | <u> </u>  | -  |  |  |   |            |
|                                   |  |  |  |   | -  |  |  |   | =-         |
|                                   |  |  |  |   | -  |  |  |   |            |
|                                   |  |  |  |   | -  |  |  |   |            |
|                                   |  |  |  |   | _  |  |  |   |            |
|                                   |  |  |  |   |  |  |  |   |            |
|                                   |  |  |  |   |  |  |  |   | _          |
|                                   |  |  |  | _   |  |  |  |   | _          |
|                                   |  |  |  | _   |  |  |  |   | _          |
|                                   |  |  |  | _   |  |  |  |   | _          |
|                                   |  |  |  | _   |  |  |  |   | _          |
|                                   |  |  |  | _   |  |  |  |   | _          |
|                                   |  |  |  |   |  |  |  |   |            |
|                                   |  |  |  |   |  |  |  |   |            |
|                                   |  |  |  |   |  |  |  |   | =          |
|                                   |  |  |  |   | -  |  |  |   |            |
|                                   |  |  |  |   | -  |  |  |   |            |
|                                   |  |  |  |   | -  |  |  |   |            |
|                                   |  |  |  |   | -  |  |  |   |            |
|                                   |  |  |  |   | -  |  |  |   |            |
|                                   |  |  |  |   | 4  |  |  |   |            |
|                                   |  |  |  | _   |  |  |  |   | _          |
|                                   |  |  |  | _   |  |  |  |   | _          |
|                                   | [  |  |  |   | 1  | <b>[</b>   |  |   |            |

| FORM   | SA3E. PAGE 7.   |                           |   |  |  |  |  |  |
|--|---|---------------------------|---|--|--|--|--|--|
| LEGA   | AL NAME OF OWNER OF CABLE SYSTEM:   | SYSTEM ID#                | Name  |  |  |  |  |  |
| Foc  | othills Rural Telephone Cooperative Corp.   | 62644                     |   |  |  |  |  |  |
| Inst<br>all a<br>(as i<br>page   | OSS RECEIPTS         ructions: The figure you give in this space determines the form you fle and the amount you mounts (gross receipts) paid to your cable system by subscribers for the system's second dentifed in space E) during the accounting period. For a further explanation of how to cone (vii) of the general instructions.         Gross receipts from subscribers for secondary transmission service(s)         during the accounting period.         ORTANT: You must complete a statement in space P concerning gross receipts. | dary transmission service | K<br>Gross Receipts   |  |  |  |  |  |
| <ul> <li>COPYRIGHT ROYALTY FEE<br/>Instructions: Use the blocks in this space L to determine the royalty fee you owe:</li> <li>Complete block 1, showing your minimum fee.</li> <li>Complete block 2, showing whether your system carried any distant television stations.</li> <li>If your system did not carry any distant television stations, leave block 3 blank. Enter the amount of the minimum fee from block 1 on line 1 of block 4, and calculate the total royalty fee.</li> <li>If your system did carry any distant television stations, you must complete the applicable parts of the DSE Schedule accompanying this form and attach the schedule to your statement of account.</li> </ul> |   |                           |   |  |  |  |  |  |
|  | rt 8 or part 9, block A, of the DSE schedule was completed, the base rate fee should be e<br>k 3 below.   | entered on line 1 of      |   |  |  |  |  |  |
| If particular black If particular black 3 be   | rt 6 of the DSE schedule was completed, the amount from line 7 of block C should be en<br>low.  | tered on line 2 in block  |   |  |  |  |  |  |
|  | rt 7 or part 9, block B, of the DSE schedule was completed, the surcharge amount should<br>block 4 below.   | d be entered on line      |   |  |  |  |  |  |
| 1  | MINIMUM FEE: All cable systems with semiannual gross receipts of \$527,600 or more a<br>least the minimum fee, regardless of whether they carried any distant stations. This fee is<br>system's gross receipts for the accounting period.<br>Line 1. Enter the amount of gross receipts from space K<br>Line 2. Multiply the amount in line 1 by 0.01064<br>Enter the result here.  |                           |   |  |  |  |  |  |
|  | This is your minimum fee.   | \$ 16,994.67              |   |  |  |  |  |  |
| 2  | <ul> <li>space G. If, in space G, you identifed any stations as "distant" by stating "Yes" in column "Yes" in this block.</li> <li>Did your cable system carry any distant television stations during the accounting period X Yes—Complete the DSE schedule.</li> </ul>   | ?                         |   |  |  |  |  |  |
| Block<br>3   | Line 1. <b>BASE RATE FEE:</b> 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   | \$ 36,166.88              |   |  |  |  |  |  |
|  | Line 2. <b>3.75 Fee:</b> Enter the total fee from line 7, block C, part 6 of the DSE schedule. If none, enter zero  | 0.00                      |   |  |  |  |  |  |
|  | Line 3. Add lines 1 and 2 and enter here  | \$ 36,166.88              |   |  |  |  |  |  |
| Block<br>4   | <ul> <li>Line 1. BASE RATE FEE/3.75 FEE or MINIMUM FEE: Enter either the minimum fee from block 1 or the sum of the base rate fee / 3.75 fee from block 3, line 3, whichever is larger</li> <li>Line 2. SYNDICATED EXCLUSIVITY SURCHARGE: Enter the fee from either part 7</li> </ul>   | \$ 36,166.88              | Cable systems submitting  |  |  |  |  |  |
|  | <ul> <li>(block D, section 3 or 4) or part 9 (block B) of the DSE schedule. If none, enter zero.</li> <li>Line 3. INTEREST CHARGE: Enter the amount from line 4, space Q, page 9 (Interest Worksheet)</li></ul>   | <u>0.00</u><br>0.00       | additional<br>deposits under<br>Section 111(d)(7)<br>should contact |  |  |  |  |  |
|  | Line 4. FILING FEE  | \$ 725.00                 | the Licensing<br>additional fees.<br>Division for the               |  |  |  |  |  |
|  | <b>TOTAL ROYALTY AND FILING FEES DUE FOR ACCOUNTING PERIOD.</b> Add Lines 1, 2 and 3 of block 4 and enter total here  | \$ 36,891.88              | appropriate<br>form for<br>submitting the<br>additional fees.       |  |  |  |  |  |
|  | EFT Trace # or TRANSACTION ID # 271842SE  |                           |   |  |  |  |  |  |
|  | Remit this amount via <i>electronic payment</i> payable to Register of Copyrights. (Se<br>general instructions located in the paper SA3 form and the Excel instructions tab   |                           |   |  |  |  |  |  |

| Name  | YSTEM ID# |
|---|-----------|
| Easthills Bural Talanhana Cooperative Corn  |           |
| Foothills Rural Telephone Cooperative Corp.   | 62644     |
| CHANNELS  |           |
| 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 41   |           |
| system carried television broadcast stations  |           |
|   |           |
| 2. Enter the total number of activated channels   |           |
| on which the cable system carried television broadcast stations 222<br>and nonbroadcast services  |           |
|   |           |
|   |           |
| N INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED: (Identify an individual  |           |
| we can contact about this statement of account.) Individual to  |           |
| Be Contacted  |           |
| for Further Name Robert Ward Telephone 606-297-9163   |           |
| Information   |           |
| Address 1621 KY RT 40W  |           |
| Address 1021 K1 4000<br>(Number, street, rural route, apartment, or suite number)   |           |
| Staffordsville, KY 41256  |           |
| (City, town, state, zip)  |           |
|   |           |
| Email bob@foothills.coop Fax (optional  |           |
|   |           |
| CERTIFICATION (This statement of account must be certifed and signed in accordance with Copyright Office regulations.)  |           |
| O   |           |
| Certifcation • I, the undersigned, hereby certify that (Check one, <i>but only one</i> , of the boxes.)   |           |
|   |           |
| (Owner other than corporation or partnership) I am the owner of the cable system as identifed 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 identifed 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)]   |           |
|   |           |
|   |           |
|   |           |
| X /s/ Ruth Conley   |           |
|   |           |
| Enter an electronic signature on the line above using an "/s/" signature to certify this statement.<br>(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: Ruth Conley  |           |
|   |           |
|   |           |
| Title: General Manager  |           |
| Title: General Manager<br>(Title of official position held in corporation or partnership)   |           |
|   |           |
| Date: August 11, 2022   |           |
| Date: August 11, 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   |           |

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 it may affect the legal sufficiency of the fling, a determination that would be made by a court of law.

| EGAL NAME OF OWNER C   | F CABLE SYSTEM:<br>ephone Cooperative Corp.  | SYSTEM ID#<br>62644              | Name   |
|--|--|----------------------------------|--|
| The Satellite Home<br>lowing sentence:<br>"In determinin<br>service of pro<br>scribers and | EMENT CONCERNING GROSS RECEIPTS EXCLUSIONS<br>Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding<br>the total number of subscribers and the gross amounts paid to the cable system for the<br>oviding secondary transmissions of primary broadcast transmitters, the system shall not in<br>amounts collected from subscribers receiving secondary transmissions pursuant to section<br>on on when to exclude these amounts, see the note on page (vii) of the general instructions | e basic<br>clude sub-<br>n 119." | P<br>Special<br>Statement<br>Concerning<br>Gross Receipts<br>Exclusion |
| made by satellite ca   | ng period did the cable system exclude any amounts of gross receipts for secondary trans<br>rriers to satellite dish owners?<br>otal here and list the satellite carrier(s) below  | missions                         |  |
| Name Mailing Address   | Name<br>Mailing Address  |                                  |  |
| •  | ESSMENTS<br>this worksheet for those royalty payments submitted as a result of a late payment or unde<br>f interest assessment, see page (viii) of the general instructions in the paper SA3 form.   | rpayment.                        | Q  |
| Line 1 Enter the ar  | nount of late payment or underpayment  |                                  | Interest<br>Assessment   |
| Line 2 Multiply line   | 1 by the interest rate* and enter the sum here   | days                             |  |
| Line 3 Multiply line   | 2 by the number of days late and enter the sum here  | -<br>00274                       |  |
|  | 3 by 0.00274** enter here and on line 3, block 4,<br>ce L, (page 7)  | -<br>st charge)                  |  |
|  | erest rate chart click on <i>www.copyright.gov/licensing/interest-rate.pdf</i> . For further assistan<br>ensing Division at (202) 707-8150 or licensing@copyright.gov.   | ce please                        |  |
| NOTE: If you are fili  | imal equivalent of 1/365, which is the interest assessment for one day late.<br>ng this worksheet covering a statement of account already submitted to the Copyright Offo<br>owner, address, first community served, accounting period, and ID number as given in th   |                                  |  |
| Owner  |  |                                  |  |
| First community ser<br>Accounting period<br>ID number                                      | /ed  |                                  |  |
| ivacy Act Notice: Section  | 11 of title 17 of the United States Code authorizes the Copyright Offce to collect the personally identifying informa  | tion (PII) requested on thi      | s  |

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.

#### DSE SCHEDULE. PAGE 11. (CONTINUED)

| DSE SCHEDULE. PAGE   |   |                     |                                 |                   |                          |          |  |  |  |  |  |
|----------------------|---|---------------------|---------------------------------|-------------------|--------------------------|----------|--|--|--|--|--|
| 1                    | EGAL NAME OF OWNER OF CABLE<br>Foothills Rural Telephor   |                     |                                 |                   | S                        | YSTEM ID |  |  |  |  |  |
| •                    |   | 6264                |                                 |                   |                          |          |  |  |  |  |  |
|                      | SUM OF DSEs OF CATEGORY "O" STATIONS:         • Add the DSEs of each station.         Enter the sum here and in line 1 of part 5 of this schedule.         8.25 |                     |                                 |                   |                          |          |  |  |  |  |  |
|                      |   |                     |                                 |                   |                          |          |  |  |  |  |  |
| E                    |   |                     |                                 |                   |                          |          |  |  |  |  |  |
|                      | nstructions:  |                     |                                 | L                 |                          |          |  |  |  |  |  |
|                      | n the column headed "Call S   | ign": list the call | signs of all distant stations i | dentified by the  | e letter "O" in column 5 |          |  |  |  |  |  |
| c                    | of space G (page 3).  | -                   | -                               | -                 |                          |          |  |  |  |  |  |
|                      | In the column headed "DSE": for each independent station, give the DSE as "1.0"; for each network or noncom-  |                     |                                 |                   |                          |          |  |  |  |  |  |
|                      | mercial educational station, give   | e the DSE as ".2    |                                 | 0 005             |                          |          |  |  |  |  |  |
| Category "O"         |   | <b>DOF</b>          | CATEGORY "O" STATION            | I I I             |                          | DOF      |  |  |  |  |  |
| Stations             | CALL SIGN   | DSE                 | CALL SIGN                       | DSE               | CALL SIGN                | DSE      |  |  |  |  |  |
|                      | WLPX  | 1.000               |                                 |                   |                          |          |  |  |  |  |  |
|                      | NLPX-2  | 1.000               |                                 |                   |                          |          |  |  |  |  |  |
|                      | NLPX-3  | 1.000               |                                 |                   |                          |          |  |  |  |  |  |
| <u>N</u>             | NVAH-2  | 1.000               |                                 |                   |                          |          |  |  |  |  |  |
|                      | WVAH-3  | 1.000               |                                 |                   |                          |          |  |  |  |  |  |
| Add rows as          | WLEX  | 0.250               |                                 |                   |                          | Γ        |  |  |  |  |  |
| ecessary.            | NLEX-2  | 0.250               |                                 |                   |                          |          |  |  |  |  |  |
| Remember to copy all | WCHS  | 0.250               |                                 |                   |                          |          |  |  |  |  |  |
| ormula into new      | WTVQ-2  | 0.250               |                                 |                   |                          |          |  |  |  |  |  |
| 0,003.               | WTVQ-3  | 0.250               |                                 |                   |                          |          |  |  |  |  |  |
|                      | WTVQ-3<br>WTVQ-4  | 0.250               |                                 | •                 |                          |          |  |  |  |  |  |
|                      | WTVQ-4<br>WTVQ-5  | 0.250               |                                 |                   |                          |          |  |  |  |  |  |
| -                    | WIVQ-5  | 0.250               |                                 |                   |                          |          |  |  |  |  |  |
|                      |   |                     |                                 |                   |                          |          |  |  |  |  |  |
|                      |   |                     |                                 |                   |                          |          |  |  |  |  |  |
|                      | NKYT  | 0.250               |                                 |                   |                          |          |  |  |  |  |  |
|                      | NKYT-2  | 0.250               |                                 |                   |                          |          |  |  |  |  |  |
| N                    | NQCW  | 1.000               |                                 |                   |                          |          |  |  |  |  |  |
|                      |   |                     |                                 |                   |                          |          |  |  |  |  |  |
|                      |   |                     |                                 |                   |                          |          |  |  |  |  |  |
|                      |   |                     |                                 |                   |                          |          |  |  |  |  |  |
|                      |   |                     |                                 |                   |                          |          |  |  |  |  |  |
|                      |   |                     |                                 | •                 |                          |          |  |  |  |  |  |
|                      |   |                     |                                 |                   |                          |          |  |  |  |  |  |
|                      |   |                     |                                 |                   |                          |          |  |  |  |  |  |
|                      |   |                     |                                 |                   |                          |          |  |  |  |  |  |
|                      |   |                     |                                 |                   |                          |          |  |  |  |  |  |
|                      |   |                     |                                 |                   |                          |          |  |  |  |  |  |
|                      |   |                     |                                 |                   |                          |          |  |  |  |  |  |
|                      |   |                     |                                 |                   |                          |          |  |  |  |  |  |
|                      |   |                     |                                 |                   |                          |          |  |  |  |  |  |
| Ĩ                    |   |                     |                                 | T                 |                          |          |  |  |  |  |  |
| Ï                    |   |                     |                                 |                   |                          |          |  |  |  |  |  |
|                      |   |                     |                                 | ††                |                          | <b> </b> |  |  |  |  |  |
|                      |   |                     |                                 | †                 |                          | 1        |  |  |  |  |  |
| -                    |   |                     |                                 | <u>†</u> <u>†</u> |                          | <b>.</b> |  |  |  |  |  |
|                      |   |                     |                                 | <u> </u>          |                          | +        |  |  |  |  |  |
| -                    |   |                     |                                 | łł                |                          | <b>.</b> |  |  |  |  |  |
|                      |   |                     |                                 | <u> </u>          |                          |          |  |  |  |  |  |
|                      |   |                     |                                 | <u> </u>          |                          | <b>.</b> |  |  |  |  |  |
|                      |   |                     |                                 |                   |                          |          |  |  |  |  |  |
|                      |   |                     |                                 |                   |                          |          |  |  |  |  |  |

|                      |  | ТТ | <br>1 |
|----------------------|--|----|-------|
|                      |  |    |       |
| <br><mark></mark> ll |  | L  |       |

| Name   |   | NNER OF CABLE SYSTEM:<br>al Telephone Coope   | rative Corp.   |  |   |  |  | ULE. PAGE 12<br>SYSTEM ID<br>6264 |
|--|---|---|--|--|---|--|--|-----------------------------------|
| <b>3</b><br>Computation<br>of DSEs for<br>Stations<br>Carried Part<br>Time Due to<br>Lack of<br>Activated<br>Channel | Column 2:<br>figure should co<br>Column 3:<br>Column 4:<br>be carried out a<br>Column 5:<br>give the type-va<br>Column 6: | the call sign of all distant<br>For each station, give the<br>prespond with the inform<br>For each station, give the<br>Divide the figure in colu-<br>at least to the third decim<br>For each independent station<br>alue as ".25."<br>Multiply the figure in colu- | ne number of ho<br>mation given in a<br>ne total number<br>mn 2 by the figu<br>nal point. This is<br>tation, give the<br>umn 4 by the figu | urs your cable system<br>space J. Calculate on<br>of hours that the station<br>re in column 3, and g<br>the "basis of carriage<br>(type-value" as "1.0."<br>ure in column 5, and | n carried the stati<br>ly one DSE for e<br>on broadcast ove<br>ive the result in c<br>e value" for the st<br>For each network<br>give the result in | on during the accounting<br>ach station.<br>In the air during the acco<br>lecimals in column 4. Th               | ounting period.<br>his figure must<br>cational station,<br>less than the |                                   |
| Capacity   | 1. CALL<br>SIGN   | 2. NUMBE<br>OF HOL<br>CARRIE<br>SYSTEI  | R<br>JRS<br>ED BY  | LAC STATIONS:<br>3. NUMBER<br>OF HOURS<br>STATION<br>ON AIR  | 4. BASIS O<br>CARRIAG<br>VALUE  | F 5. TYP   |  | SE                                |
|  |   | GIGIEI  | ÷  |  | =   | x  | =  |                                   |
|  |   |   | <u>+</u>   |  | =   | x  | =  |                                   |
|  |   |   | ÷<br>÷   |  | =   | x<br>x   | =  |                                   |
|  |   |   | ÷  |  | =   | x  | =  |                                   |
|  |   |   | +<br>+   |  | =   | x<br>x   |  |                                   |
|  |   |   | ÷  |  | =   | x  | =  |                                   |
| Computation<br>of DSEs for<br>Substitute-<br>Basis Stations  | Broadcast on<br>space I).<br>Column 2: Fo<br>at your option. The<br>Column 3: En<br>Column 4: D                           | or each station give the<br>his figure should corres<br>nter the number of days<br>ivide the figure in colum  | ork programs dur<br>number of live,<br>pond with the ir<br>in the calendar<br>n 2 by the figure  | ing that optional carria<br>nonnetwork programs<br>formation in space I.<br>year: 365, except in a<br>to column 3, and give  | age (as shown by t<br>carried in subst<br>leap year.<br>e the result in co  | the word "Yes" in column 2<br>tution for programs that<br>lumn 4. Round to no less<br>ne general instructions in | were deleted<br>s than the third   | ).                                |
|  |   |   |  | BASIS STATION  |   |  |  |                                   |
|  | 1. CALL<br>SIGN   | 2. NUMBER<br>OF<br>PROGRAMS   | 3. NUMBE<br>OF DAYS<br>IN YEAR   | 3  | 1. CALL<br>SIGN   | 2. NUMBER<br>OF<br>PROGRAMS  | 3. NUMBER<br>OF DAYS<br>IN YEAR  | 4. DSE                            |
|  |   |   | -  | =  |   |  | +<br>+   |                                   |
|  |   |   | -  | =  |   |  | ÷<br>÷   | Ē                                 |
|  |   |   | -  | =  |   |  | <u>+</u>   | -                                 |
|  |   |   | •  | =  |   |  | ÷<br>÷   | =                                 |
|  | Add the DSEs of   | <b>DF SUBSTITUTE-BASI</b><br>f each station.<br>n here and in line 3 of pa  |  | dule,  |   | 0.0  | 00   |                                   |
| 5  |   | <b>R OF DSEs:</b> Give the am<br>applicable to your system  |  | oxes in parts 2, 3, and  | 4 of this schedule  | and add them to provide  | the total  |                                   |
| Total Number   | 1. Number o   | of DSEs from part 2 ●   | <u> </u>   |  |   | ►  | 8.25   |                                   |
| of DSEs  | 2. Number o   | of DSEs from part 3 ●   |  |  |   | ▶  | 0.00   |                                   |
|  | 3. Number o   | of DSEs from part 4 ●   |  |  |   | ►  | 0.00   |                                   |
|  | TOTAL NUMBER  | R OF DSEs   |  |  |   |  |  | 8.25                              |

| SE SCHEDULE. P               |   | VOTE           |                   |  |                 |                  |  |                   | G PERIOD: 2022              |
|------------------------------|---|----------------|-------------------|--|-----------------|------------------|--|-------------------|-----------------------------|
|                              | WNER OF CABLE S                           |                | e Corp.           |  |                 |                  | S  | *STEM ID<br>62644 | Name                        |
|                              |   | -              | -                 |  |                 |                  |  |                   |                             |
| structions: Bloo<br>block A: | ck A must be comp                         | eted.          |                   |  |                 |                  |  |                   | <b>^</b>                    |
| f your answer if<br>hedule.  | "Yes," leave the rer                      | nainder of p   | art 6 and part 7  | of the DSE sched                             | ule blank and   | l complete part  | 8, (page 16) of the                        |                   | 6                           |
| f your answer if             | "No," complete bloc                       | ks B and C     |                   |  |                 |                  |  |                   | Computation                 |
| the cable system             | n located wholly ou                       | tside of all n |                   | <u>TELEVISION M.</u><br>ler markets as defir |                 | ction 76.5 of EC | C rules and regula                         | itions in         | 3.75 Fee                    |
| fect on June 24,             |   |                |                   |  |                 | 500170.00110     |  |                   |                             |
| <b></b>                      | plete part 8 of the s                     |                | O NOT COMF        | PLETE THE REMAI                              | NDER OF PA      | ART 6 AND 7.     |  |                   |                             |
| X No-Com                     | olete blocks B and (                      | C below.       |                   |  |                 |                  |  |                   |                             |
|                              |   | BLO            | CK B: CARF        | RIAGE OF PERI                                | MITTED DS       | SEs              |  |                   |                             |
| Column 1:                    | •   |                |                   |  |                 |                  | em was permitted to                        | carry             |                             |
| CALL SIGN                    |   | e DSE Sche     | dule. (Note: Th   |  |                 | •                | d stations, see the<br>stream as set forth | in the            |                             |
| Column 2:                    |   |                | •                 | sis on which you ca                          |                 |                  |  |                   |                             |
| BASIS OF<br>PERMITTED        |   | •              |                   | elow pertain to thos<br>rket quota rules [76 |                 |                  | ,  |                   |                             |
| CARRIAGE                     | 76.61(b)(c)]                              | •              |                   |  |                 |                  |  |                   |                             |
|                              | C Noncommerica                            | al education   | al station [76.5  | 6.59(d)(1), 76.61(e<br>9(c), 76.61(d), 76.6  | 3(a) referring  | to 76.61(d)]     |  |                   |                             |
|                              | D Grandfathered<br>instructions for       |                |                   | raph regarding sub                           | stitution of gr | andfathered st   | ations in the                              |                   |                             |
|                              | E Carried pursua                          | ant to individ | ual waiver of F   |  |                 | - 05 4004        |  |                   |                             |
|                              |   |                |                   | ne or substitute bas<br>contour, [76.59(d)(5 |                 |                  | rring to 76.61(e)(5)                       | ]                 |                             |
|                              | M Retransmissio                           | n of a distar  | t multicast stre  | eam.   |                 |                  |  |                   |                             |
| Column 3:                    |   | stations ide   | ntified by the le | parts 2, 3, and 4 o<br>etter "F" in column 2 |                 |                  | orksheet on page 14                        | 4 of              |                             |
| 1. CALL<br>SIGN              | 2. PERMITTED<br>BASIS                     | 3. DSE         | 1. CALL<br>SIGN   | 2. PERMITTED<br>BASIS                        | 3. DSE          | 1. CALL<br>SIGN  | 2. PERMITTED<br>BASIS                      | 3. DSE            |                             |
| WQCW<br>WVAH-2               | A<br>M                                    | 1.00<br>1.00   | WCHS-2<br>WVAH-3  | M  | 0.25<br>1.00    | WLEX             | Δ  | 0.25              |                             |
| WLEX-2                       | M   |                | WTVQ-2            | M  | <b>.</b>        | WTVQ-3           | A<br>M                                     | 0.25              |                             |
| WTVQ-4                       | М   | 0.25           | WTVQ-5            | М  | 0.25            |                  |  |                   |                             |
|                              |   | 4 00           | WKYT<br>WLPX-2    | A  | 0.25            | WKYT-2<br>WLPX-3 | M  | 0.25              |                             |
| WLPX                         | Α   | 1.00           | VVLPX-2           | M  | 1.00            | WLPX-3           | M  | 1.00              |                             |
|                              |   |                |                   |  |                 |                  |  | 8.25              |                             |
|                              |   |                | BLOCK C: CO       | OMPUTATION OF                                | F 3.75 FEE      |                  |  |                   |                             |
| ne 1 <sup>.</sup> Enter the  | total number of [                         | OSEs from      | part 5 of this s  | schedule                                     |                 |                  |  |                   |                             |
|                              |   |                |                   |  |                 |                  |  |                   |                             |
| ne 2: Enter the              | sum of permitted                          | I DSEs fror    | n block B abo     | ve   |                 |                  |  |                   |                             |
|                              | line 2 from line 1.<br>eave lines 4–7 bla |                |                   |  |                 | ate.             |  |                   |                             |
| ne 4: Enter gro              | oss receipts from s                       | space K (pa    | age 7)            |  |                 |                  |  |                   | Do any of th                |
| Ū                            | ·   |                | 0 ,               |  |                 |                  | x 0.03                                     | 75                | DSEs represe<br>partially   |
| ne 5: Multinly li            | ine / by 0.0375 a                         | nd enter su    | m here            |  |                 |                  |  |                   | permited/                   |
| ne 5. munupiy li             | ine 4 by 0.0375 ai                        | ia enter su    |                   |  |                 |                  | х  | <u> </u>          | partially<br>nonpermitte    |
|                              |   | <b>c</b>       | 0                 |  |                 |                  | ~  |                   | carriage?<br>If yes, see pa |
| ne 6: Enter tota             | al number of DSE                          | s trom line    | 3                 |  |                 |                  |  |                   | 9 instruction               |
|                              |   |                |                   |  | . , .           |                  |  |                   |                             |
| ine 7: Multiply li           | ine 6 by line 5 and                       | a enter here   | e and on line 2   | 2, block 3, space                            | L (page 7)      |                  |  | 0.00              |                             |

| DSE SCHEDULE. | PAGE 13. | (CONTINUED) |
|---------------|----------|-------------|
|               |          |             |

| LEGAL NAME OF OWNER OF CABLE SYSTEM:       SYSTEM ID#         Foothills Rural Telephone Cooperative Corp.       62644 |                       |               |                 |                       |          |                 |                       |        |                |
|---|-----------------------|---------------|-----------------|-----------------------|----------|-----------------|-----------------------|--------|----------------|
|   |                       | BL OC         | κ Δ· ΤΕΙ Ε\/I   | SION MARKET           |          |                 |                       |        |                |
| 1. CALL<br>SIGN   | 2. PERMITTED<br>BASIS |               | 1. CALL<br>SIGN | 2. PERMITTED<br>BASIS |          | 1. CALL<br>SIGN | 2. PERMITTED<br>BASIS | 3. DSE | 6              |
|   |                       |               |                 |                       |          |                 |                       |        | Computation of |
|   |                       |               |                 |                       |          |                 |                       |        | 3.75 Fee       |
|   |                       |               |                 |                       |          |                 |                       |        |                |
|   |                       |               |                 |                       |          |                 |                       |        |                |
|   |                       |               |                 |                       |          |                 |                       |        |                |
|   |                       |               |                 |                       |          |                 |                       |        |                |
|   |                       |               |                 |                       |          |                 |                       |        |                |
|   |                       |               |                 |                       |          |                 |                       |        |                |
|   |                       |               |                 |                       |          |                 |                       |        |                |
|   |                       |               |                 |                       |          |                 |                       |        |                |
|   |                       |               |                 |                       |          |                 |                       |        |                |
|   |                       |               |                 |                       |          |                 |                       |        |                |
|   |                       |               |                 |                       |          |                 |                       |        |                |
|   |                       |               |                 |                       | +        |                 |                       |        |                |
|   |                       |               |                 |                       |          |                 |                       |        |                |
|   |                       |               |                 |                       |          |                 |                       |        |                |
|   |                       |               |                 |                       |          |                 |                       |        |                |
|   |                       |               |                 |                       |          |                 |                       |        |                |
|   |                       |               |                 |                       |          |                 |                       |        |                |
|   |                       |               |                 |                       |          |                 |                       |        |                |
|   |                       |               |                 |                       |          |                 |                       |        |                |
|   |                       |               |                 |                       |          |                 |                       |        |                |
|   |                       |               |                 |                       |          |                 |                       |        |                |
|   |                       |               |                 |                       |          |                 |                       |        |                |
|   |                       |               |                 |                       |          |                 |                       |        |                |
|   |                       |               |                 |                       |          |                 |                       |        |                |
|   |                       |               |                 |                       |          |                 |                       |        |                |
|   |                       |               |                 |                       |          |                 |                       |        |                |
|   |                       |               |                 |                       |          |                 |                       |        |                |
|   |                       |               |                 |                       |          |                 |                       |        |                |
|   |                       |               |                 |                       |          |                 |                       |        |                |
|   |                       |               |                 |                       |          |                 |                       |        |                |
|   |                       |               |                 |                       |          |                 |                       |        |                |
|   |                       |               |                 |                       |          |                 |                       |        |                |
|   |                       |               |                 |                       |          |                 |                       |        |                |
|   |                       |               |                 |                       |          |                 |                       |        |                |
|   |                       |               |                 |                       |          |                 |                       |        |                |
|   |                       |               |                 |                       |          |                 |                       |        |                |
|   |                       |               |                 |                       | <b>_</b> |                 |                       |        |                |
|   |                       |               |                 |                       |          |                 |                       |        |                |
|   |                       |               |                 |                       |          |                 |                       |        |                |
|   |                       |               |                 |                       | +        |                 |                       | +      |                |
|   |                       |               |                 |                       |          |                 |                       |        |                |
|   |                       |               |                 |                       |          |                 |                       |        |                |
|   |                       |               |                 |                       |          |                 |                       |        |                |
|   |                       | <mark></mark> | ··[·            |                       | <b>.</b> | -               |                       |        | 1              |

| Name   | LEGAL NAME OF OWNER OF CABLE SYSTEM:     SYSTEM ID#       Foothills Rural Telephone Cooperative Corp.     62644 |                       |                                      |                   |  |                          |             |                   |            |                |  |
|--|---|-----------------------|--------------------------------------|-------------------|--|--------------------------|-------------|-------------------|------------|----------------|--|
| <ul> <li>Worksheet for Computating the DSE Schedule for Permitted Part-Time and Substitute carriage in the taccounting period and year in which the carriage and DSE occurred (e.g., 1981/1). Column 1: List the call sign for each distant station identified by the letter "F" in column 2 of part 6 of the DSE schedule. Column 3: Indicate the basis of carriage on which the station was carried by listing one of the following letters: Column 4: Indicate the basis of carriage on which the station was carried by listing one of the following letters: (Note that the FCC rules and regulations cited below pertain to those in effect on June 24, 1981.)</li> <li>A—Part-time specialty programming: Carriage on a part-time basis, of specialty programming under FCC rules, sections 76.59(d)(1),76.61(e)(1).</li> <li>B—Late-night programming: Carriage under FCC rules, sections 76.69(d)(3), 76.61(e)(3), or 76.63 (referring to 76.61(e)(3)).</li> <li>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.</li> <li>Column 5: Indicate the station's DSE for the current accounting period as computed in parts 2, 3, and 4 of this schedule.</li> <li>Column 5: Indicate the station's DSE for the station.</li> <li>IMPORTANT: The information you give in columns 2, 3, and 4 must be accurate and is subject to verification from the designated is tatement of account on fle in the Licensing Division.</li> </ul> |   |                       |                                      |                   |  |                          |             |                   |            |                |  |
|  |   | PERMITTED D           | SE FOR STA                           | TIONS CARRI       | ED   | ON A PART-TIME AND       | O SUBSTIT   | UTE BASIS         |            |                |  |
|  | 1. CALL<br>SIGN   | 2. PRIOR<br>DSE       | 3. ACC                               | COUNTING<br>ERIOD |  | 4. BASIS OF<br>CARRIAGE  | 5. PF       | RESENT            |            | RMITTED<br>DSE |  |
|  |   |                       |                                      |                   |  |                          |             |                   |            |                |  |
|  |   |                       |                                      |                   |  |                          |             |                   |            |                |  |
|  |   |                       |                                      |                   |  |                          |             |                   |            |                |  |
|  |   |                       |                                      |                   |  |                          |             |                   |            |                |  |
|  |   |                       |                                      |                   |  |                          |             |                   |            |                |  |
|  |   |                       |                                      |                   |  |                          |             |                   |            |                |  |
|  |   |                       |                                      |                   |  |                          |             |                   |            |                |  |
|  |   |                       |                                      |                   |  |                          |             |                   |            |                |  |
|  |   |                       |                                      |                   |  |                          |             |                   |            |                |  |
| 7  | Instructions: Block A   | must be completed.    | <b>ļ</b>                             |                   |  |                          |             |                   |            |                |  |
| Computation  | In block A:<br>If your answer is '  | "Yes," complete bloc  | ks B and C, b                        | elow.             |  |                          |             |                   |            |                |  |
| of the   |   |                       |                                      |                   | art  | 8 of the DSE schedule.   |             |                   |            |                |  |
| Syndicated   |   |                       | BLOC                                 | k a: Major        | TE   | ELEVISION MARKE          | T           |                   |            |                |  |
| Exclusivity<br>Surcharge   | <ul> <li>Is any portion of the c</li> </ul>   | able system within a  | top 100 maior                        | television mark   | et a   | s defned by section 76.5 | of FCC rule | es in effect June | 24 1981    | 2              |  |
| Guronargo  | X Yes—Complete  |                       |                                      |                   | Ju   | No—Proceed to            |             |                   | , 21, 1001 |                |  |
|  |   |                       |                                      |                   | — 1 r  |                          |             |                   |            |                |  |
|  | BLOCK B: C  | arriage of VHF/Grac   | le B Contour S                       | Stations          |  | BLOC                     | K C: Compu  | itation of Exem   | pt DSEs    |                |  |
|  | Is any station listed in<br>commercial VHF static<br>or in part, over the cab                                   | on that places a grac |                                      |                   | Was any station listed in block B of part 7 carried in any commu-<br>nity served by the cable system prior to March 31, 1972? (refer<br>to former FCC rule 76.159) |                          |             |                   |            |                |  |
|  | Yes—List each st<br>X No—Enter zero a   |                       | Yes—List each sta X No—Enter zero an |                   |  | e permitted              | DSE         |                   |            |                |  |
|  | CALL SIGN   | DSE                   | CALL SIGN                            | DSE               |  | CALL SIGN                | DSE         | CALL SIG          | N          | DSE            |  |
|  |   |                       |                                      |                   |  |                          |             |                   |            |                |  |
|  |   |                       |                                      |                   |  |                          |             |                   |            |                |  |
|  |   |                       |                                      |                   |  |                          |             |                   |            |                |  |
|  |   |                       |                                      |                   |  |                          |             |                   |            |                |  |
|  |   |                       |                                      |                   |  |                          |             |                   |            |                |  |
|  |   |                       |                                      |                   |  |                          |             |                   |            |                |  |
|  |   |                       |                                      | 0.00              |  |                          |             |                   | Fs         | 0.00           |  |
|  | TOTAL DSES 0.00 TOTAL   |                       |                                      |                   |  |                          |             |                   |            | 0.00           |  |

DSE SCHEDULE. PAGE 14.

| LEGAL NA      | ME OF OWNER OF CABLE SYSTEM:<br>Foothills Rural Telephone Cooperative Corp.  | SYSTEM ID#<br>62644 | Name                      |
|---------------|--|---------------------|---------------------------|
|               | BLOCK D: COMPUTATION OF THE SYNDICATED EXCLUSIVITY SURCHARGE   |                     |                           |
| Section<br>1  | Enter the amount of gross receipts from space K (page 7)   | 1,597,243.35        | 7                         |
| Section<br>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<br>Exclusivity |
|               | C. Subtract line B from line A and enter here. This is the total number of DSEs subject to the surcharge computation. If zero, proceed to part 8   | 0.00                | Surcharge                 |
| • Is an       | y portion of the cable system within a top 50 television market as defined by the FCC? Yes—Complete section 3 below. X No—Complete section 4 below.  |                     |                           |
|               | SECTION 3: TOP 50 TELEVISION MARKET  |                     |                           |
| Section<br>3a | Did your cable system retransmit the signals of any partially distant television stations during the accounting period?     X Yes—Complete part 9 of this schedule.     No—Complete the applicable section below. If the figure in section 2, line C is 4.000 or less, compute your surcharge here and leave section 3b blank. NOTE: If the DS is 1.0 or less, multiply the gross receipts by .00599 by the DSE. Enter the result on line A below. | E                   |                           |
|               | A. Enter 0.00599 of gross receipts (the amount in section1)  |                     |                           |
|               | B. Enter 0.00377 of gross receipts (the amount in section 1)   |                     |                           |
|               | C. Subtract 1.000 from total permitted DSEs (the figure on line C in section 2) and enter here   |                     |                           |
|               | D. Multiply line B by line C and enter here  | _                   |                           |
|               | E. Add lines A and D. This is your surcharge.<br>Enter here and on line 2 of block 4 in space L (page 7)<br>Syndicated Exclusivity Surcharge   |                     |                           |
| Section<br>3b | If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 3a blank.   |                     |                           |
| 0.2           | A. Enter 0.00599 of gross receipts (the amount in section 1)   |                     |                           |
|               | B. Enter 0.00377 of gross receipts (the amount in section 1)   |                     |                           |
|               | C. Multiply line B by 3.000 and enter here   |                     |                           |
|               | D. Enter 0.00178 of gross receipts (the amount in section 1)   |                     |                           |
|               | E. Subtract 4.000 from total DSEs (the fgure on line C in section 2) and enter here  |                     |                           |
|               | F. Multiply line D by line E and enter here  |                     |                           |
|               | G. Add lines A, C, and F. This is your surcharge.<br>Enter here and on line 2 of block 4 in space L (page 7)<br>Syndicated Exclusivity Surcharge   |                     |                           |
|               | SECTION 4: SECOND 50 TELEVISION MARKET   |                     |                           |
|               | Did your cable system retransmit the signals of any partially distant television stations during the accounting period?  |                     |                           |
| Section<br>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.<br>A. Enter 0.00300 of gross receipts (the amount in section 1)  | E                   |                           |
|               | 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.<br>Enter here and on line 2 of block 4 in space L (page 7)<br>Syndicated Exclusivity Surcharge   |                     |                           |

|                           |               | DSE SCHEDULE. PAGE   |           |  |  |  |  |  |  |  |  |  |  |
|---------------------------|---------------|--|-----------|--|--|--|--|--|--|--|--|--|--|
| Name                      |               | ME OF OWNER OF CABLE SYSTEM: SYSTEM  |           |  |  |  |  |  |  |  |  |  |  |
|                           |               | Foothills Rural Telephone Cooperative Corp. 626  | 44        |  |  |  |  |  |  |  |  |  |  |
| 7                         | Section<br>4b | If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 4a blank.   |           |  |  |  |  |  |  |  |  |  |  |
| Computation<br>of the     |               | A. Enter 0.00300 of gross receipts (the amount in section 1)   |           |  |  |  |  |  |  |  |  |  |  |
| Syndicated<br>Exclusivity |               | B. Enter 0.00189 of gross receipts (the amount in section 1)   |           |  |  |  |  |  |  |  |  |  |  |
| Surcharge                 |               | C. Multiply line B by 3.000 and enter here   | _         |  |  |  |  |  |  |  |  |  |  |
|                           |               | D. Enter 0.00089 of gross receipts (the amount in section 1)   |           |  |  |  |  |  |  |  |  |  |  |
|                           |               | E. Subtract 4.000 from the total DSEs (the figure on line C in section 2) and enter here   |           |  |  |  |  |  |  |  |  |  |  |
|                           |               | F. Multiply line D by line E and enter here  |           |  |  |  |  |  |  |  |  |  |  |
|                           |               | G. Add lines A, C, and F. This is your surcharge.<br>Enter here and on line 2, block 4, space L (page 7)   |           |  |  |  |  |  |  |  |  |  |  |
|                           |               | Syndicated Exclusivity Surcharge   | <u>.</u>  |  |  |  |  |  |  |  |  |  |  |
|                           | Instruc       | ctions:  |           |  |  |  |  |  |  |  |  |  |  |
| 8                         | You m         | 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   |           |  |  |  |  |  |  |  |  |  |  |
| U                         |               | checked "Yes," use the total number of DSEs from part 5.   |           |  |  |  |  |  |  |  |  |  |  |
| Computation               |               | ick A, indicate, by checking "Yes" or "No," whether your system carried any partially distant stations.  |           |  |  |  |  |  |  |  |  |  |  |
| Computation<br>of         | -             | <ul> <li>If your answer is "No," compute your system's base rate fee in block B. Leave part 9 blank.</li> <li>If your answer is "Yes" (that is, if you carried one or more partially distant stations), you must complete part 9. Leave block B below</li> </ul> |           |  |  |  |  |  |  |  |  |  |  |
| Base Rate Fee             | -             | blank.   |           |  |  |  |  |  |  |  |  |  |  |
|                           | What i        | is a partially distant station? A station is "partially distant" if, at the time your system carried it, some of your subscribers  |           |  |  |  |  |  |  |  |  |  |  |
|                           | were lo       | were located within that station's local service area and others were located outside that area. For the definition of a station's "local  |           |  |  |  |  |  |  |  |  |  |  |
|                           | service       | service area," see page (v) of the general instructions.   |           |  |  |  |  |  |  |  |  |  |  |
|                           |               | BLOCK A: CARRIAGE OF PARTIALLY DISTANT STATIONS  |           |  |  |  |  |  |  |  |  |  |  |
|                           | • Did y       | Did your cable system retransmit the signals of any partially distant television stations during the accounting period?  |           |  |  |  |  |  |  |  |  |  |  |
|                           |               | X       Yes—Complete part 9 of this schedule.       No—Complete the following sections.  |           |  |  |  |  |  |  |  |  |  |  |
|                           |               | BLOCK B: NO PARTIALLY DISTANT STATIONS—COMPUTATION OF BASE RATE FEE  |           |  |  |  |  |  |  |  |  |  |  |
|                           | Section<br>1  | Enter the amount of gross receipts from space K (page 7)   |           |  |  |  |  |  |  |  |  |  |  |
|                           | Section       | Enter the total number of permitted DSEs from block B, part 6 of this schedule.  |           |  |  |  |  |  |  |  |  |  |  |
|                           | 2             | (If block A of part 6 was checked "Yes,"   |           |  |  |  |  |  |  |  |  |  |  |
|                           |               | use the total number of DSEs from part 5.)   |           |  |  |  |  |  |  |  |  |  |  |
|                           | Section<br>3  | If the figure in section 2 is <b>4.000 or less,</b> compute your base rate fee here and leave section 4 blank.   |           |  |  |  |  |  |  |  |  |  |  |
|                           |               | NOTE: If the DSE is 1.0 or less, multiply the gross receipts by 0.01064 by the DSE. Enter the result on line A below.  |           |  |  |  |  |  |  |  |  |  |  |
|                           |               | A. Enter 0.01064 of gross receipts   |           |  |  |  |  |  |  |  |  |  |  |
|                           |               | (the amount in section 1)  |           |  |  |  |  |  |  |  |  |  |  |
|                           |               | B. Enter 0.00701 of gross receipts   |           |  |  |  |  |  |  |  |  |  |  |
|                           |               | (the amount in section 1)  |           |  |  |  |  |  |  |  |  |  |  |
|                           |               | C. Subtract 1.000 from total DSEs  |           |  |  |  |  |  |  |  |  |  |  |
|                           |               | (the figure in section 2) and enter here   |           |  |  |  |  |  |  |  |  |  |  |
|                           |               | D. Multiply line B by line C and enter here  |           |  |  |  |  |  |  |  |  |  |  |
|                           |               | E. Add lines A, and D. This is your base rate fee. Enter here  | _         |  |  |  |  |  |  |  |  |  |  |
|                           |               | and in block 3, line 1, space L (page 7)   |           |  |  |  |  |  |  |  |  |  |  |
|                           |               | Base Rate Fee  | <u></u> . |  |  |  |  |  |  |  |  |  |  |

|                            | AME OF OWNER OF CABLE SYSTEM: SYSTEM ID#  | Name                           |
|----------------------------|---|--------------------------------|
| Footh                      | nills Rural Telephone Cooperative Corp. 62644   |                                |
| Section                    | If the figure in section 2 is <b>more than 4.000</b> , compute your base rate fee here and leave section 3 blank.   |                                |
| 4                          |   | 8                              |
|                            | A. Enter 0.01064 of gross receipts<br>(the amount in section 1) ► \$  | Ŭ                              |
|                            | (the amount in section 1)   |                                |
|                            | B. Enter 0.00701 of gross receipts  | Computation                    |
|                            | (the amount in section 1) <b>*</b>  | of<br>Base Rate Fee            |
|                            | C. Multiply line B by 3.000 and enter here►   | Dase Nate I ee                 |
|                            | D. Enter 0.00330 of gross receipts  |                                |
|                            | (the amount in section 1) <b>S</b>  |                                |
|                            | 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 <b>0.00</b>   |                                |
|                            |   |                                |
| IMPOR                      | TANT: It is no longer necessary to report television signals on a system-wide basis. Carriage of television broadcast signals shall   |                                |
|                            | be reported on a community-by-community basis (subscriber groups) if the cable system reported multiple channel line-ups in   | 9                              |
| •                          | eral: If any of the stations you carried were partially distant, the statute allows you, in computing your base rate fee, to exclude  | Ū                              |
| receipt                    | s from subscribers located within the station's local service area, from your system's total gross receipts. To take advantage of this  | Computation<br>of              |
| exclusi                    | on, you must:   | Base Rate Fee                  |
|                            | Divide all of your subscribers into subscriber groups, each group consisting entirely of subscribers that are distant to the same   | and                            |
|                            | or the same group of stations. Next: Treat each subscriber group as if it were a separate cable system. Determine the number of and the portion of your system's gross receipts attributable to that group, and calculate a separate base rate fee for each group.  | Syndicated<br>Exclusivity      |
|                            | And up the separate base rate fees for each subscriber group. That total is the base rate fee for your system.  | Surcharge                      |
|                            | If any portion of your cable system is located within the top 100 television market and the station is not exempt in part 7, you must   | for<br>Partially               |
| also co                    | mpute a Syndicated Exclusivity Surcharge for each subscriber group. In this case, complete both block A and B below. However,   | Distant                        |
| if your                    | cable system is wholly located outside all major television markets, complete block A only.   | Stations, and<br>for Partially |
|                            | Identify a Subscriber Group for Partially Distant Stations  | Permitted                      |
|                            | : For each community served, determine the local service area of each wholly distant and each partially distant station you to that community.  | Stations                       |
| Step 2<br>outside          | For each wholly distant and each partially distant station you carried, determine which of your subscribers were located<br>the station's local service area. A subscriber located outside the local service area of a station is distant to that station (and, by<br>ne token, the station is distant to the subscriber.)  |                                |
|                            | : Divide your subscribers into subscriber groups according to the complement of stations to which they are distant. Each  |                                |
| subscri                    | ber group must consist entirely of subscribers who are distant to exactly the same complement of stations. Note that a cable will have only one subscriber group when the distant stations it carried have local service areas that coincide.   |                                |
| Compu<br>groups            | uting the base rate fee for each subscriber group: Block A contains separate sections, one for each of your system's subscriber   |                                |
|                            | a section:  |                                |
| <ul> <li>Identi</li> </ul> | fy the communities/areas represented by each subscriber group.  |                                |
|                            | the call sign for each of the stations in the subscriber group's complement—that is, each station that is distant to all of the<br>bers in the group.   |                                |
| • lf:                      |   |                                |
| , .                        | system is located wholly outside all major and smaller television markets, give each station's DSE as you gave it in parts 2, 3, and<br>s schedule; or,   |                                |
| , ,                        | portion of your system is located in a major or smaller televison market, give each station's DSE as you gave it in block B,<br>6 of this schedule.   |                                |
| • Add t                    | he DSEs for each station. This gives you the total DSEs for the particular subscriber group.  |                                |
|                            | late gross receipts for the subscriber group. For further explanation of gross receipts see page (vii) of the general instructions<br>a paper SA3 form.   |                                |
| • Comp<br>page.<br>DSEs f  | bute a base rate fee for each subscriber group using the formula outline in block B of part 8 of this schedule on the preceding<br>In making this computation, use the DSE and gross receipts figure applicable to the particular subscriber group (that is, the total<br>for that group's complement of stations and total gross receipts from the subscribers in that group). You do not need to show your<br>calculations on the form. |                                |

| LEGAL NAME OF OWNE<br>Foothills Rural Te |                  |                      | rp.              |                        |          |                      | SYSTEM ID#<br>62644 |  |
|--|------------------|----------------------|------------------|------------------------|----------|----------------------|---------------------|--|
|  | BLOCK A:         | COMPUTATION          | OF BASE RA       | ATE FEES FOR EACH      | SUBSCRIB | ER GROUP             |                     |  |
|  | FIRST            | SUBSCRIBER GRO       | )UP              |                        | SECOND   | SUBSCRIBER GRO       | OUP                 |  |
| COMMUNITY/ AREA                          | Johnso           | n                    |                  | COMMUNITY/ AREA        | Lawrenc  | Lawrence             |                     |  |
| CALL SIGN                                | DSE              | CALL SIGN            | DSE              | CALL SIGN              | DSE      | CALL SIGN            | DSE                 |  |
| WLEX                                     | 0.25             |                      |                  | WLEX                   | 0.25     |                      |                     |  |
| NLEX-2                                   | 0.25             |                      |                  | WLEX-2                 | 0.25     |                      |                     |  |
| NTVQ-2                                   | 0.25             |                      |                  | WTVQ-2                 | 0.25     |                      |                     |  |
| WTVQ-3                                   | 0.25             |                      |                  | WTVQ-3                 | 0.25     |                      |                     |  |
| WTVQ-4                                   | 0.25             |                      |                  | WTVQ-4                 | 0.25     |                      |                     |  |
| NTVQ-5                                   | 0.25             | -                    |                  | WTVQ-5                 | 0.25     |                      |                     |  |
|  |                  |                      |                  |                        |          |                      |                     |  |
| VKYT                                     | 0.25             |                      |                  | WKYT                   | 0.25     |                      |                     |  |
| VKYT-2                                   | 0.25             |                      |                  | WKYT-2                 | 0.25     |                      |                     |  |
|  |                  |                      | 2.00             |                        |          |                      | 2.00                |  |
| Total DSEs                               |                  |                      | 2.00             | Total DSEs             |          |                      | 2.00                |  |
| Bross Receipts First G                   | roup             | \$ 7                 | 44,421.51        | Gross Receipts Secon   | d Group  | \$                   | 466,035.31          |  |
| Base Rate Fee First G                    | •                | \$<br>SUBSCRIBER GRO | <b>13,139.04</b> | Base Rate Fee Secon    |          | \$<br>SUBSCRIBER GRO | 8,225.52            |  |
| COMMUNITY/ AREA                          | Magoffi          |                      |                  | COMMUNITY/ AREA        |          |                      | 0                   |  |
|  |                  |                      |                  |                        |          |                      |                     |  |
| CALL SIGN<br>VLPX                        | DSE              | CALL SIGN            | DSE              | CALL SIGN              | DSE      | CALL SIGN            | DSE                 |  |
| VLPX-2                                   | 1.00             |                      |                  |                        |          |                      | ······              |  |
| VLPX-2<br>VLPX-3                         | •••••••••••••••• |                      |                  |                        |          |                      | ······              |  |
| VLPA-3<br>VVAH-2                         | 1.00<br>1.00     |                      |                  |                        |          |                      | ·····               |  |
| WVAH-2<br>WVAH-3                         |                  |                      |                  |                        |          |                      | ······              |  |
|  | 1.00             |                      |                  |                        |          |                      | ·····               |  |
| NQCW                                     | 1.00             |                      |                  |                        |          |                      | ······              |  |
|  |                  |                      |                  |                        |          |                      | ·····               |  |
|  |                  |                      |                  |                        |          |                      |                     |  |
|  |                  |                      |                  |                        |          |                      | ••••••              |  |
|  |                  |                      |                  |                        |          |                      | ••••••              |  |
|  |                  |                      |                  |                        |          |                      | ••••••              |  |
|  |                  |                      |                  |                        | ···      |                      |                     |  |
|  | <mark></mark>    |                      |                  |                        | ···      |                      |                     |  |
|  |                  |                      |                  |                        |          |                      |                     |  |
| otal DSEs                                |                  |                      | 6.00             | Total DSEs             |          |                      | 0.00                |  |
| Gross Receipts Third C                   | Group            | <u>\$</u> 3          | 86,786.53        | Gross Receipts Fourth  | n Group  | \$                   | 0.00                |  |
| Base Rate Fee Third C                    | Group            | \$                   | 14,802.32        | Base Rate Fee Fourth   | n Group  | \$                   | 0.00                |  |
|  |                  |                      | criber group a   | shown in the boxes abo | ove.     | ¢                    | 36 166 88           |  |
| Enter here and in block                  | 3, line 1, s     | bace L (page 7)      |                  |                        |          | \$                   | 36,166.88           |  |

FORM SA3E. PAGE 19.

| LEGAL NAME OF OWNE                             |                         |                | р.            |                       |            |                  | SYSTEM ID#<br>62644 | Name                 |     |    |
|--|-------------------------|----------------|---------------|-----------------------|------------|------------------|---------------------|----------------------|-----|----|
|  |                         | COMPUTATION C  |               | TE FEES FOR EAG       |            |                  |                     |                      |     |    |
| COMMUNITY/ AREA                                | FIFTH                   | SUBSCRIBER GRO | UP 0          | COMMUNITY/ ARE        |            | H SUBSCRIBER GRO | UP<br>0             | 9                    |     |    |
| COMMUNIT I/ AREA                               |                         | ······         |               | COMMONT I ARE         |            |                  |                     | Computation          |     |    |
| CALL SIGN                                      | CALL SIGN DSE CALL SIGN |                |               | DSE                   | DSE        | CALL SIGN        | DSE                 | CALL SIGN            | DSE | of |
|  |                         |                |               |                       |            |                  |                     | Base Rate Fee<br>and |     |    |
|  |                         |                |               |                       |            |                  |                     | Syndicated           |     |    |
|  |                         |                |               |                       |            |                  |                     | Exclusivity          |     |    |
|  |                         |                |               |                       |            |                  |                     | Surcharge            |     |    |
|  |                         |                |               |                       |            |                  |                     | for<br>Partially     |     |    |
|  |                         |                |               |                       |            |                  |                     | Distant              |     |    |
|  |                         |                |               |                       |            |                  |                     | Stations             |     |    |
|  | •••                     |                | ···           |                       |            |                  |                     |                      |     |    |
|  |                         |                |               |                       |            |                  |                     |                      |     |    |
|  |                         |                |               |                       |            |                  |                     |                      |     |    |
|  |                         |                |               |                       |            |                  |                     |                      |     |    |
| Total DSEs                                     | •                       | ++             | 0.00          | Total DSEs            |            |                  | 0.00                |                      |     |    |
| Gross Receipts First G                         | First Group \$ 0.0      |                |               | Gross Receipts Sec    | cond Group | \$ 0.00          |                     |                      |     |    |
|  |                         |                |               |                       |            |                  |                     |                      |     |    |
| Base Rate Fee First Group \$ 0.00              |                         |                |               | Base Rate Fee Sec     |            | \$               | 0.00                |                      |     |    |
| SEVENTH SUBSCRIBER GROUP                       |                         |                |               | COMMUNITY/ ARE        |            |                  |                     |                      |     |    |
| COMMUNITY/ AREA                                |                         |                | U             |                       |            |                  | 0                   |                      |     |    |
| CALL SIGN                                      | DSE                     | CALL SIGN      | DSE           | CALL SIGN             | DSE        | CALL SIGN        | DSE                 |                      |     |    |
|  |                         |                |               |                       |            |                  |                     |                      |     |    |
|  |                         |                |               |                       |            | •                |                     |                      |     |    |
|  |                         |                |               |                       |            |                  |                     |                      |     |    |
|  |                         |                |               |                       |            |                  |                     |                      |     |    |
|  |                         |                |               |                       |            |                  |                     |                      |     |    |
|  |                         |                |               |                       |            |                  |                     |                      |     |    |
|  |                         |                |               |                       |            |                  |                     |                      |     |    |
|  |                         |                |               |                       |            |                  |                     |                      |     |    |
|  |                         |                |               |                       |            |                  |                     |                      |     |    |
|  |                         |                |               |                       |            |                  |                     |                      |     |    |
|  | ···                     | ·              | ····          |                       |            |                  |                     |                      |     |    |
| Total DSEs                                     |                         |                | 0.00          | Total DSEs            |            |                  | 0.00                |                      |     |    |
| Gross Receipts Third (                         | Group                   | \$             | 0.00          | Gross Receipts Fou    | urth Group | \$               | 0.00                |                      |     |    |
|  |                         |                |               |                       |            |                  |                     |                      |     |    |
| Base Rate Fee Third (                          | Group                   | \$             | 0.00          | Base Rate Fee Fou     | urth Group | \$               | 0.00                |                      |     |    |
|  |                         |                |               |                       |            |                  |                     |                      |     |    |
| Base Rate Fee: Add the Enter here and in block |                         |                | riber group a | as shown in the boxes | above.     | \$               |                     |                      |     |    |
|  |                         |                |               |                       |            |                  |                     |                      |     |    |

| FORM SA3E. PA | ١GE | 19. |
|---------------|-----|-----|
|---------------|-----|-----|

| LEGAL NAME OF OWN<br>Foothills Rural Te                                       |              |                      | rp.            |                                       |            |                  | SYSTEM ID#<br>62644 | Name              |
|---|--------------|----------------------|----------------|---------------------------------------|------------|------------------|---------------------|-------------------|
|   |              |                      |                | ATE FEES FOR EA                       |            |                  |                     |                   |
| NINTH SUBSCRIBER GROUP     TENTH SUBSCRIBER GROUP       COMMUNITY/ AREA     0 |              |                      |                |                                       |            |                  |                     | 9                 |
| COMMUNITY/ AREA   |              |                      | U              | COMMUNITY/ ARE                        | :A         |                  |                     | Computatio        |
| CALL SIGN   | DSE          | CALL SIGN            | DSE            | CALL SIGN                             | DSE        | CALL SIGN        | DSE                 | of                |
|   |              |                      |                |                                       |            |                  |                     | Base Rate Fe      |
|   |              |                      |                |                                       |            |                  |                     | and<br>Syndicated |
|   |              |                      |                |                                       |            |                  |                     | Exclusivity       |
|   |              |                      |                |                                       |            |                  |                     | Surcharge         |
|   |              |                      |                |                                       |            |                  |                     | for<br>Partially  |
|   |              |                      |                |                                       |            |                  |                     | Distant           |
|   |              |                      |                |                                       |            |                  |                     | Stations          |
|   |              |                      |                |                                       |            |                  |                     |                   |
|   |              |                      |                |                                       |            |                  |                     |                   |
|   |              |                      |                |                                       |            |                  |                     |                   |
|   |              |                      |                |                                       |            |                  |                     |                   |
|   |              |                      |                |                                       |            |                  |                     |                   |
| Total DSEs 0.00   |              |                      |                |                                       |            | 0.00             |                     |                   |
| Gross Receipts First (  | Group        | \$                   | 0.00           | Gross Receipts Sec                    | cond Group | \$               | 0.00                |                   |
| Base Rate Fee First Group \$ 0.00   |              |                      |                | Base Rate Fee Sec                     | cond Group | \$               | 0.00                |                   |
| ELEVENTH SUBSCRIBER GROUP   |              |                      |                |                                       | TWELVTH    | H SUBSCRIBER GRO | UP                  |                   |
| COMMUNITY/ AREA   |              |                      | 0              | COMMUNITY/ ARE                        | Α          |                  | 0                   |                   |
| CALL SIGN   | DSE          | CALL SIGN            | DSE            | CALL SIGN                             | DSE        | CALL SIGN        | DSE                 |                   |
|   |              |                      |                |                                       |            |                  |                     |                   |
|   |              |                      |                |                                       |            |                  |                     |                   |
|   |              |                      |                |                                       |            |                  |                     |                   |
|   |              |                      |                |                                       |            |                  |                     |                   |
|   |              |                      |                |                                       |            |                  |                     |                   |
|   |              |                      |                |                                       |            |                  |                     |                   |
|   |              |                      |                |                                       |            |                  |                     |                   |
|   |              |                      |                |                                       |            |                  |                     |                   |
|   |              |                      |                |                                       |            |                  |                     |                   |
|   |              |                      |                |                                       |            |                  |                     |                   |
|   |              |                      |                | · · · · · · · · · · · · · · · · · · · |            |                  |                     |                   |
| Total DSEs  |              |                      | 0.00           | Total DSEs                            |            |                  | 0.00                |                   |
| Gross Receipts Third  | Group        | \$                   | 0.00           | Gross Receipts For                    | urth Group | \$               | 0.00                |                   |
| -   | -            |                      |                |                                       |            |                  |                     |                   |
| Base Rate Fee Third   | Group        | \$                   | 0.00           | Base Rate Fee Fou                     | urth Group | \$               | 0.00                |                   |
| Base Rate Fee: Add t  | the base rat | e fees for each subs | criber aroun : | as shown in the hoves                 | above      |                  |                     |                   |
| Enter here and in bloc  |              |                      |                |                                       |            | \$               |                     |                   |

| FORM SA3E. PA | ١GE | 19. |
|---------------|-----|-----|
|---------------|-----|-----|

| EGAL NAME OF OWI                  |                      | E SYSTEM:<br>Cooperative Cor | р.             |                             |            | 5                 | 62644 | Name                  |
|-----------------------------------|----------------------|------------------------------|----------------|-----------------------------|------------|-------------------|-------|-----------------------|
|                                   |                      | COMPUTATION (                |                |                             |            |                   |       |                       |
|                                   |                      | SUBSCRIBER GRC               |                |                             |            | H SUBSCRIBER GROU |       | 9                     |
| COMMUNITY/ AREA                   |                      |                              | 0              | COMMUNITY/ ARE              | 0          | Computa           |       |                       |
| CALL SIGN                         | DSE                  | CALL SIGN                    | DSE            | CALL SIGN                   | DSE        | CALL SIGN         | DSE   | of                    |
|                                   |                      |                              |                |                             |            |                   |       | Base Rate             |
|                                   |                      |                              |                |                             |            |                   |       | and                   |
|                                   |                      |                              |                |                             |            |                   |       | Syndicat              |
|                                   |                      |                              | ••••           |                             |            |                   |       | Exclusivi<br>Surcharg |
|                                   |                      |                              | •••••          |                             | •••••      |                   |       | for                   |
|                                   |                      |                              |                |                             |            |                   |       | Partially             |
|                                   |                      |                              |                |                             |            |                   |       | Distant               |
|                                   |                      |                              |                |                             |            |                   |       | Station               |
|                                   |                      |                              | ••••           |                             |            |                   |       |                       |
|                                   |                      |                              | •••••          |                             | •••••      |                   |       |                       |
|                                   |                      |                              |                |                             |            |                   |       |                       |
|                                   |                      |                              |                |                             |            |                   |       |                       |
|                                   |                      |                              |                |                             |            |                   |       |                       |
| otal DSEs                         |                      |                              | 0.00           | Total DSEs                  |            |                   | 0.00  |                       |
| Gross Receipts First              | Group                | \$                           | 0.00           | Gross Receipts Sec          | cond Group | \$                | 0.00  |                       |
| Base Rate Fee First Group \$ 0.00 |                      |                              |                | Base Rate Fee Sec           | cond Group | \$                | 0.00  |                       |
| FIFTEENTH SUBSCRIBER GROUP        |                      |                              |                |                             | SIXTEENTH  | H SUBSCRIBER GROU | JP    |                       |
| OMMUNITY/ AREA                    | ۸<br>                |                              | 0              | COMMUNITY/ AREA 0           |            |                   |       |                       |
| CALL SIGN                         | DSE                  | CALL SIGN                    | DSE            | CALL SIGN                   | DSE        | CALL SIGN         | DSE   |                       |
|                                   |                      |                              | •••••          |                             | •••••      |                   |       |                       |
|                                   |                      |                              |                |                             |            |                   |       |                       |
|                                   |                      |                              |                |                             |            |                   |       |                       |
|                                   |                      |                              |                |                             |            |                   |       |                       |
|                                   |                      |                              | ••••           |                             |            |                   |       |                       |
|                                   |                      |                              |                |                             |            |                   |       |                       |
|                                   |                      |                              |                |                             |            | 1                 |       |                       |
|                                   |                      |                              |                |                             |            |                   |       |                       |
|                                   |                      |                              |                |                             |            |                   | ····· |                       |
|                                   |                      | *                            |                |                             |            |                   |       |                       |
|                                   |                      |                              |                |                             |            |                   |       |                       |
|                                   |                      |                              |                |                             |            |                   |       |                       |
| otal DSEs                         |                      |                              | 0.00           | Total DSEs                  |            |                   | 0.00  |                       |
| ross Receipts Third               | d Group              | \$                           | 0.00           | Gross Receipts Fou          | urth Group | \$                | 0.00  |                       |
| ase Rate Fee Third                | d Group              | \$                           | 0.00           | Base Rate Fee Fou           | urth Group | \$                | 0.00  |                       |
| ase Rate Fee: Add                 | I the <b>base ra</b> | te fees for each subs        | criber group a | II<br>as shown in the boxes | above.     |                   |       |                       |
|                                   |                      | space L (page 7)             | - ·            |                             |            | \$                |       |                       |

| FORM SA3E. PA | ١GE | 19. |
|---------------|-----|-----|
|---------------|-----|-----|

| LEGAL NAME OF OWN                                  |  | E SYSTEM:<br>Cooperative Co | rp.            |                       |            |                  | 62644 | Name                  |
|--|--|-----------------------------|----------------|-----------------------|------------|------------------|-------|-----------------------|
|  |  |                             |                | TE FEES FOR EA        |            |                  |       |                       |
|  | SEVENTEENTH SUBSCRIBER GROUP     EIGHTEENTH SUBSCRIBER GROUP       COMMUNITY/ AREA     0 |                             |                |                       |            |                  |       |                       |
| COMMUNITY/ AREA                                    |  |                             | U              | COMMUNITY/ ARE        | A          |                  | U     | <b>9</b><br>Computati |
| CALL SIGN  | DSE  | CALL SIGN                   | DSE            | CALL SIGN             | DSE        | CALL SIGN        | DSE   | of                    |
|  |  |                             |                |                       |            |                  |       | Base Rate F           |
|  |  |                             |                |                       |            |                  |       | and<br>Syndicate      |
|  |  |                             |                |                       |            |                  |       | Exclusivit            |
|  |  |                             |                |                       |            |                  |       | Surcharg              |
|  |  |                             |                |                       |            |                  |       | for<br>Partially      |
|  |  |                             |                |                       |            |                  |       | Distant               |
|  |  |                             |                |                       |            |                  |       | Stations              |
|  |  |                             |                |                       |            |                  |       |                       |
|  |  |                             |                |                       |            |                  |       |                       |
|  |  |                             |                |                       |            |                  |       |                       |
|  |  |                             |                |                       |            |                  |       |                       |
|  |  |                             |                |                       |            |                  |       |                       |
| Total DSEs   |  |                             | 0.00           | Total DSEs            |            |                  | 0.00  |                       |
| Gross Receipts First                               | Group  | \$                          | 0.00           | Gross Receipts Sec    | cond Group | \$               | 0.00  |                       |
| B <b>ase Rate Fee</b> First                        | Group  | \$                          | 0.00           | Base Rate Fee Sec     | cond Group | \$               | 0.00  |                       |
|  | NINTEENTH  | SUBSCRIBER GRO              | )UP            |                       | TWENTIET   | H SUBSCRIBER GRO | UP    |                       |
| COMMUNITY/ AREA                                    |  |                             | 0              | COMMUNITY/ ARE        |            |                  |       |                       |
| CALL SIGN  | DSE  | CALL SIGN                   | DSE            | CALL SIGN             | DSE        | CALL SIGN        | DSE   |                       |
|  |  |                             |                |                       |            |                  |       |                       |
|  |  |                             |                |                       |            |                  |       |                       |
|  |  |                             |                |                       |            |                  |       |                       |
|  |  |                             |                |                       |            |                  |       |                       |
|  |  |                             |                |                       |            |                  |       |                       |
|  |  |                             |                |                       |            |                  |       |                       |
|  |  |                             |                |                       |            |                  |       |                       |
|  |  |                             |                |                       |            |                  |       |                       |
|  |  |                             |                |                       |            |                  |       |                       |
|  |  |                             | ·····          |                       |            |                  |       |                       |
|  |  |                             |                |                       |            |                  |       |                       |
| Total DSEs   |  |                             | 0.00           | Total DSEs            |            |                  | 0.00  |                       |
| Gross Receipts Third                               | l Group  | \$                          | 0.00           | Gross Receipts Fou    | urth Group | \$               | 0.00  |                       |
|  |  |                             |                |                       |            |                  |       |                       |
| Base Rate Fee Third                                | l Group  | \$                          | 0.00           | Base Rate Fee Fou     | urth Group | \$               | 0.00  |                       |
| <b>Base Rate Fee:</b> Add<br>Enter here and in blo |  |                             | criber group a | as shown in the boxes | above.     | \$               |       |                       |

| FORM SA3E. PA | ١GE | 19. |
|---------------|-----|-----|
|---------------|-----|-----|

| LEGAL NAME OF OWN<br>Foothills Rural Te               |               |                | rp.            |                       |            | \$               | 62644 | Name             |
|---|---------------|----------------|----------------|-----------------------|------------|------------------|-------|------------------|
|   |               |                |                | ATE FEES FOR EAG      |            |                  |       |                  |
|   | NTY-FIRST     | SUBSCRIBER GRC |                |                       |            | D SUBSCRIBER GRO | UP 0  | 9                |
| COMMUNITY/ AREA                                       | INITY/ AREA 0 |                |                | COMMUNITY/ ARE        | Computati  |                  |       |                  |
| CALL SIGN   | DSE           | CALL SIGN      | DSE            | CALL SIGN             | DSE        | CALL SIGN        | DSE   | of               |
|   |               |                |                |                       |            |                  |       | Base Rate I      |
|   |               |                |                |                       |            |                  | ····· | and<br>Syndicate |
|   |               |                |                |                       |            |                  |       | Exclusivit       |
|   |               |                |                |                       |            |                  |       | Surcharg         |
|   |               |                |                |                       |            |                  |       | for<br>Partially |
|   |               |                |                |                       |            |                  |       | Distant          |
|   |               |                |                |                       |            |                  |       | Stations         |
|   |               |                |                |                       |            |                  |       |                  |
|   |               |                |                |                       |            |                  |       |                  |
|   |               |                |                |                       |            |                  |       |                  |
|   |               |                |                |                       |            |                  |       |                  |
|   |               |                |                |                       |            |                  |       |                  |
| Fotal DSEs  |               |                | 0.00           | Total DSEs            |            |                  | 0.00  |                  |
| Gross Receipts First (                                | Group         | \$             | 0.00           | Gross Receipts Sec    | cond Group | \$               | 0.00  |                  |
| B <b>ase Rate Fee</b> First (                         | Group         | \$             | 0.00           | Base Rate Fee Sec     | cond Group | \$               | 0.00  |                  |
| TWE   | NTY-THIRD     | SUBSCRIBER GRO | )UP            | TWE                   | NTY-FOURT  | H SUBSCRIBER GRO | UP    |                  |
| COMMUNITY/ AREA                                       |               |                | 0              | COMMUNITY/ ARE        | A          |                  | 0     |                  |
| CALL SIGN   | DSE           | CALL SIGN      | DSE            | CALL SIGN             | DSE        | CALL SIGN        | DSE   |                  |
|   |               |                |                |                       |            |                  |       |                  |
|   |               |                |                |                       |            |                  |       |                  |
|   |               |                |                |                       |            |                  |       |                  |
|   |               |                |                |                       |            |                  |       |                  |
|   |               |                |                |                       |            |                  |       |                  |
|   |               |                |                |                       |            |                  | ····· |                  |
|   |               |                |                |                       |            |                  | ····· |                  |
|   |               |                |                |                       |            |                  |       |                  |
|   |               |                |                |                       |            |                  | ····· |                  |
|   |               |                | •••••          |                       |            |                  |       |                  |
|   |               |                |                |                       |            |                  |       |                  |
| Fotal DSEs  |               |                | 0.00           | Total DSEs            |            |                  | 0.00  |                  |
| Gross Receipts Third                                  | Group         | \$             | 0.00           | Gross Receipts Fou    | urth Group | \$               | 0.00  |                  |
|   |               |                |                |                       |            |                  |       |                  |
| Base Rate Fee Third                                   | Group         | \$             | 0.00           | Base Rate Fee Fou     | irth Group | \$               | 0.00  |                  |
| <b>Base Rate Fee:</b> Add t<br>Enter here and in bloc |               |                | criber group a | as shown in the boxes | above.     | \$               |       |                  |

| FORM SA3E. PA | ١GE | 19. |
|---------------|-----|-----|
|---------------|-----|-----|

| EGAL NAME OF OWN    |                    | E SYSTEM:<br>Cooperative Cor | р.             |                             |            |                  | 62644       |  |
|---------------------|--------------------|------------------------------|----------------|-----------------------------|------------|------------------|-------------|--|
|                     |                    |                              |                | TE FEES FOR EAG             |            |                  |             |  |
|                     |                    | SUBSCRIBER GRC               | 0<br>0         |                             |            | H SUBSCRIBER GRO | JP <b>0</b> |  |
| OMMUNITY/ AREA      |                    |                              | U              | COMMUNITY/ AREA 0           |            |                  |             |  |
| CALL SIGN           | DSE                | CALL SIGN                    | DSE            | CALL SIGN DSE CALL SIGN DSE |            |                  |             |  |
|                     |                    |                              |                |                             |            |                  |             |  |
|                     |                    |                              |                |                             |            |                  |             |  |
|                     |                    |                              |                |                             |            |                  |             |  |
|                     |                    |                              |                |                             |            |                  |             |  |
|                     |                    |                              |                |                             |            |                  |             |  |
|                     |                    |                              |                |                             |            |                  |             |  |
|                     |                    |                              |                |                             |            |                  |             |  |
|                     |                    |                              |                | •                           |            |                  |             |  |
|                     |                    |                              |                |                             |            |                  |             |  |
|                     |                    |                              |                |                             |            |                  |             |  |
|                     |                    |                              |                |                             |            |                  |             |  |
|                     |                    |                              |                |                             |            |                  |             |  |
| otal DSEs           |                    |                              | 0.00           | Total DSEs                  |            | ++               | 0.00        |  |
| ross Receipts First | Group              | \$                           | 0.00           | Gross Receipts Sec          | cond Group | \$               | 0.00        |  |
|                     | Croup              | <u> </u>                     |                |                             |            | ÷                |             |  |
| ase Rate Fee First  | Group              | \$                           | 0.00           | Base Rate Fee Sec           | ond Group  | \$               | 0.00        |  |
|                     |                    | SUBSCRIBER GRC               |                |                             |            | H SUBSCRIBER GRO | JP          |  |
| OMMUNITY/ AREA      | UNITY/ AREA 0      |                              |                | COMMUNITY/ ARE              | Α          |                  | 0           |  |
| CALL SIGN           | DSE                | CALL SIGN                    | DSE            | CALL SIGN                   | DSE        | CALL SIGN        | DSE         |  |
|                     |                    |                              |                |                             |            |                  |             |  |
|                     |                    |                              | •••••          |                             |            |                  |             |  |
|                     |                    |                              |                |                             |            |                  |             |  |
|                     |                    |                              |                |                             |            |                  |             |  |
|                     |                    |                              |                |                             |            |                  |             |  |
|                     |                    |                              |                |                             |            |                  |             |  |
|                     |                    |                              |                |                             |            |                  |             |  |
|                     |                    |                              |                |                             |            |                  |             |  |
|                     |                    |                              |                |                             |            |                  |             |  |
|                     |                    |                              |                |                             |            |                  |             |  |
|                     |                    |                              |                |                             |            |                  |             |  |
|                     |                    |                              |                |                             |            |                  |             |  |
| otal DSEs           |                    |                              | 0.00           | Total DSEs                  |            |                  | 0.00        |  |
| ross Receipts Third | Group              | \$                           | 0.00           | Gross Receipts Fou          | irth Group | \$               | 0.00        |  |
|                     |                    |                              |                |                             |            |                  |             |  |
| ase Rate Fee Third  | Group              | \$                           | 0.00           | Base Rate Fee Fou           | rth Group  | \$               | 0.00        |  |
|                     |                    |                              |                |                             |            |                  |             |  |
| oo Doto Foo: Add    | the <b>base ra</b> | <b>te fees</b> for each subs | criber group a | e shown in the boxes        | abovo      |                  |             |  |
| Se Rale ree: Add    | une buse ru        |                              |                |                             | above.     |                  |             |  |

| FORM SA3E. I | PAGE | 19. |
|--------------|------|-----|
|--------------|------|-----|

|          |         |                 |           |                                    | ).         | Cooperative Cor                       | elephone  |                                     |
|----------|---------|-----------------|-----------|------------------------------------|------------|---------------------------------------|-----------|-------------------------------------|
|          |         |                 |           | TE FEES FOR EACH                   |            |                                       |           |                                     |
| -        | JP<br>0 | SUBSCRIBER GROU | THIRTIETH | COMMUNITY/ AREA                    | JP<br>0    | SUBSCRIBER GROU                       | NTY-NINTH |                                     |
| Co       |         |                 |           |                                    |            |                                       |           |                                     |
|          | DSE     | CALL SIGN       | DSE       | CALL SIGN                          | DSE        | CALL SIGN                             | DSE       | CALL SIGN                           |
| Bas      |         |                 |           |                                    |            |                                       |           |                                     |
| Sy       |         |                 |           |                                    |            | -                                     |           |                                     |
| Ex       |         |                 |           |                                    |            |                                       |           |                                     |
| Su       |         |                 |           |                                    |            |                                       |           |                                     |
| <br>P    |         |                 |           |                                    |            |                                       |           |                                     |
|          |         |                 |           |                                    |            |                                       |           |                                     |
| S        |         |                 |           |                                    |            |                                       |           |                                     |
|          |         |                 |           |                                    |            |                                       |           |                                     |
|          |         |                 |           |                                    |            |                                       |           |                                     |
|          |         |                 |           |                                    |            |                                       |           |                                     |
|          |         |                 |           |                                    |            |                                       |           |                                     |
|          | 0.00    |                 | +         | Total DSEs                         | 0.00       | 4                                     | •         | otal DSEs                           |
|          | 0.00    | \$              | d Group   | Gross Receipts Secor               | 0.00       | \$                                    | Group     | iross Receipts First G              |
|          |         | ·               | - 1       |                                    |            | · · · · · · · · · · · · · · · · · · · |           |                                     |
|          | 0.00    | \$              |           | Base Rate Fee Secon                | 0.00       | \$                                    | -         | ase Rate Fee First G                |
| -        |         | SUBSCRIBER GROU | Y-SECOND  |                                    |            | SUBSCRIBER GROU                       | RTY-FIRST |                                     |
|          | 0       |                 |           | COMMUNITY/ AREA                    | TY/ AREA 0 |                                       |           | OMMUNITY/ AREA                      |
|          | DSE     | CALL SIGN       | DSE       | CALL SIGN                          | DSE        | CALL SIGN                             | DSE       | CALL SIGN                           |
|          |         |                 |           |                                    |            |                                       |           |                                     |
|          |         |                 |           |                                    |            |                                       |           |                                     |
|          |         |                 |           |                                    |            |                                       |           |                                     |
|          |         |                 |           |                                    |            |                                       |           |                                     |
|          |         |                 |           |                                    |            |                                       |           |                                     |
|          |         |                 |           |                                    |            |                                       |           |                                     |
|          |         |                 |           |                                    |            |                                       |           |                                     |
|          |         |                 |           |                                    |            |                                       |           |                                     |
|          |         |                 |           |                                    |            |                                       |           |                                     |
| 1        |         |                 |           |                                    |            |                                       |           |                                     |
|          | •••••   |                 |           |                                    |            |                                       |           |                                     |
|          |         |                 |           |                                    |            |                                       |           |                                     |
|          | 0.00    |                 |           | Total DSEs                         | 0.00       |                                       |           | otal DSEs                           |
| ••<br>•- | 0.00    | \$              | Group     | Total DSEs<br>Gross Receipts Fourt | 0.00       | \$                                    | Group     |                                     |
|          |         | \$              | Group     |                                    |            | \$                                    | Group     | otal DSEs<br>iross Receipts Third ( |

| FORM SA3E. PA | ١GE | 19. |
|---------------|-----|-----|
|---------------|-----|-----|

| LEGAL NAME OF OWN                         |                               |                  | rp.            |                       |            | S                 | 62644 | Name                |  |
|---|-------------------------------|------------------|----------------|-----------------------|------------|-------------------|-------|---------------------|--|
|   |                               | COMPUTATION      |                |                       |            | IBER GROUP        |       |                     |  |
| THI<br>COMMUNITY/ AREA                    | THIRTY-THIRD SUBSCRIBER GROUP |                  |                | TH<br>COMMUNITY/ ARE  | 9          |                   |       |                     |  |
|   |                               |                  |                |                       |            |                   |       |                     |  |
| CALL SIGN                                 | DSE                           | CALL SIGN        | DSE            | CALL SIGN             | DSE        | CALL SIGN         | DSE   | of                  |  |
|   |                               |                  |                |                       |            | •                 |       | Base Rate Fe        |  |
|   |                               |                  |                |                       |            |                   |       | Syndicated          |  |
|   |                               |                  |                |                       |            |                   |       | Exclusivity         |  |
|   |                               |                  |                |                       |            | •                 |       | Surcharge<br>for    |  |
|   |                               |                  |                |                       |            |                   |       | Partially           |  |
|   |                               |                  |                |                       |            |                   |       | Distant<br>Stations |  |
|   |                               |                  |                |                       |            |                   |       | Stations            |  |
|   |                               |                  |                |                       |            |                   |       |                     |  |
|   |                               |                  |                |                       |            |                   |       |                     |  |
|   |                               |                  |                |                       |            |                   |       |                     |  |
|   |                               |                  |                |                       |            |                   |       |                     |  |
| Total DSEs                                |                               |                  | 0.00           | Total DSEs            |            |                   | 0.00  |                     |  |
| Gross Receipts First (                    | Group                         | \$               | 0.00           | Gross Receipts Se     | cond Group | \$                | 0.00  |                     |  |
| Base Rate Fee First (                     | Group                         | \$               | 0.00           | Base Rate Fee Se      | cond Group | \$                | 0.00  |                     |  |
|   | IRTY-FIFTH                    | I SUBSCRIBER GRO |                | 11                    |            | H SUBSCRIBER GROU |       |                     |  |
| COMMUNITY/ AREA                           | OMMUNITY/ AREA                |                  | 0              | COMMUNITY/ ARE        | A          |                   | 0     |                     |  |
| CALL SIGN                                 | DSE                           | CALL SIGN        | DSE            | CALL SIGN             | DSE        | CALL SIGN         | DSE   |                     |  |
|   |                               |                  |                |                       |            |                   |       |                     |  |
|   |                               |                  |                |                       |            |                   |       |                     |  |
|   |                               |                  |                |                       |            | •                 |       |                     |  |
|   |                               |                  |                |                       |            |                   |       |                     |  |
|   |                               |                  |                |                       |            |                   |       |                     |  |
|   |                               |                  |                |                       |            |                   |       |                     |  |
|   |                               |                  |                |                       |            |                   |       |                     |  |
|   |                               |                  |                |                       |            |                   |       |                     |  |
|   |                               |                  |                |                       |            |                   |       |                     |  |
|   |                               |                  |                |                       |            |                   |       |                     |  |
| T ( 1005                                  |                               |                  | 0.00           | T ( ) DOT             |            |                   | 0.00  |                     |  |
| Total DSEs                                | _                             |                  | 0.00           | Total DSEs            |            |                   | 0.00  |                     |  |
| Gross Receipts Third                      | Group                         | \$               | 0.00           | Gross Receipts For    | urth Group | \$                | 0.00  |                     |  |
| Base Rate Fee Third                       | Group                         | \$               | 0.00           | Base Rate Fee For     | urth Group | \$                | 0.00  |                     |  |
| Base Rate Fee: Add Enter here and in bloc |                               |                  | criber group a | as shown in the boxes | above.     | \$                |       |                     |  |

| FORM SA3E. PA | ١GE | 19. |
|---------------|-----|-----|
|---------------|-----|-----|

| LEGAL NAME OF OWN                                   |                                 |                | rp.            |                       |                                | S               | 62644 | Name                 |  |
|---|---------------------------------|----------------|----------------|-----------------------|--------------------------------|-----------------|-------|----------------------|--|
|   |                                 |                |                | TE FEES FOR EA        |                                |                 |       |                      |  |
| THIRT<br>COMMUNITY/ AREA                            | THIRTY-SEVENTH SUBSCRIBER GROUP |                |                | TH<br>COMMUNITY/ ARE  | THIRTY-EIGHTH SUBSCRIBER GROUP |                 |       |                      |  |
| COMMUNITY AREA                                      |                                 |                | U              | COMMONT I/ ARE        | <b>9</b><br>Computation        |                 |       |                      |  |
| CALL SIGN   | DSE                             | CALL SIGN      | DSE            | CALL SIGN             | DSE                            | CALL SIGN       | DSE   | of                   |  |
|   |                                 |                |                |                       |                                |                 |       | Base Rate Fe         |  |
|   |                                 |                |                |                       |                                |                 |       | and<br>Syndicated    |  |
|   |                                 | •              |                | •                     |                                |                 |       | Exclusivity          |  |
|   |                                 |                |                |                       |                                |                 |       | Surcharge            |  |
|   |                                 |                |                |                       |                                |                 |       | for                  |  |
|   |                                 | •              |                |                       |                                |                 |       | Partially<br>Distant |  |
|   |                                 |                |                |                       |                                |                 |       | Stations             |  |
|   |                                 |                |                |                       |                                |                 |       |                      |  |
|   |                                 |                |                |                       |                                |                 |       |                      |  |
|   |                                 |                |                |                       |                                |                 |       |                      |  |
|   |                                 |                |                |                       |                                |                 |       |                      |  |
|   |                                 |                |                |                       |                                |                 |       |                      |  |
| otal DSEs   |                                 |                | 0.00           | Total DSEs            |                                |                 | 0.00  |                      |  |
| Gross Receipts First                                | Group                           | \$             | 0.00           | Gross Receipts See    | cond Group                     | \$              | 0.00  |                      |  |
| Base Rate Fee First                                 | Group                           | \$             | 0.00           | Base Rate Fee Sec     | cond Group                     | \$              | 0.00  |                      |  |
| TH  | IRTY-NINTH                      | SUBSCRIBER GRO | )UP            |                       | FORTIETH                       | SUBSCRIBER GROU | JP    |                      |  |
| COMMUNITY/ AREA                                     |                                 |                | 0              | COMMUNITY/ ARE        | A                              |                 | 0     |                      |  |
| CALL SIGN   | DSE                             | CALL SIGN      | DSE            | CALL SIGN             | DSE                            | CALL SIGN       | DSE   |                      |  |
|   |                                 |                |                |                       |                                |                 |       |                      |  |
|   |                                 |                |                |                       |                                |                 |       |                      |  |
|   |                                 |                |                |                       |                                |                 |       |                      |  |
|   |                                 |                |                |                       |                                |                 |       |                      |  |
|   |                                 |                |                |                       |                                |                 |       |                      |  |
|   |                                 |                |                |                       |                                |                 |       |                      |  |
|   |                                 |                |                |                       |                                |                 |       |                      |  |
|   |                                 |                |                |                       |                                |                 |       |                      |  |
|   |                                 |                |                |                       |                                |                 |       |                      |  |
|   |                                 |                | ·····          |                       |                                |                 |       |                      |  |
|   |                                 |                | ·····          |                       |                                |                 |       |                      |  |
| Total DSEs  |                                 |                | 0.00           | Total DSEs            |                                |                 | 0.00  |                      |  |
| Gross Receipts Third                                | l Group                         | \$             | 0.00           | Gross Receipts For    | urth Group                     | \$              | 0.00  |                      |  |
|   | -                               |                |                |                       |                                |                 |       |                      |  |
| Base Rate Fee Third                                 | l Group                         | \$             | 0.00           | Base Rate Fee For     | urth Group                     | \$              | 0.00  |                      |  |
| <b>Base Rate Fee</b> : Add<br>Enter here and in blo |                                 |                | criber group a | as shown in the boxes | above.                         | \$              |       |                      |  |

| FORM SA3E. PA | ١GE | 19. |
|---------------|-----|-----|
|---------------|-----|-----|

| LEGAL NAME OF OWNE<br>Foothills Rural Te         |                              |                | ·р.            |                       |   | \$             | 62644 | Name              |  |  |
|--|------------------------------|----------------|----------------|-----------------------|---|----------------|-------|-------------------|--|--|
|  |                              |                |                | ATE FEES FOR EAG      |   |                |       |                   |  |  |
|  | FORTY-FIRST SUBSCRIBER GROUP |                |                | 11                    | FORTY-SECOND SUBSCRIBER GROUP COMMUNITY/ AREA 0 |                |       |                   |  |  |
| COMMUNITY/ AREA                                  |                              |                | 0              | COMMUNITY/ ARE        | <b>9</b><br>Computatior                         |                |       |                   |  |  |
| CALL SIGN  | DSE                          | CALL SIGN      | DSE            | CALL SIGN             | DSE   | CALL SIGN      | DSE   | of                |  |  |
|  |                              |                |                |                       |   |                |       | Base Rate Fe      |  |  |
|  |                              |                |                |                       |   |                |       | and<br>Syndicated |  |  |
|  |                              | •              |                |                       |   |                |       | Exclusivity       |  |  |
|  |                              |                |                |                       |   |                |       | Surcharge         |  |  |
|  |                              |                |                |                       |   |                | ····· | for<br>Partially  |  |  |
|  |                              |                | ••••           |                       |   |                |       | Distant           |  |  |
|  |                              |                |                |                       |   |                |       | Stations          |  |  |
|  |                              |                |                |                       |   | •              |       |                   |  |  |
|  |                              | •              |                |                       |   | •              |       |                   |  |  |
|  |                              |                |                |                       |   |                |       |                   |  |  |
|  |                              |                |                |                       |   |                |       |                   |  |  |
|  |                              |                |                |                       |   | 1              |       |                   |  |  |
| Total DSEs                                       |                              | -              | 0.00           | Total DSEs            |   |                | 0.00  |                   |  |  |
| Gross Receipts First G                           | roup                         | \$             | 0.00           | Gross Receipts Sec    | ond Group                                       | \$             | 0.00  |                   |  |  |
| Base Rate Fee First G                            | roup                         | \$             | 0.00           | Base Rate Fee Sec     | ond Group                                       | \$             | 0.00  |                   |  |  |
| FOR  | TY-THIRD                     | SUBSCRIBER GRO | UP             | FO                    | RTY-FOURTH                                      | SUBSCRIBER GRO | UP    |                   |  |  |
| COMMUNITY/ AREA                                  |                              |                | 0              | COMMUNITY/ AREA 0     |   |                |       |                   |  |  |
| CALL SIGN  | DSE                          | CALL SIGN      | DSE            | CALL SIGN             | DSE   | CALL SIGN      | DSE   |                   |  |  |
|  |                              |                |                |                       |   |                |       |                   |  |  |
|  |                              |                |                |                       |   |                |       |                   |  |  |
|  |                              |                |                |                       |   |                |       |                   |  |  |
|  |                              | •              |                | •                     |   |                |       |                   |  |  |
|  |                              |                |                |                       |   |                |       |                   |  |  |
|  |                              |                |                |                       |   |                |       |                   |  |  |
|  |                              |                |                |                       |   |                |       |                   |  |  |
|  |                              |                |                |                       |   |                |       |                   |  |  |
|  |                              |                |                |                       |   | •              |       |                   |  |  |
|  |                              |                |                |                       |   | 1              |       |                   |  |  |
|  |                              |                |                |                       |   |                |       |                   |  |  |
| Total DSEs                                       |                              |                | 0.00           | Total DSEs            |   |                | 0.00  |                   |  |  |
| Gross Receipts Third G                           | Group                        | \$             | 0.00           | Gross Receipts Fou    | irth Group                                      | \$             | 0.00  |                   |  |  |
| <b>Base Rate Fee</b> Third G                     | Group                        | \$             | 0.00           | Base Rate Fee Fou     | irth Group                                      | \$             | 0.00  |                   |  |  |
|  |                              |                |                |                       |   |                |       |                   |  |  |
| Base Rate Fee: Add th<br>Enter here and in block |                              |                | criber group a | as shown in the boxes | above.  | \$             |       |                   |  |  |

| FORM SA3E. PA | ١GE | 19. |
|---------------|-----|-----|
|---------------|-----|-----|

| LEGAL NAME OF OWNER OF CABLE SYSTEM:     SYSTEM ID       Foothills Rural Telephone Cooperative Corp.     62644 |     |           |              |   |           |           |         | Name              |
|--|-----|-----------|--------------|---|-----------|-----------|---------|-------------------|
|  |     |           |              | ATE FEES FOR EACH SUBSCRIBER GROUP  |           |           |         |                   |
| FORTY-FIFTH SUBSCRIBER GROUP   |     |           |              | FORTY-SIXTH SUBSCRIBER GROUP  |           |           |         | 9                 |
| COMMUNITY/ AREA C  |     |           |              | COMMUNITY/ AREA 0   |           |           |         | Computation       |
| CALL SIGN  | DSE | CALL SIGN | DSE          | CALL SIGN   | DSE       | CALL SIGN | DSE     | of                |
|  |     |           |              |   |           |           |         | Base Rate Fee     |
|  |     |           |              |   |           |           |         | and<br>Syndicated |
|  |     | -         |              |   |           |           |         | Exclusivity       |
|  |     |           |              |   |           |           |         | Surcharge         |
|  |     |           |              |   |           |           |         | for<br>Partially  |
|  |     |           |              | •   |           |           |         | Distant           |
|  |     |           |              |   |           |           |         | Stations          |
|  |     |           |              |   |           |           | ·····   |                   |
|  |     |           |              |   |           |           |         |                   |
|  |     |           |              |   |           |           |         |                   |
|  |     |           |              |   |           |           |         |                   |
|  |     |           |              |   |           |           |         |                   |
| Total DSEs 0.00  |     |           |              | Total DSEs         0.00           Gross Receipts Second Group         \$         0.00 |           |           |         |                   |
| Gross Receipts First Gr  | \$  | \$ 0.00   |              | Gross Receipts Second Group   |           |           |         |                   |
| Base Rate Fee First Group \$ 0.00  |     |           | 0.00         | Base Rate Fee Sec   | ond Group | \$        | 0.00    |                   |
| FORTY-SEVENTH SUBSCRIBER GROUP   |     |           |              | FORTY-EIGHTH SUBSCRIBER GROUP   |           |           |         |                   |
| COMMUNITY/ AREA  |     |           | 0            | COMMUNITY/ AREA 0   |           |           |         |                   |
| CALL SIGN  | DSE | CALL SIGN | DSE          | CALL SIGN   | DSE       | CALL SIGN | DSE     |                   |
|  |     |           |              |   |           |           |         |                   |
|  |     |           |              |   |           |           |         |                   |
|  |     |           |              |   |           |           |         |                   |
|  |     |           |              |   |           |           |         |                   |
|  |     |           |              |   |           |           |         |                   |
|  |     |           |              |   |           |           |         |                   |
|  |     |           |              |   |           |           | •••••   |                   |
|  |     |           |              |   |           |           |         |                   |
|  |     |           |              |   |           |           |         |                   |
|  |     |           |              |   |           |           | ·····   |                   |
|  |     |           |              | •   |           |           |         |                   |
| Total DSEs   |     |           | 0.00         | Total DSEs  |           |           | 0.00    |                   |
| Gross Receipts Third Group   |     | \$ 0.00   |              | Gross Receipts Fourth Group \$  |           | 0.00      |         |                   |
|  |     |           |              |   |           |           |         |                   |
| Base Rate Fee Third Group  |     | \$ 0.00   |              | Base Rate Fee Fourth Group  |           | \$        | \$ 0.00 |                   |
| Base Rate Fee: Add th  |     |           | iber group a | as shown in the boxes   | above.    |           |         |                   |
| Enter here and in block 3, line 1, space L (page 7)  |     |           |              |   |           | \$        |         |                   |

| FORM SA3E. I | PAGE | 19. |
|--------------|------|-----|
|--------------|------|-----|

| EGAL NAME OF OW                   |                      | E SYSTEM:<br>Cooperative Cor | rp.            |                               |            | 5                | 62644 | Nam               |
|-----------------------------------|----------------------|------------------------------|----------------|-------------------------------|------------|------------------|-------|-------------------|
|                                   |                      |                              |                | ATE FEES FOR EA               |            |                  |       |                   |
|                                   |                      | I SUBSCRIBER GRC             | 0UP<br>0       | COMMUNITY/ ARE                |            | H SUBSCRIBER GRO | UP 0  | 9                 |
|                                   |                      |                              |                |                               | ~          |                  |       | Comput            |
| CALL SIGN                         | DSE                  | CALL SIGN                    | DSE            | CALL SIGN                     | DSE        | CALL SIGN        | DSE   | of                |
|                                   |                      |                              |                |                               |            |                  |       | Base Rat          |
|                                   |                      |                              |                |                               |            |                  |       | and<br>Syndica    |
|                                   |                      |                              |                |                               |            |                  |       | Exclusi           |
|                                   |                      |                              |                |                               |            |                  |       | Surcha            |
|                                   |                      |                              |                |                               |            |                  |       | for               |
|                                   |                      |                              |                |                               |            |                  |       | Partial<br>Distar |
|                                   | •••••                |                              | •••••          |                               |            |                  |       | Station           |
|                                   |                      |                              |                |                               |            |                  |       |                   |
|                                   |                      |                              |                |                               |            |                  |       |                   |
|                                   |                      |                              |                |                               |            |                  |       |                   |
|                                   |                      |                              |                |                               |            |                  |       |                   |
|                                   |                      |                              |                |                               |            |                  |       |                   |
| otal DSEs                         |                      |                              | 0.00           | Total DSEs                    |            |                  | 0.00  |                   |
| Gross Receipts First              | t Group              | \$                           | 0.00           | Gross Receipts Sec            | cond Group | \$               | 0.00  |                   |
|                                   | . 0. o u p           | ·                            |                |                               |            | <u> </u>         |       |                   |
| Base Rate Fee First Group \$ 0.00 |                      |                              | 0.00           | Base Rate Fee Sec             | cond Group | \$               | 0.00  |                   |
|                                   | FIFTY-FIRST          | SUBSCRIBER GRC               | UP             | FIFTY-SECOND SUBSCRIBER GROUP |            |                  |       |                   |
| OMMUNITY/ ARE/                    | 4                    |                              | 0              | COMMUNITY/ AREA 0             |            |                  |       |                   |
| CALL SIGN                         | DSE                  | CALL SIGN                    | DSE            | CALL SIGN                     | DSE        | CALL SIGN        | DSE   |                   |
|                                   |                      |                              |                |                               |            |                  |       |                   |
|                                   |                      |                              | •••••          |                               |            |                  |       |                   |
|                                   |                      |                              |                |                               |            |                  |       |                   |
|                                   |                      |                              |                |                               |            |                  |       |                   |
|                                   |                      |                              |                |                               |            |                  |       |                   |
|                                   |                      |                              |                |                               |            |                  | ····· |                   |
|                                   |                      |                              |                |                               |            |                  |       |                   |
|                                   |                      |                              |                |                               |            |                  |       |                   |
|                                   |                      |                              |                |                               |            |                  |       |                   |
|                                   |                      |                              | ••••           |                               |            |                  |       |                   |
|                                   |                      |                              |                |                               |            |                  |       |                   |
|                                   |                      |                              |                |                               |            |                  |       |                   |
| otal DSEs                         |                      |                              | 0.00           | Total DSEs                    |            |                  | 0.00  |                   |
| Gross Receipts Thir               | d Group              | \$                           | 0.00           | Gross Receipts For            | urth Group | \$               | 0.00  |                   |
| ·                                 | •                    |                              |                |                               |            |                  |       |                   |
| ase Rate Fee Thir                 | d Group              | \$                           | 0.00           | Base Rate Fee For             | irth Group | \$               | 0.00  |                   |
|                                   |                      |                              |                |                               |            |                  |       |                   |
|                                   |                      |                              |                |                               |            |                  |       |                   |
| ase Rate Fee: Add                 | d the <b>base ra</b> | te fees for each subs        | criber group a | as shown in the boxes         | above.     |                  |       |                   |

| FORM SA3E. PA | ١GE | 19. |
|---------------|-----|-----|
|---------------|-----|-----|

| EGAL NAME OF OW                           |             | LE SYSTEM:<br>Cooperative Cor | ъ.             |                              |             | S                 | 62644 | Nam                            |
|---|-------------|-------------------------------|----------------|------------------------------|-------------|-------------------|-------|--------------------------------|
|   |             |                               |                | TE FEES FOR EAG              | CH SUBSCR   | IBER GROUP        |       |                                |
|   | FIFTY-THIRD | SUBSCRIBER GRC                | UP             | F                            | IFTY-FOURTH | H SUBSCRIBER GROU | JP    | 0                              |
| COMMUNITY/ ARE/                           | Α           |                               | 0              | COMMUNITY/ ARE               | Α           |                   | 0     | 9<br>Comput                    |
| CALL SIGN                                 | DSE         | CALL SIGN                     | DSE            | CALL SIGN                    | DSE         | CALL SIGN         | DSE   | of                             |
|   |             |                               |                |                              |             |                   |       | Base Rat                       |
|   |             |                               |                |                              |             |                   |       | and                            |
|   |             |                               | ····           |                              |             |                   |       | Syndica                        |
|   |             | <mark></mark>                 | ••••           |                              |             |                   |       | Exclusi <sup>.</sup><br>Surcha |
|   |             |                               | ••••           |                              |             |                   |       | for                            |
|   |             |                               |                |                              |             |                   |       | Partial                        |
|   |             |                               |                |                              |             |                   |       | Distar                         |
|   |             |                               | ····           |                              |             |                   |       | Statio                         |
|   |             |                               | ••••           |                              |             |                   |       |                                |
|   |             |                               | ••••           |                              |             |                   |       |                                |
|   |             |                               |                |                              |             |                   |       |                                |
|   |             |                               |                |                              |             |                   |       |                                |
|   |             |                               |                |                              |             |                   |       |                                |
| otal DSEs                                 |             |                               | 0.00           | Total DSEs                   |             |                   | 0.00  |                                |
| Fross Receipts First                      | t Group     | \$                            | 0.00           | Gross Receipts Sec           | \$          | 0.00              |       |                                |
|   |             |                               |                |                              |             |                   |       |                                |
| ase Rate Fee First                        | -           | \$                            | 0.00           | Base Rate Fee Sec            |             | \$                | 0.00  |                                |
|   |             | I SUBSCRIBER GRC              |                | FIFTY-SIXTH SUBSCRIBER GROUP |             |                   |       |                                |
| OMMUNITY/ ARE/                            | ۹           |                               | 0              | COMMUNITY/ ARE               | 0           |                   |       |                                |
| CALL SIGN                                 | DSE         | CALL SIGN                     | DSE            | CALL SIGN                    | DSE         | CALL SIGN         | DSE   |                                |
|   |             |                               |                |                              |             |                   |       |                                |
|   |             |                               |                |                              |             |                   |       |                                |
|   |             |                               | ••••           |                              |             |                   |       |                                |
|   |             |                               |                |                              |             |                   |       |                                |
|   |             |                               |                |                              |             |                   |       |                                |
|   |             |                               |                |                              |             |                   |       |                                |
|   |             |                               |                |                              |             |                   |       |                                |
|   |             |                               | ····           |                              |             |                   |       |                                |
|   |             |                               | •••••          |                              |             |                   |       |                                |
|   |             |                               |                |                              |             |                   |       |                                |
|   |             |                               |                |                              |             |                   |       |                                |
|   |             |                               | ••••           |                              |             |                   |       |                                |
| otal DSEs                                 |             |                               | 0.00           | Total DSEs                   |             |                   | 0.00  |                                |
|   |             |                               |                |                              |             |                   |       |                                |
| Fross Receipts Thir                       | d Group     | \$                            | 0.00           | Gross Receipts Fou           | Irth Group  | \$                | 0.00  |                                |
| Dete Dete The Th                          | 1.0         |                               |                | Deep Defe Exc. 5             |             |                   |       |                                |
| Base Rate Fee Thin                        | u Group     | \$                            | 0.00           | Base Rate Fee Fou            | nin Group   | \$                | 0.00  |                                |
|   |             |                               |                |                              |             |                   |       |                                |
|   |             |                               |                |                              |             |                   |       |                                |
| ase Rate Fee: Add<br>nter here and in blo |             |                               | criber group a | as shown in the boxes        | above.      |                   |       |                                |

| FORM SA3E. PA | ١GE | 19. |
|---------------|-----|-----|
|---------------|-----|-----|

| LEGAL NAME OF OW                         |                 | LE SYSTEM:<br>Cooperative Co | rp.            |                                |            | \$               | 62644    | N          |
|--|-----------------|------------------------------|----------------|--------------------------------|------------|------------------|----------|------------|
|  |                 |                              |                | TE FEES FOR EA                 |            |                  |          |            |
|  |                 | SUBSCRIBER GRC               |                |                                |            | H SUBSCRIBER GRO |          |            |
| COMMUNITY/ AREA 0                        |                 |                              | COMMUNITY/ ARE | A                              |            | 0                | Com      |            |
| CALL SIGN                                | DSE             | CALL SIGN                    | DSE            | CALL SIGN                      | DSE        | CALL SIGN        | DSE      |            |
|  |                 |                              |                |                                |            |                  |          | Base       |
|  |                 |                              |                |                                |            |                  |          | _          |
|  |                 |                              |                |                                |            |                  |          | Syr        |
|  |                 |                              | •••••          |                                |            |                  |          | Exc<br>Sui |
|  |                 |                              |                |                                |            |                  |          |            |
|  |                 |                              |                |                                |            |                  |          | Pa         |
|  |                 |                              |                |                                |            |                  |          | Di         |
|  |                 |                              | ·····          |                                |            |                  |          | Sta        |
|  |                 |                              |                |                                |            |                  |          |            |
|  |                 |                              |                |                                |            |                  |          |            |
|  |                 |                              |                |                                |            |                  |          |            |
|  |                 |                              |                |                                |            |                  |          |            |
|  |                 |                              |                |                                |            |                  | <u> </u> |            |
| otal DSEs                                |                 |                              | 0.00           | Total DSEs                     |            |                  | 0.00     |            |
| ross Receipts Firs                       | t Group         | \$                           | 0.00           | Gross Receipts Second Group \$ |            |                  | 0.00     |            |
|  |                 |                              |                |                                |            |                  |          |            |
| ase Rate Fee Firs                        |                 | \$                           | 0.00           | Base Rate Fee Sec              |            | \$               | 0.00     |            |
| OMMUNITY/ ARE                            |                 | I SUBSCRIBER GRO             | 0<br>0         | SIXTIETH SUBSCRIBER GROUP      |            |                  |          |            |
|  | A               |                              | U              |                                |            |                  |          |            |
| CALL SIGN                                | DSE             | CALL SIGN                    | DSE            | CALL SIGN                      | DSE        | CALL SIGN        | DSE      |            |
|  |                 |                              |                |                                |            |                  |          |            |
|  |                 |                              |                |                                |            |                  |          |            |
|  |                 |                              | ·····          |                                |            |                  |          |            |
|  |                 |                              | •••••          |                                | •••••      |                  |          |            |
|  |                 |                              |                |                                |            |                  |          |            |
|  |                 |                              |                |                                |            |                  |          |            |
|  |                 |                              | ·····          |                                |            |                  |          |            |
|  |                 |                              | ·····          |                                |            |                  |          |            |
|  |                 | "                            |                |                                |            |                  |          |            |
|  |                 |                              |                |                                |            |                  |          |            |
|  |                 |                              |                |                                |            |                  |          |            |
|  |                 |                              |                |                                |            |                  |          |            |
| otal DSEs                                |                 |                              | 0.00           | Total DSEs                     | I          |                  | 0.00     |            |
| ross Receipts Thi                        | rd Group        | \$                           | 0.00           | Gross Receipts Fou             | urth Group | \$               | 0.00     |            |
|  |                 |                              |                |                                |            |                  |          |            |
| ase Rate Fee Thi                         | rd Group        | \$                           | 0.00           | Base Rate Fee For              | urth Group | \$               | 0.00     |            |
|  |                 |                              |                |                                |            |                  |          |            |
| ase Rate Fee: Ad<br>Inter here and in bl |                 |                              | criber group a | as shown in the boxes          | above.     | \$               |          |            |
|  | oor J, III e I, | space L (paye 1)             |                |                                |            | φ                |          |            |

| FORM SA3E. PA | ١GE | 19. |
|---------------|-----|-----|
|---------------|-----|-----|

| EGAL NAME OF OWN                  |              | E SYSTEM:<br>Cooperative Cor | rp.          |                       |            |                   | 62644 | Name                |
|-----------------------------------|--------------|------------------------------|--------------|-----------------------|------------|-------------------|-------|---------------------|
|                                   |              |                              |              | TE FEES FOR EAG       |            |                   |       |                     |
|                                   |              | SUBSCRIBER GRC               |              |                       |            | D SUBSCRIBER GROU |       | 9                   |
| COMMUNITY/ AREA                   |              |                              | 0            | COMMUNITY/ ARE        | Α          |                   | 0     | Computa             |
| CALL SIGN                         | DSE          | CALL SIGN                    | DSE          | CALL SIGN             | DSE        | CALL SIGN         | DSE   | of                  |
|                                   |              |                              |              |                       |            |                   |       | Base Rate           |
|                                   |              |                              |              |                       |            |                   |       | and                 |
|                                   |              |                              |              |                       |            |                   |       | Syndicat            |
|                                   |              |                              | •••••        |                       |            |                   |       | Exclusiv<br>Surchar |
|                                   |              |                              |              |                       |            |                   |       | for                 |
|                                   |              |                              |              |                       |            |                   |       | Partiall            |
|                                   |              |                              |              |                       |            |                   |       | Distan              |
|                                   |              |                              |              |                       |            |                   |       | Station             |
|                                   |              |                              |              |                       |            |                   |       |                     |
|                                   |              |                              |              |                       |            |                   |       |                     |
|                                   |              |                              |              |                       |            |                   |       |                     |
|                                   |              |                              |              |                       |            |                   |       |                     |
|                                   |              |                              |              |                       |            |                   |       |                     |
| otal DSEs                         |              |                              | 0.00         | Total DSEs            |            |                   | 0.00  |                     |
| ross Receipts First (             | Group        | \$                           | 0.00         | Gross Receipts Sec    | cond Group | \$                | 0.00  |                     |
| Base Rate Fee First Group \$ 0.00 |              |                              | 0.00         | Base Rate Fee Sec     | cond Group | \$                | 0.00  |                     |
| SI                                | XTY-THIRD    | SUBSCRIBER GRC               | )UP          | S                     |            |                   |       |                     |
| OMMUNITY/ AREA                    |              |                              | 0            | COMMUNITY/ ARE        | 0          |                   |       |                     |
| CALL SIGN                         | DSE          | CALL SIGN                    | DSE          | CALL SIGN             | DSE        | CALL SIGN         | DSE   |                     |
|                                   |              |                              | ·····        |                       |            |                   |       |                     |
|                                   |              |                              |              |                       |            |                   |       |                     |
|                                   |              |                              |              |                       |            |                   |       |                     |
|                                   |              |                              |              |                       |            |                   |       |                     |
|                                   |              |                              | ·····        |                       |            |                   |       |                     |
|                                   |              |                              |              |                       |            |                   |       |                     |
|                                   |              |                              |              |                       |            |                   |       |                     |
|                                   |              |                              |              |                       |            |                   |       |                     |
|                                   |              |                              |              |                       |            |                   |       |                     |
|                                   |              |                              | •••••        |                       |            |                   |       |                     |
|                                   |              |                              |              |                       |            |                   |       |                     |
|                                   |              |                              |              |                       |            |                   |       |                     |
| otal DSEs                         |              |                              | 0.00         | Total DSEs            |            |                   | 0.00  |                     |
| ross Receipts Third               | Group        | \$                           | 0.00         | Gross Receipts Fou    | irth Group | \$                | 0.00  |                     |
| ase Rate Fee Third                | Group        | \$                           | 0.00         | Base Rate Fee Fou     | irth Group | \$                | 0.00  |                     |
|                                   |              |                              |              | 11                    |            |                   |       |                     |
| ISE Rate Fee: Add                 | the hase rat | te fees for each subs        | criber arous | as shown in the boxes | above      |                   |       |                     |

| FORM SA3E. PA | ١GE | 19. |
|---------------|-----|-----|
|---------------|-----|-----|

| EGAL NAME OF OWI                  |           | E SYSTEM:<br>Cooperative Cor | rp.  |                               |           | 5                 | 62644 | Nam                             |
|-----------------------------------|-----------|------------------------------|------|-------------------------------|-----------|-------------------|-------|---------------------------------|
|                                   |           |                              |      | TE FEES FOR EAG               | CH SUBSCR | IBER GROUP        |       |                                 |
|                                   |           | I SUBSCRIBER GRC             |      |                               |           | H SUBSCRIBER GROU |       | 9                               |
| COMMUNITY/ AREA                   |           |                              | 0    | COMMUNITY/ ARE                | A         |                   | 0     | Comput                          |
| CALL SIGN                         | DSE       | CALL SIGN                    | DSE  | CALL SIGN                     | DSE       | CALL SIGN         | DSE   | of                              |
|                                   |           |                              |      |                               |           |                   |       | Base Rat                        |
|                                   |           |                              |      |                               |           |                   |       | and                             |
|                                   |           |                              |      |                               |           |                   |       | Syndica<br>Exclusi <sup>,</sup> |
|                                   |           |                              |      |                               |           |                   |       | Surcha                          |
|                                   |           |                              |      |                               |           |                   |       | for                             |
|                                   |           |                              |      |                               |           |                   |       | Partial                         |
|                                   |           |                              |      |                               |           |                   |       | Distar<br>Statior               |
|                                   |           |                              |      |                               |           |                   |       | Station                         |
|                                   |           |                              |      |                               |           |                   |       |                                 |
|                                   |           |                              |      |                               |           |                   |       |                                 |
|                                   |           |                              |      |                               |           |                   |       |                                 |
|                                   |           |                              |      |                               |           |                   |       |                                 |
|                                   |           | 11                           | 0.00 |                               |           |                   | 0.00  |                                 |
| otal DSEs                         | _         |                              | 0.00 | Total DSEs                    |           |                   |       |                                 |
| ross Receipts First               | Group     | \$                           | 0.00 | Gross Receipts Sec            | ond Group | \$                | 0.00  |                                 |
| Base Rate Fee First Group \$ 0.00 |           |                              | 0.00 | Base Rate Fee Sec             | ond Group | \$                | 0.00  |                                 |
| SIXT                              | Y-SEVENTH | I SUBSCRIBER GRC             | )UP  | SIXTY-EIGHTH SUBSCRIBER GROUP |           |                   |       |                                 |
| OMMUNITY/ AREA                    | \         |                              | 0    | COMMUNITY/ ARE                | 0         |                   |       |                                 |
| CALL SIGN                         | DSE       | CALL SIGN                    | DSE  | CALL SIGN                     | DSE       | CALL SIGN         | DSE   |                                 |
|                                   |           |                              |      |                               |           |                   |       |                                 |
|                                   |           |                              |      |                               |           | •                 |       |                                 |
|                                   |           |                              |      |                               |           |                   |       |                                 |
|                                   |           |                              |      |                               |           |                   |       |                                 |
|                                   |           |                              |      |                               |           |                   |       |                                 |
|                                   |           |                              |      |                               |           |                   |       |                                 |
|                                   |           |                              |      |                               |           |                   |       |                                 |
|                                   |           |                              |      |                               |           |                   |       |                                 |
|                                   |           |                              |      |                               |           |                   |       |                                 |
|                                   |           |                              |      |                               |           |                   |       |                                 |
|                                   |           |                              |      |                               |           |                   |       |                                 |
|                                   |           |                              |      |                               |           |                   |       |                                 |
| otal DSEs                         |           |                              | 0.00 | Total DSEs                    |           |                   | 0.00  |                                 |
| ross Receipts Third               | d Group   | \$                           | 0.00 | Gross Receipts Fou            | rth Group | \$                | 0.00  |                                 |
|                                   |           |                              |      |                               |           |                   |       |                                 |
|                                   | 0         | *                            |      | Base Rate Fee Fou             | rth Group | ¢                 | 0.00  |                                 |
| ase Rate Fee Third                | a Group   | \$                           | 0.00 | Dase Rate Fee 100             | nin Group | \$                | 0.00  |                                 |
| ase Rate Fee Third                | Group     | \$                           | 0.00 |                               |           | \$                | 0.00  |                                 |
|                                   |           |                              |      | as shown in the boxes         |           | \$                | 0.00  |                                 |

| FORM SA3E. PA | ١GE | 19. |
|---------------|-----|-----|
|---------------|-----|-----|

| EGAL NAME OF OW                   |             | LE SYSTEM:<br>Cooperative Co | rp.   |                                 |           |                  | 62644 | Nam                 |
|-----------------------------------|-------------|------------------------------|-------|---------------------------------|-----------|------------------|-------|---------------------|
|                                   |             |                              |       | ATE FEES FOR EAC                |           |                  |       |                     |
|                                   |             | I SUBSCRIBER GRO             |       |                                 |           | H SUBSCRIBER GRO |       | 9                   |
| COMMUNITY/ ARE                    | A           |                              | 0     | COMMUNITY/ ARE                  | A         |                  | 0     | Comput              |
| CALL SIGN                         | DSE         | CALL SIGN                    | DSE   | CALL SIGN                       | DSE       | CALL SIGN        | DSE   | of                  |
|                                   |             |                              |       |                                 |           |                  |       | Base Rat            |
|                                   |             |                              |       |                                 |           |                  |       | and                 |
|                                   |             | <mark></mark>                | ····· |                                 |           |                  |       | Syndica<br>Exclusiv |
|                                   |             |                              |       |                                 |           |                  |       | Surchar             |
|                                   |             |                              |       |                                 |           |                  |       | for                 |
|                                   |             |                              |       |                                 |           |                  |       | Partial             |
|                                   |             |                              | ····· |                                 |           |                  |       | Distar<br>Statior   |
|                                   |             |                              | ••••• |                                 |           |                  |       | olution             |
|                                   |             |                              |       |                                 |           |                  |       |                     |
|                                   |             |                              |       |                                 |           |                  |       |                     |
|                                   |             |                              |       |                                 |           |                  |       |                     |
|                                   |             |                              |       |                                 |           |                  |       |                     |
| otal DSEs                         |             | -11                          | 0.00  | Total DSEs                      | ļ         |                  | 0.00  |                     |
|                                   |             |                              |       |                                 |           |                  |       |                     |
| ross Receipts Firs                | t Group     | \$                           | 0.00  | Gross Receipts Sec              | ond Group | \$               | 0.00  |                     |
| Base Rate Fee First Group \$ 0.00 |             |                              | 0.00  | Base Rate Fee Sec               | ond Group | \$               | 0.00  |                     |
| SEV                               | /ENTY-FIRST | SUBSCRIBER GRO               | DUP   | SEVENTY-SECOND SUBSCRIBER GROUP |           |                  |       |                     |
| OMMUNITY/ ARE                     | A           |                              | 0     | COMMUNITY/ ARE                  | 0         |                  |       |                     |
| CALL SIGN                         | DSE         | CALL SIGN                    | DSE   | CALL SIGN                       | DSE       | CALL SIGN        | DSE   |                     |
|                                   |             |                              | ····· |                                 |           |                  |       |                     |
|                                   |             |                              |       |                                 |           |                  |       |                     |
|                                   |             |                              |       |                                 |           |                  |       |                     |
|                                   |             |                              |       |                                 |           |                  |       |                     |
|                                   |             |                              |       |                                 |           |                  |       |                     |
|                                   |             |                              |       |                                 |           |                  |       |                     |
|                                   |             |                              |       |                                 |           |                  |       |                     |
|                                   |             |                              |       |                                 |           |                  |       |                     |
|                                   |             |                              | ····· |                                 |           |                  |       |                     |
|                                   |             |                              |       |                                 |           |                  |       |                     |
|                                   |             |                              |       |                                 |           |                  |       |                     |
|                                   |             |                              |       |                                 |           |                  |       |                     |
| otal DSEs                         |             |                              | 0.00  | Total DSEs                      |           |                  | 0.00  |                     |
| ross Receipts Thir                | d Group     | \$                           | 0.00  | Gross Receipts Fou              | rth Group | \$               | 0.00  |                     |
|                                   |             |                              |       |                                 |           |                  | ]     |                     |
|                                   |             | \$                           |       | Base Rate Fee Fou               | rth Group | \$               | 0.00  |                     |
| ee Thir                           | d Group     | Ψ                            | 0.00  | Dase Mater ee 1 ou              |           | Ψ                | 0.00  |                     |
| se Rate Fee Thir                  | d Group     | Ψ                            | 0.00  |                                 |           | ¥                |       |                     |
| se Rate Fee Thir                  |             | <u>[;</u>                    |       | as shown in the boxes           |           | V                |       |                     |

| FORM SA3E. PA | ١GE | 19. |
|---------------|-----|-----|
|---------------|-----|-----|

| LEGAL NAME OF OWN                            |                |                | rp               |                                     |             | \$               | 62644 | Name             |
|--|----------------|----------------|------------------|-------------------------------------|-------------|------------------|-------|------------------|
|  |                |                |                  | TE FEES FOR EA                      |             |                  |       |                  |
| SEVE   | SUBSCRIBER GRO |                | H SUBSCRIBER GRO | UP 0                                | 9           |                  |       |                  |
| COMMONIT I/ AREA                             |                |                | 0                | COMMUNITY/ ARE                      | A           |                  |       | Computat         |
| CALL SIGN                                    | DSE            | CALL SIGN      | DSE              | CALL SIGN                           | DSE         | CALL SIGN        | DSE   | of               |
|  |                |                |                  |                                     |             |                  |       | Base Rate        |
|  |                | •              |                  |                                     |             |                  |       | and<br>Syndicate |
|  |                |                |                  |                                     |             |                  |       | Exclusivi        |
|  |                |                |                  |                                     |             |                  |       | Surcharg         |
|  |                |                |                  |                                     |             |                  |       | for<br>Partially |
|  |                | •              |                  |                                     |             |                  |       | Distant          |
|  |                |                |                  |                                     |             |                  |       | Stations         |
|  |                |                |                  |                                     |             |                  | ····· |                  |
|  |                |                |                  |                                     |             |                  | ····· |                  |
|  |                |                |                  |                                     |             |                  |       |                  |
|  |                |                |                  |                                     |             |                  |       |                  |
|  |                |                |                  |                                     |             |                  |       |                  |
| lotal DSEs                                   |                |                | 0.00             | Total DSEs                          |             |                  |       |                  |
| Gross Receipts First (                       | Group          | \$             | 0.00             | Gross Receipts Second Group \$ 0.00 |             |                  |       |                  |
| Base Rate Fee First (                        | Group          | \$             | 0.00             | Base Rate Fee Sec                   | cond Group  | \$               | 0.00  |                  |
| SEVE   | NTY-FIFTH      | SUBSCRIBER GRO | )UP              | SE                                  | VENTY-SIXTI | H SUBSCRIBER GRO | UP    |                  |
| COMMUNITY/ AREA                              |                |                | 0                | COMMUNITY/ ARE                      |             |                  |       |                  |
| CALL SIGN                                    | DSE            | CALL SIGN      | DSE              | CALL SIGN                           | DSE         | CALL SIGN        | DSE   |                  |
|  |                |                |                  |                                     |             |                  |       |                  |
|  |                |                |                  |                                     |             |                  |       |                  |
|  |                |                |                  |                                     |             |                  |       |                  |
|  |                | •              |                  |                                     |             |                  |       |                  |
|  |                |                |                  |                                     |             |                  |       |                  |
|  |                |                |                  |                                     |             |                  |       |                  |
|  |                |                |                  |                                     |             |                  | ····· |                  |
|  |                |                |                  |                                     |             |                  |       |                  |
|  |                |                |                  |                                     |             |                  |       |                  |
|  |                |                |                  |                                     |             |                  |       |                  |
|  |                |                | ·····            |                                     | ·····       |                  |       |                  |
| otal DSEs                                    |                |                | 0.00             | Total DSEs                          |             |                  | 0.00  |                  |
| Gross Receipts Third                         | Group          | \$             | 0.00             | Gross Receipts Fou                  | urth Group  | \$               | 0.00  |                  |
|  |                |                |                  |                                     |             |                  |       |                  |
| Base Rate Fee Third                          | Group          | \$             | 0.00             | Base Rate Fee For                   | irth Group  | \$               | 0.00  |                  |
| Base Rate Fee: Add<br>Enter here and in bloc |                |                | criber group a   | as shown in the boxes               | above.      | \$               |       |                  |

| FORM SA3E. PA | ١GE | 19. |
|---------------|-----|-----|
|---------------|-----|-----|

| LEGAL NAME OF OWN          |              |                               | rp.            |                                     |            | S                 | 62644   | Name              |
|----------------------------|--------------|-------------------------------|----------------|-------------------------------------|------------|-------------------|---------|-------------------|
|                            |              |                               |                | ATE FEES FOR EA                     |            |                   |         |                   |
| SEVENTY<br>COMMUNITY/ AREA | -SEVENTH     | SUBSCRIBER GRO                | 0UP<br>0       | SEV<br>COMMUNITY/ ARE               |            | H SUBSCRIBER GROU | JP<br>0 | 9                 |
| COMMONIT I/ AREA           |              |                               | U              |                                     |            |                   | U       | Computatio        |
| CALL SIGN                  | DSE          | CALL SIGN                     | DSE            | CALL SIGN                           | DSE        | CALL SIGN         | DSE     | of                |
|                            |              |                               |                |                                     |            |                   |         | Base Rate F       |
|                            |              |                               |                |                                     |            | •                 |         | and<br>Syndicated |
|                            |              |                               |                |                                     |            |                   |         | Exclusivit        |
|                            |              |                               |                |                                     |            |                   |         | Surcharge         |
|                            |              |                               |                |                                     |            |                   |         | for<br>Partially  |
|                            |              |                               |                |                                     |            |                   |         | Distant           |
|                            |              |                               |                |                                     |            |                   |         | Stations          |
|                            |              |                               |                |                                     |            |                   |         |                   |
|                            |              |                               |                |                                     |            |                   |         |                   |
|                            |              |                               |                |                                     |            |                   |         |                   |
|                            |              |                               |                |                                     |            |                   |         |                   |
|                            |              |                               |                |                                     |            |                   |         |                   |
| Fotal DSEs                 |              | . <u></u>                     | 0.00           | Total DSEs 0.00                     |            |                   |         |                   |
| Gross Receipts First (     | Group        | \$                            | 0.00           | Gross Receipts Second Group \$ 0.00 |            |                   |         |                   |
| Base Rate Fee First (      | Group        | \$                            | 0.00           | Base Rate Fee Sec                   | cond Group | \$                | 0.00    |                   |
| SEVE                       | NTY-NINTH    | SUBSCRIBER GRO                |                |                                     |            |                   |         |                   |
| COMMUNITY/ AREA            |              |                               | 0              | COMMUNITY/ AREA 0                   |            |                   |         |                   |
| CALL SIGN                  | DSE          | CALL SIGN                     | DSE            | CALL SIGN                           | DSE        | CALL SIGN         | DSE     |                   |
|                            |              |                               |                |                                     |            |                   |         |                   |
|                            |              |                               |                |                                     |            |                   |         |                   |
|                            |              |                               |                |                                     |            |                   |         |                   |
|                            |              |                               |                |                                     |            |                   |         |                   |
|                            |              |                               |                |                                     |            |                   |         |                   |
|                            |              |                               |                |                                     |            |                   |         |                   |
|                            |              | +                             |                |                                     |            |                   |         |                   |
|                            |              |                               |                |                                     |            |                   |         |                   |
|                            |              |                               |                |                                     |            |                   |         |                   |
|                            |              |                               |                |                                     |            |                   |         |                   |
|                            |              |                               |                |                                     |            |                   |         |                   |
| Total DSEs                 |              |                               | 0.00           | Total DSEs                          |            |                   | 0.00    |                   |
| Gross Receipts Third       | Group        | \$                            | 0.00           | Gross Receipts For                  | urth Group | \$                | 0.00    |                   |
|                            |              |                               |                |                                     | -          |                   |         |                   |
| Base Rate Fee Third        | Group        | \$                            | 0.00           | Base Rate Fee For                   | urth Group | \$                | 0.00    |                   |
| se Rate Fee: Add t         | the base rat | t <b>e fees</b> for each subs | criber aroun a | as shown in the boxes               | above      |                   |         |                   |
| Enter here and in bloc     |              |                               | silver group a |                                     |            | \$                |         |                   |

| FORM SA3E. PA | ١GE | 19. |
|---------------|-----|-----|
|---------------|-----|-----|

| LEGAL NAME OF OWNE   |           |                | р.             |                                     |            | 5                | 62644   | Name             |
|--|-----------|----------------|----------------|-------------------------------------|------------|------------------|---------|------------------|
|  |           |                |                | TE FEES FOR EA                      |            |                  |         |                  |
| EIGI   | HTY-FIRST | SUBSCRIBER GRC | 0<br>0         | EIG<br>COMMUNITY/ ARE               |            | ) SUBSCRIBER GRO | JP<br>0 | 9                |
|  |           |                |                |                                     |            |                  |         | Computatio       |
| CALL SIGN  | DSE       | CALL SIGN      | DSE            | CALL SIGN                           | DSE        | CALL SIGN        | DSE     | of               |
|  |           |                |                |                                     |            |                  |         | Base Rate Fo     |
|  |           |                | •••••          |                                     |            |                  |         | Syndicated       |
|  |           |                |                |                                     |            |                  |         | Exclusivity      |
|  |           |                |                |                                     |            |                  | ·····   | Surcharge<br>for |
|  |           |                |                |                                     |            | •                |         | Partially        |
|  |           |                |                |                                     |            |                  |         | Distant          |
|  |           |                |                |                                     |            | •                |         | Stations         |
|  |           |                |                |                                     |            |                  |         |                  |
|  |           |                |                |                                     |            |                  |         |                  |
|  |           |                |                |                                     |            |                  |         |                  |
|  |           |                |                |                                     |            | •                |         |                  |
| Fotal DSEs   |           |                | 0.00           | Total DSEs                          | ł          |                  | 0.00    |                  |
| Gross Receipts First G   | Group     | \$             | 0.00           | Gross Receipts Second Group \$ 0.00 |            |                  |         |                  |
| <b>3ase Rate Fee</b> First G   | Group     | \$             | 0.00           | Base Rate Fee Sec                   | cond Group | \$               | 0.00    |                  |
|  | HTY-THIRD | SUBSCRIBER GRC |                | EIG                                 |            |                  |         |                  |
| COMMUNITY/ AREA  |           |                | 0              | COMMUNITY/ AREA 0                   |            |                  |         |                  |
| CALL SIGN  | DSE       | CALL SIGN      | DSE            | CALL SIGN                           | DSE        | CALL SIGN        | DSE     |                  |
|  |           |                |                |                                     |            |                  |         |                  |
|  |           |                |                |                                     |            |                  |         |                  |
|  |           |                |                |                                     |            | •                |         |                  |
|  |           |                |                |                                     |            |                  |         |                  |
|  |           |                |                |                                     |            |                  |         |                  |
|  |           |                | •••••          |                                     |            |                  |         |                  |
|  |           |                |                |                                     |            |                  |         |                  |
|  |           |                |                |                                     |            |                  |         |                  |
|  |           |                | •••••          |                                     |            |                  | •••••   |                  |
|  |           |                |                |                                     |            |                  |         |                  |
|  |           |                |                |                                     |            |                  |         |                  |
| otal DSEs  |           |                | 0.00           | Total DSEs                          |            |                  | 0.00    |                  |
| Gross Receipts Third (   | Group     | \$             | 0.00           | Gross Receipts Fou                  | urth Group | \$               | 0.00    |                  |
| Base Rate Fee Third (  | Group     | \$             | 0.00           | Base Rate Fee Fou                   | urth Group | \$               | 0.00    |                  |
| Base Rate Fee: Add the set of the |           |                | criber group a | II<br>as shown in the boxes         | above.     | \$               |         |                  |

| FORM SA3E. PA | ١GE | 19. |
|---------------|-----|-----|
|---------------|-----|-----|

| LEGAL NAME OF OW<br>Foothills Rural |           | E SYSTEM:<br>Cooperative Co                      |                |                                     |             | 5                | 62644 | N         |
|-------------------------------------|-----------|--|----------------|-------------------------------------|-------------|------------------|-------|-----------|
|                                     |           |  |                | ATE FEES FOR EAC                    |             |                  |       |           |
|                                     |           | I SUBSCRIBER GRO                                 |                | EIGHTY-SIXTH SUBSCRIBER GROUP       |             |                  |       |           |
| COMMUNITY/ AREA                     |           |  | 0              | COMMUNITY/ ARE                      | A           |                  | 0     | Com       |
| CALL SIGN                           | DSE       | CALL SIGN  | DSE            | CALL SIGN                           | DSE         | CALL SIGN        | DSE   |           |
|                                     |           |  |                |                                     |             |                  |       | Base      |
|                                     |           |  |                |                                     |             |                  |       | Syr       |
|                                     |           |  | •••••          |                                     |             |                  |       | Exc       |
|                                     |           |  |                |                                     |             |                  |       | Su        |
|                                     |           |  |                |                                     |             |                  |       |           |
|                                     |           |  |                |                                     |             |                  |       | Pa        |
|                                     |           |  |                |                                     |             |                  |       | Di<br>Sta |
|                                     |           |  |                |                                     |             |                  |       |           |
|                                     |           |  |                |                                     |             |                  |       |           |
|                                     |           |  |                |                                     |             |                  |       |           |
|                                     |           |  |                |                                     |             |                  | ····· |           |
|                                     |           |  | •••••          |                                     |             |                  |       |           |
| otal DSEs                           |           |  | 0.00           | Total DSEs                          |             | ++               | 0.00  |           |
| ross Receipts First                 | Group     | \$   | 0.00           | Gross Receipts Second Group \$ 0.00 |             |                  | 0.00  |           |
|                                     | Group     | ÷  |                |                                     |             | ÷                |       |           |
| <b>ase Rate Fee</b> First           | Group     | \$   | 0.00           | Base Rate Fee Sec                   | ond Group   | \$               | 0.00  |           |
| EIGHT                               | Y-SEVENTH | I SUBSCRIBER GRO                                 | UP             | EIC                                 | GHTY-EIGHTH | H SUBSCRIBER GRO | UP    |           |
| OMMUNITY/ AREA                      | A         |  | 0              | COMMUNITY/ AREA 0                   |             |                  |       |           |
| CALL SIGN                           | DSE       | CALL SIGN  | DSE            | CALL SIGN                           | DSE         | CALL SIGN        | DSE   |           |
|                                     |           |  |                |                                     |             |                  |       |           |
|                                     |           |  |                |                                     |             |                  |       |           |
|                                     |           |  |                |                                     |             |                  |       |           |
|                                     |           |  |                |                                     |             |                  |       |           |
|                                     |           |  | •••••          |                                     |             |                  | ••••• |           |
|                                     |           |  |                |                                     |             |                  |       |           |
|                                     |           |  |                |                                     |             |                  |       |           |
|                                     |           |  |                |                                     |             |                  | ····· |           |
|                                     |           |  | •••••          |                                     |             |                  |       |           |
|                                     |           |  |                |                                     |             |                  |       |           |
|                                     |           |  |                |                                     |             |                  |       |           |
| atal DSF-                           |           |  | 0.00           |                                     |             |                  | 0.00  |           |
| otal DSEs                           |           |  | 0.00           | Total DSEs                          |             |                  | 0.00  |           |
| ross Receipts Third                 | d Group   | \$   | 0.00           | Gross Receipts Fou                  | rth Group   | \$               | 0.00  |           |
| ase Rate Fee Third                  | d Group   | \$   | 0.00           | Base Rate Fee Fou                   | rth Group   | \$               | 0.00  |           |
|                                     |           |  |                |                                     |             |                  |       |           |
|                                     |           | <b>te fees</b> for each subs<br>space L (page 7) | criber group a | as shown in the boxes               | above.      | \$               |       |           |

| FORM SA3E. PA | ١GE | 19. |
|---------------|-----|-----|
|---------------|-----|-----|

| EGAL NAME OF OWN          |            | E SYSTEM:<br>Cooperative Cor | rp.      |                                |             |                  | 62644 | Name                   |
|---------------------------|------------|------------------------------|----------|--------------------------------|-------------|------------------|-------|------------------------|
|                           |            |                              |          | TE FEES FOR EA                 |             |                  |       |                        |
|                           |            | SUBSCRIBER GRC               | 0UP<br>0 |                                |             | SUBSCRIBER GRO   |       | 9                      |
| COMMUNITY/ AREA           |            |                              |          | COMMUNITY/ ARE                 | A           |                  | 0     | Computat               |
| CALL SIGN                 | DSE        | CALL SIGN                    | DSE      | CALL SIGN                      | DSE         | CALL SIGN        | DSE   | of                     |
|                           |            |                              |          |                                |             |                  |       | Base Rate              |
|                           |            |                              |          |                                |             |                  |       | and                    |
|                           |            |                              |          |                                |             |                  |       | Syndicate<br>Exclusivi |
|                           |            |                              |          |                                |             |                  |       | Surcharg               |
|                           |            |                              |          |                                |             |                  |       | for                    |
|                           |            |                              |          |                                |             |                  |       | Partially<br>Distant   |
|                           |            |                              |          |                                |             |                  |       | Station                |
|                           |            |                              |          |                                |             |                  |       |                        |
|                           |            | <br>                         |          |                                |             |                  |       |                        |
|                           |            |                              |          |                                |             |                  |       |                        |
|                           |            |                              |          |                                |             |                  |       |                        |
|                           |            |                              |          |                                |             |                  |       |                        |
| otal DSEs                 |            |                              | 0.00     | Total DSEs                     |             |                  | 0.00  |                        |
| ross Receipts First       | Group      | \$                           | 0.00     | Gross Receipts Second Group \$ |             |                  | 0.00  |                        |
|                           | Cicup      | ÷                            |          |                                | Joing Group | ÷                |       |                        |
| <b>ase Rate Fee</b> First | Group      | \$                           | 0.00     | Base Rate Fee Sec              | cond Group  | \$               | 0.00  |                        |
| NI                        | NETY-FIRST | SUBSCRIBER GRC               | UP       | NIN                            | ETY-SECONE  | D SUBSCRIBER GRO | JP    |                        |
| OMMUNITY/ AREA            |            |                              | 0        | COMMUNITY/ ARE                 | 0           |                  |       |                        |
| CALL SIGN                 | DSE        | CALL SIGN                    | DSE      | CALL SIGN                      | DSE         | CALL SIGN        | DSE   |                        |
|                           |            |                              |          |                                |             |                  |       |                        |
|                           |            |                              |          |                                |             |                  |       |                        |
|                           |            |                              |          |                                |             |                  |       |                        |
|                           |            |                              |          |                                |             |                  |       |                        |
|                           |            |                              |          |                                |             |                  |       |                        |
|                           |            |                              |          |                                |             | •                |       |                        |
|                           |            |                              |          |                                |             |                  |       |                        |
|                           |            |                              |          |                                |             |                  |       |                        |
|                           |            |                              |          |                                |             |                  |       |                        |
|                           |            |                              | •••••    |                                |             |                  |       |                        |
|                           |            |                              |          |                                |             |                  |       |                        |
|                           |            |                              |          |                                |             |                  |       |                        |
| otal DSEs                 |            |                              | 0.00     | Total DSEs                     |             |                  | 0.00  |                        |
| ross Receipts Third       | Group      | \$                           | 0.00     | Gross Receipts Fou             | urth Group  | \$               | 0.00  |                        |
|                           |            |                              |          |                                |             |                  | ]     |                        |
| ase Rate Fee Third        | Group      | \$                           | 0.00     | Base Rate Fee Fou              | irth Group  | \$               | 0.00  |                        |
|                           |            | _                            |          |                                |             |                  |       |                        |
|                           |            |                              |          |                                |             |                  |       |                        |
| <b>.</b>                  |            |                              |          | as shown in the boxes          |             |                  |       |                        |

| FORM SA3E. PA | ١GE | 19. |
|---------------|-----|-----|
|---------------|-----|-----|

| LEGAL NAME OF OWNE                             |           |                | p.             |                                     |            |                | 62644   | Name              |
|--|-----------|----------------|----------------|-------------------------------------|------------|----------------|---------|-------------------|
|  |           |                |                | TE FEES FOR EAG                     |            |                |         |                   |
| NINE<br>COMMUNITY/ AREA                        | ETY-THIRD | SUBSCRIBER GRC | UP<br>0        | NIN<br>COMMUNITY/ ARE               |            | SUBSCRIBER GRO | UP<br>0 | 9                 |
| COMMONIT I/ AREA                               |           |                | U              |                                     | A          |                |         | Computation       |
| CALL SIGN                                      | DSE       | CALL SIGN      | DSE            | CALL SIGN                           | DSE        | CALL SIGN      | DSE     | of                |
|  |           |                |                |                                     |            |                |         | Base Rate Fe      |
|  |           |                | ····           |                                     |            | •              |         | and<br>Syndicated |
|  |           | · =            |                |                                     |            |                |         | Exclusivity       |
|  |           |                |                |                                     |            |                |         | Surcharge         |
|  |           |                |                |                                     |            | •              |         | for<br>Partially  |
|  |           |                |                |                                     |            |                |         | Distant           |
|  |           |                |                |                                     |            |                |         | Stations          |
|  |           | •              |                |                                     |            | •              |         |                   |
|  |           |                |                |                                     |            |                |         |                   |
|  |           |                |                |                                     |            |                |         |                   |
|  |           |                |                |                                     |            |                |         |                   |
| Total DSEs                                     |           |                | 0.00           | Total DSEs                          | Į          |                | 0.00    |                   |
| Gross Receipts First G                         | Group     | \$             | 0.00           | Gross Receipts Second Group \$ 0.00 |            |                |         |                   |
| <b>Base Rate Fee</b> First G                   | iroup     | \$             | 0.00           | Base Rate Fee Sec                   | cond Group | \$             | 0.00    |                   |
|  | -         |                |                |                                     |            |                | J       |                   |
| COMMUNITY/ AREA                                |           | SUBSCRIBER GRC | 0P<br>0        | COMMUNITY/ ARE                      |            |                |         |                   |
|  |           |                |                |                                     |            |                |         |                   |
| CALL SIGN                                      | DSE       | CALL SIGN      | DSE            | CALL SIGN                           | DSE        | CALL SIGN      | DSE     |                   |
|  |           |                |                |                                     |            |                |         |                   |
|  |           |                |                |                                     |            |                | •••••   |                   |
|  |           |                |                |                                     |            |                |         |                   |
|  |           |                |                |                                     |            |                |         |                   |
|  |           | •              |                |                                     |            |                | •••••   |                   |
|  |           |                |                |                                     |            |                |         |                   |
|  |           |                |                |                                     |            |                |         |                   |
|  |           |                |                |                                     |            |                |         |                   |
|  |           |                |                |                                     |            |                |         |                   |
|  |           |                |                |                                     |            |                |         |                   |
|  |           |                |                |                                     |            |                |         |                   |
| Total DSEs                                     |           |                | 0.00           | Total DSEs                          |            |                | 0.00    |                   |
| Gross Receipts Third (                         | Group     | \$             | 0.00           | Gross Receipts Fou                  | ırth Group | \$             | 0.00    |                   |
| Base Rate Fee Third (                          | Group     | \$             | 0.00           | Base Rate Fee Fou                   | irth Group | \$             | 0.00    |                   |
| <b>_</b> / <b>_</b> · · ·                      |           |                |                | II                                  |            |                |         |                   |
| Base Rate Fee: Add the Enter here and in block |           |                | criber group a | as snown in the boxes               | above.     | \$             |         |                   |

| FORM SA3E. PA | ١GE | 19. |
|---------------|-----|-----|
|---------------|-----|-----|

| LEGAL NAME OF OWNER                            |            |                             | р.                |                       |            | \$               | 62644 | Name                 |
|--|------------|-----------------------------|-------------------|-----------------------|------------|------------------|-------|----------------------|
|  |            |                             |                   | TE FEES FOR EAC       |            |                  |       |                      |
|  | SEVENTH    | SUBSCRIBER GRO              |                   |                       |            | H SUBSCRIBER GRO |       | 9                    |
| COMMUNITY/ AREA                                |            |                             | 0                 | COMMUNITY/ ARE        | A          |                  | 0     | Computatio           |
| CALL SIGN                                      | DSE        | CALL SIGN                   | DSE               | CALL SIGN             | DSE        | CALL SIGN        | DSE   | of                   |
|  |            |                             |                   |                       |            |                  |       | Base Rate F          |
|  |            |                             |                   |                       |            |                  |       | and<br>Syndicated    |
|  |            | -                           | •••               |                       |            |                  |       | Exclusivit           |
|  |            |                             |                   |                       |            |                  |       | Surcharge            |
|  |            |                             |                   |                       |            |                  |       | for<br>Dentieller    |
|  |            |                             |                   |                       |            | •                |       | Partially<br>Distant |
|  |            | -                           |                   |                       |            |                  |       | Stations             |
|  |            |                             |                   |                       |            |                  |       |                      |
|  |            |                             |                   |                       |            |                  |       |                      |
|  |            |                             |                   |                       |            |                  |       |                      |
|  |            |                             |                   |                       |            |                  |       |                      |
|  |            |                             |                   |                       |            |                  |       |                      |
| Fotal DSEs                                     |            |                             | 0.00              | Total DSEs            |            |                  | 0.00  |                      |
| Gross Receipts First Gro                       | oup        | \$                          | 0.00              | Gross Receipts Sec    | ond Group  | \$               | 0.00  |                      |
| Base Rate Fee First Group \$ 0.00              |            |                             | Base Rate Fee Sec | ond Group             | \$         | 0.00             |       |                      |
| NINE   | FY-NINTH   | SUBSCRIBER GRO              | UP                | ONE                   |            |                  |       |                      |
| COMMUNITY/ AREA                                |            |                             | 0                 | COMMUNITY/ ARE        |            |                  |       |                      |
| CALL SIGN                                      | DSE        | CALL SIGN                   | DSE               | CALL SIGN             | DSE        | CALL SIGN        | DSE   |                      |
|  |            | -                           |                   |                       |            |                  |       |                      |
|  |            |                             |                   |                       |            |                  |       |                      |
|  |            |                             |                   |                       |            |                  |       |                      |
|  |            |                             |                   |                       |            |                  |       |                      |
|  |            |                             |                   |                       |            |                  |       |                      |
|  |            |                             |                   |                       |            |                  |       |                      |
|  |            | -                           |                   |                       |            |                  |       |                      |
|  |            |                             |                   |                       |            | 1                |       |                      |
|  |            |                             |                   |                       |            |                  |       |                      |
|  |            |                             | •••               |                       |            |                  |       |                      |
|  |            |                             |                   |                       |            |                  |       |                      |
| Total DSEs                                     |            |                             | 0.00              | Total DSEs            |            |                  | 0.00  |                      |
| Gross Receipts Third G                         | roup       | \$                          | 0.00              | Gross Receipts Fou    | irth Group | \$               | 0.00  |                      |
|  |            |                             |                   |                       |            |                  |       |                      |
| Base Rate Fee Third G                          | roup       | \$                          | 0.00              | Base Rate Fee Fou     | rth Group  | \$               | 0.00  |                      |
| Base Rate Fee: Add the                         | e base rat | <b>e fees</b> for each subs | criber group a    | as shown in the boxes | above.     |                  |       |                      |
| Base Rate Fee: Add the Enter here and in block |            |                             | criber group a    | as shown in the boxes | above.     | \$               |       |                      |

| FORM SA3E. I | PAGE | 19. |
|--------------|------|-----|
|--------------|------|-----|

| LEGAL NAME OF OWNER<br>Foothills Rural Tele |         |  | ).            |                       |                   |                  | SYSTEM ID#<br>62644 | Name               |
|---|---------|--|---------------|-----------------------|-------------------|------------------|---------------------|--------------------|
| BI  | LOCK A: | COMPUTATION O                            | F BASE RA     | TE FEES FOR EAG       | CH SUBSCR         | IBER GROUP       |                     |                    |
| ONE HUNDRE                                  | D FIRST | SUBSCRIBER GROU                          | JP            | ONE HUND              | RED SECON         | D SUBSCRIBER GRO | UP                  | 9                  |
| COMMUNITY/ AREA                             |         |  | 0             | COMMUNITY/ ARE        | COMMUNITY/ AREA 0 |                  |                     |                    |
| CALL SIGN                                   | DSE     | CALL SIGN                                | DSE           | CALL SIGN             | DSE               | CALL SIGN        | DSE                 | Computation of     |
|   |         |  |               |                       |                   |                  |                     | Base Rate F<br>and |
|   |         |  |               |                       |                   |                  |                     | Syndicate          |
|   |         |  |               |                       |                   |                  |                     | Exclusivit         |
|   |         |  |               |                       |                   |                  |                     | Surcharg           |
|   |         |  |               |                       |                   |                  |                     | for<br>Partially   |
|   |         | -  |               |                       |                   |                  |                     | Distant            |
|   |         |  |               |                       |                   |                  |                     | Stations           |
|   |         |  |               |                       |                   |                  |                     |                    |
|   |         |  |               |                       |                   |                  |                     |                    |
|   |         |  |               |                       |                   |                  |                     |                    |
|   |         |  |               |                       |                   |                  |                     |                    |
|   |         | <u> </u>                                 | 0.00          |                       |                   |                  | 0.00                |                    |
| Fotal DSEs                                  |         |  | 0.00          | Total DSEs            |                   |                  | 0.00                |                    |
| Gross Receipts First Gro                    | oup     | \$                                       | 0.00          | Gross Receipts Sec    | ond Group         | \$               | 0.00                |                    |
| Base Rate Fee First Group \$ 0.00           |         |  |               | Base Rate Fee Sec     | ond Group         | \$               | 0.00                |                    |
| ONE HUNDRE                                  | D THIRD | SUBSCRIBER GROU                          | JP            | ONE HUND              | RED FOURTH        | H SUBSCRIBER GRO | UP                  |                    |
| COMMUNITY/ AREA                             |         |  | 0             | COMMUNITY/ ARE        |                   |                  |                     |                    |
| CALL SIGN                                   | DSE     | CALL SIGN                                | DSE           | CALL SIGN             | DSE               | CALL SIGN        | DSE                 |                    |
|   |         | -  |               |                       |                   |                  |                     |                    |
|   |         |  |               |                       |                   |                  |                     |                    |
|   |         |  |               |                       |                   |                  |                     |                    |
|   |         |  |               |                       |                   |                  |                     |                    |
|   |         |  |               |                       |                   |                  |                     |                    |
|   |         |  |               |                       |                   |                  |                     |                    |
|   |         |  | <mark></mark> |                       |                   |                  |                     |                    |
|   |         | -  |               |                       |                   |                  |                     |                    |
|   |         |  |               |                       |                   |                  |                     |                    |
|   |         |  |               |                       |                   |                  |                     |                    |
|   |         |  | <u></u>       | ·                     |                   |                  | ·····               |                    |
| Fotal DSEs                                  |         |  | 0.00          | Total DSEs            |                   |                  | 0.00                |                    |
| Gross Receipts Third Group \$ 0.00          |         | Gross Receipts Fou                       | irth Group    | \$                    | 0.00              |                  |                     |                    |
|   |         |  |               |                       |                   |                  | ]                   |                    |
| Base Rate Fee Third Gro                     | oup     | \$                                       | 0.00          | Base Rate Fee Fou     | rth Group         | \$               | 0.00                |                    |
|   |         |  |               |                       |                   |                  |                     |                    |
| Base Rate Fee: Add the                      |         | e fees for each subsc<br>pace L (page 7) | riber group a | as shown in the boxes | above.            | \$               |                     |                    |

| FORM SA3E. I | PAGE | 19. |
|--------------|------|-----|
|--------------|------|-----|

| LEGAL NAME OF OWNE<br>Foothills Rural Te         |   |                    | р.             |                       |                                | Ş                | 62644   | Name                  |
|--|---|--------------------|----------------|-----------------------|--------------------------------|------------------|---------|-----------------------|
|  | BLOCK A:  | COMPUTATION (      | OF BASE RA     | TE FEES FOR EAC       | CH SUBSCR                      | IBER GROUP       |         |                       |
| ONE HUNDR  | ONE HUNDRED FIFTH SUBSCRIBER GROUP ONE HUNDRED SIXTH SUBSCRIBER GROUP |                    |                |                       |                                |                  |         | 0                     |
| COMMUNITY/ AREA                                  |   |                    | 0              | COMMUNITY/ ARE        | A                              |                  | 0       | <b>9</b><br>Computat  |
| CALL SIGN  | DSE   | CALL SIGN          | DSE            | CALL SIGN             | DSE                            | CALL SIGN        | DSE     | of                    |
|  |   |                    |                |                       |                                |                  |         | Base Rate             |
|  |   |                    |                |                       |                                |                  |         | and                   |
|  |   |                    | •••••          |                       |                                |                  |         | Syndicate             |
|  |   |                    | •••••          |                       | ·····                          |                  |         | Exclusivi<br>Surcharg |
|  |   |                    | ••••           | •                     |                                |                  |         | for                   |
|  |   |                    |                |                       |                                |                  |         | Partially             |
|  |   |                    |                |                       |                                |                  |         | Distant               |
|  |   |                    | •••••          |                       |                                |                  |         | Stations              |
|  |   |                    | •••••          |                       | •••••                          |                  |         |                       |
|  | •••••••••••••••••••••••••••••••••••••••                               | +                  | •••••          |                       |                                |                  |         |                       |
|  |   |                    |                |                       |                                |                  |         |                       |
|  |   |                    |                |                       |                                |                  |         |                       |
|  |   |                    |                |                       |                                |                  |         |                       |
| otal DSEs  |   |                    | 0.00           | Total DSEs            |                                |                  | 0.00    |                       |
| Gross Receipts First G                           | roup  | \$                 | 0.00           | Gross Receipts Sec    | Gross Receipts Second Group \$ |                  |         |                       |
|  |   |                    |                |                       |                                |                  |         |                       |
| Base Rate Fee First G                            |   | \$                 | 0.00           | Base Rate Fee Sec     |                                | \$               | 0.00    |                       |
|  | SEVENTH   | SUBSCRIBER GRC     |                | 1                     |                                | H SUBSCRIBER GRO | UP<br>0 |                       |
| COMMUNITY/ AREA 0                                |   |                    |                | COMMUNITY/ ARE/       |                                |                  |         |                       |
| CALL SIGN  | DSE   | CALL SIGN          | DSE            | CALL SIGN             | DSE                            | CALL SIGN        | DSE     |                       |
|  |   |                    | •••••          |                       | •••••                          |                  |         |                       |
|  |   |                    |                |                       |                                |                  |         |                       |
|  |   |                    |                |                       |                                |                  |         |                       |
|  |   |                    |                |                       |                                |                  |         |                       |
|  |   |                    | ····           |                       |                                |                  |         |                       |
|  |   |                    | •••••          |                       |                                |                  |         |                       |
|  |   |                    |                |                       |                                |                  |         |                       |
|  |   |                    |                |                       |                                |                  |         |                       |
|  |   | <br> -             |                |                       |                                |                  |         |                       |
|  |   |                    |                |                       |                                |                  |         |                       |
|  | <mark></mark>   |                    |                |                       |                                |                  |         |                       |
|  | <mark></mark>   |                    |                |                       |                                |                  |         |                       |
| Fotal DSEs                                       |   | <u> </u>           | 0.00           | Total DSEs            |                                |                  | 0.00    |                       |
| Gross Receipts Third Group \$ 0.00               |   | Gross Receipts Fou | rth Group      | \$                    | 0.00                           |                  |         |                       |
|  | F   |                    |                |                       | <b>-</b> P                     |                  |         |                       |
| Base Rate Fee Third G                            | Group   | \$                 | 0.00           | Base Rate Fee Fou     | rth Group                      | \$               | 0.00    |                       |
|  |   |                    |                | 11                    |                                |                  |         |                       |
| Base Rate Fee: Add th<br>Enter here and in block |   |                    | criber group a | as shown in the boxes | above.                         | \$               |         |                       |
|  | ,   | page - (page /)    |                |                       |                                | •                |         |                       |

| FORM SA3E. PA | ١GE | 19. |
|---------------|-----|-----|
|---------------|-----|-----|

| LEGAL NAME OF OWNER<br>Foothills Rural Tel                         |         |                | p              |                       |            | \$               | 62644 | Name                    |
|--|---------|----------------|----------------|-----------------------|------------|------------------|-------|-------------------------|
|  |         |                |                | TE FEES FOR EAC       |            |                  |       |                         |
| ONE HUNDRED NINTH SUBSCRIBER GROUP ONE HUNDRED TENTH SUBSCRIBER GR |         |                |                |                       |            |                  |       | 9                       |
| COMMUNITY/ AREA  |         |                | 0              | COMMUNITY/ ARE        | A          |                  | 0     | Computati               |
| CALL SIGN  | DSE     | CALL SIGN      | DSE            | CALL SIGN             | DSE        | CALL SIGN        | DSE   | of                      |
|  |         |                |                |                       |            |                  |       | Base Rate F             |
|  |         |                |                |                       |            |                  |       | and                     |
|  |         |                | ····           |                       |            |                  |       | Syndicate<br>Exclusivit |
|  |         |                |                |                       |            |                  |       | Surcharg                |
|  |         |                |                |                       |            |                  |       | for                     |
|  |         |                |                |                       |            |                  |       | Partially               |
|  |         |                |                |                       |            |                  |       | Distant                 |
|  |         | -              |                |                       |            |                  |       | Stations                |
|  |         |                |                |                       |            |                  |       |                         |
|  |         |                |                |                       |            |                  |       |                         |
|  |         |                |                |                       |            |                  |       |                         |
|  |         |                |                |                       |            |                  |       |                         |
|  |         |                |                |                       |            |                  |       |                         |
| Fotal DSEs   |         |                | 0.00           | Total DSEs            |            |                  | 0.00  |                         |
| Gross Receipts First Gr  | oup     | \$             | 0.00           | Gross Receipts Sec    | ond Group  | \$               | 0.00  |                         |
| <b>3ase Rate Fee</b> First Gr                                      | oup     | \$             | 0.00           | Base Rate Fee Sec     | ond Group  | \$               | 0.00  |                         |
| ONE HUNDRED E  | LEVENTH | SUBSCRIBER GRO | UP             | ONE HUNDR             | ED TWELVTH | H SUBSCRIBER GRO | UP    |                         |
| COMMUNITY/ AREA  |         |                | 0              | COMMUNITY/ ARE        |            |                  |       |                         |
| CALL SIGN  | DSE     | CALL SIGN      | DSE            | CALL SIGN             | DSE        | CALL SIGN        | DSE   |                         |
|  |         |                |                |                       |            |                  |       |                         |
|  |         |                |                |                       |            |                  |       |                         |
|  |         |                |                |                       |            |                  |       |                         |
|  |         |                |                |                       |            |                  |       |                         |
|  |         | -              |                |                       |            |                  |       |                         |
|  |         |                |                |                       |            |                  |       |                         |
|  |         |                |                |                       |            |                  |       |                         |
|  |         |                |                |                       |            |                  |       |                         |
|  |         |                |                |                       |            |                  |       |                         |
|  |         |                |                |                       |            |                  |       |                         |
|  |         |                |                |                       |            |                  |       |                         |
|  |         |                |                |                       |            |                  |       |                         |
| Total DSEs   |         |                | 0.00           | Total DSEs            |            |                  | 0.00  |                         |
| Gross Receipts Third G   | iroup   | \$             | 0.00           | Gross Receipts Fou    | rth Group  | \$               | 0.00  |                         |
|  |         |                |                |                       | -          |                  |       |                         |
| Base Rate Fee Third G  | roup    | \$             | 0.00           | Base Rate Fee Fou     | rth Group  | \$               | 0.00  |                         |
| Base Rate Fee: Add the<br>Enter here and in block                  |         |                | criber group a | as shown in the boxes | above.     | \$               |       |                         |

| FORM SA3E. PA | ١GE | 19. |
|---------------|-----|-----|
|---------------|-----|-----|

| LEGAL NAME OF OW                  |                             | LE SYSTEM:<br>Cooperative Cor | p.             |                       |            | Ş                | 62644 | Name                 |
|-----------------------------------|-----------------------------|-------------------------------|----------------|-----------------------|------------|------------------|-------|----------------------|
|                                   | BLOCK A                     | COMPUTATION C                 | OF BASE RA     | TE FEES FOR EAG       | CH SUBSCR  | IBER GROUP       |       |                      |
|                                   |                             | SUBSCRIBER GRO                |                |                       |            | H SUBSCRIBER GRO |       | 9                    |
| COMMUNITY/ ARE                    | A                           |                               | 0              | COMMUNITY/ ARE        | Α          |                  | 0     | Computatior          |
| CALL SIGN                         | CALL SIGN DSE CALL SIGN DSE |                               |                | CALL SIGN             | DSE        | CALL SIGN        | DSE   | of                   |
|                                   |                             |                               |                |                       |            |                  |       | Base Rate Fe         |
|                                   |                             |                               |                |                       |            |                  |       | and<br>Syndicated    |
|                                   |                             |                               | •••••          |                       | ••••••     |                  |       | Exclusivity          |
|                                   |                             |                               |                |                       |            |                  |       | Surcharge            |
|                                   |                             |                               |                |                       |            |                  |       | for<br>Derticily     |
|                                   |                             | •                             |                |                       |            |                  |       | Partially<br>Distant |
|                                   |                             |                               |                |                       |            |                  |       | Stations             |
|                                   |                             |                               |                |                       |            |                  |       |                      |
|                                   |                             |                               |                |                       |            |                  |       |                      |
|                                   |                             |                               |                |                       |            |                  |       |                      |
|                                   |                             |                               |                |                       |            |                  |       |                      |
|                                   |                             | 1                             |                |                       |            |                  |       |                      |
| Total DSEs                        |                             |                               | 0.00           | Total DSEs            |            |                  | 0.00  |                      |
| Gross Receipts Firs               | t Group                     | \$                            | 0.00           | Gross Receipts Sec    | cond Group | \$               | 0.00  |                      |
| Base Rate Fee First Group \$ 0.00 |                             |                               | 0.00           | Base Rate Fee Sec     | cond Group | \$               | 0.00  |                      |
|                                   |                             | SUBSCRIBER GRO                |                | 11                    |            | H SUBSCRIBER GRO |       |                      |
| COMMUNITY/ ARE                    | A                           |                               | 0              | COMMUNITY/ ARE        | 0          |                  |       |                      |
| CALL SIGN                         | DSE                         | CALL SIGN                     | DSE            | CALL SIGN             | DSE        | CALL SIGN        | DSE   |                      |
|                                   |                             |                               |                |                       |            |                  |       |                      |
|                                   |                             |                               |                |                       |            |                  |       |                      |
|                                   |                             |                               |                |                       |            |                  |       |                      |
|                                   |                             |                               |                |                       |            |                  |       |                      |
|                                   |                             |                               |                |                       |            |                  |       |                      |
|                                   |                             |                               |                |                       |            |                  |       |                      |
|                                   |                             |                               |                |                       |            |                  |       |                      |
|                                   |                             |                               |                |                       |            |                  |       |                      |
|                                   |                             |                               | ••••           |                       |            |                  | ····· |                      |
|                                   |                             |                               |                |                       |            |                  |       |                      |
|                                   |                             |                               |                |                       |            |                  |       |                      |
| Total DSEs 0.00                   |                             | 0.00                          | Total DSEs     |                       |            | 0.00             |       |                      |
| Gross Receipts Thir               | rd Group                    | \$                            | 0.00           | Gross Receipts Fou    | urth Group | \$               | 0.00  |                      |
| Base Rate Fee Thir                | rd Group                    | \$                            | 0.00           | Base Rate Fee Fou     | urth Group | \$               | 0.00  |                      |
|                                   |                             | te fees for each subs         | criber group a | ns shown in the boxes | above.     |                  |       |                      |
| Enter here and in bl              | ock 3, line 1,              | space L (page 7)              |                |                       |            | \$               |       |                      |

| FORM SA3E. PAGE 19 |
|--------------------|
|--------------------|

| LEGAL NAME OF OWNE<br>Foothills Rural Te |            |                        | ).           |                      |           | \$             | 62644    | Name                 |
|--|------------|------------------------|--------------|----------------------|-----------|----------------|----------|----------------------|
|  |            | COMPUTATION O          |              | п                    |           |                |          |                      |
| ONE HUNDRED SEVE                         | NTEENTH    | SUBSCRIBER GROU        | IP<br>0      | ONE HUNDRED          |           | SUBSCRIBER GRO | UP<br>0  | 9                    |
|  |            |                        | U            |                      | ~         |                | <b>U</b> | Computation          |
| CALL SIGN                                | DSE        | CALL SIGN              | DSE          | CALL SIGN            | DSE       | CALL SIGN      | DSE      | of                   |
|  |            |                        |              |                      |           |                |          | Base Rate Fee<br>and |
|  |            | -                      | ·            |                      |           |                |          | Syndicated           |
|  |            |                        |              |                      |           |                |          | Exclusivity          |
|  |            |                        |              |                      |           |                |          | Surcharge            |
|  |            |                        |              |                      |           | •              |          | for<br>Partially     |
|  |            | -                      |              |                      |           |                |          | Distant              |
|  |            |                        |              |                      |           |                |          | Stations             |
|  |            |                        |              |                      |           |                | •••••    |                      |
|  |            |                        |              |                      |           |                |          |                      |
|  |            |                        |              |                      |           |                |          |                      |
|  |            |                        |              |                      |           | •              |          |                      |
| Total DSEs                               | _ <u>_</u> | 11                     | 0.00         | Total DSEs           |           | 11             | 0.00     |                      |
| Gross Receipts First G                   | roup       | ¢.                     | 0.00         |                      |           |                |          |                      |
|  | roup       | \$                     | 0.00         | Gloss Receipts Sec   | ond Group | \$             | 0.00     |                      |
| Base Rate Fee First Group \$ 0.00        |            |                        | 0.00         | Base Rate Fee Sec    | ond Group | \$             | 0.00     |                      |
| -  | NTEENTH    | SUBSCRIBER GROU        |              | 11                   |           | SUBSCRIBER GRO | UP<br>0  |                      |
| COMMUNITY/ AREA                          |            |                        | 0            | COMMUNITY/ ARE       |           |                |          |                      |
| CALL SIGN                                | DSE        | CALL SIGN              | DSE          | CALL SIGN            | DSE       | CALL SIGN      | DSE      |                      |
|  |            |                        |              |                      |           |                |          |                      |
|  |            |                        |              |                      |           | •              |          |                      |
|  |            |                        |              |                      |           |                |          |                      |
|  |            |                        |              |                      |           |                |          |                      |
|  |            |                        |              |                      |           | •              |          |                      |
|  |            |                        |              |                      |           |                |          |                      |
|  |            |                        |              |                      |           |                |          |                      |
|  |            |                        |              |                      |           |                | ·····    |                      |
|  |            | <br>                   |              |                      |           |                |          |                      |
|  |            |                        |              |                      |           |                |          |                      |
|  |            |                        |              |                      |           |                | ·····    |                      |
| Total DSEs                               |            |                        | 0.00         | Total DSEs           |           |                | 0.00     |                      |
| Gross Receipts Third Group \$ 0.00       |            | Gross Receipts Fou     | rth Group    | \$                   | 0.00      |                |          |                      |
|  | P*         | ·                      |              |                      | h         | <u>.</u>       |          |                      |
| Base Rate Fee Third G                    | Group      | \$                     | 0.00         | Base Rate Fee Fou    | rth Group | \$             | 0.00     |                      |
| Base Rate Fee: Add th                    | e base rat | e fees for each subscr | iber aroup a | s shown in the boxes | above.    |                |          |                      |
| Enter here and in block                  |            |                        | 5 1 -        |                      |           | \$             |          |                      |

| FORM SA3E. P/ | AGE 19. |
|---------------|---------|
|---------------|---------|

| JP<br>0<br>DSE | 9<br>Computa<br>of<br>Base Rat<br>and<br>Syndica<br>Exclusi<br>Surcha<br>for<br>Partia |
|----------------|--|
|                | Computa<br>of<br>Base Rat<br>and<br>Syndica<br>Exclusi<br>Surcha<br>for                |
| DSE            | Computa<br>of<br>Base Rat<br>and<br>Syndica<br>Exclusi<br>Surcha<br>for                |
|                | of<br>Base Rat<br>and<br>Syndica<br>Exclusi<br>Surcha<br>for                           |
|                | and<br>Syndica<br>Exclusi<br>Surcha<br>for   |
|                | Syndica<br>Exclusi<br>Surcha<br>for  |
|                | Exclusi<br>Surcha<br>for   |
|                | Surcha<br>for  |
|                | •  |
|                | Dartia   |
|                | Dista  |
|                | Statio   |
|                |  |
| 0.00           |  |
| 0.00           |  |
| 0.00           | •  |
| 0.00           |  |
| 0.00           |  |
| 0.00           |  |
|                |  |
| 0.00           |  |
|                |  |
| U              |  |
| DSE            | -  |
|                |  |
|                | •  |
|                |  |
|                |  |
|                |  |
|                |  |
|                |  |
|                |  |
|                |  |
|                |  |
|                |  |
|                |  |
| 0.00           |  |
| 0.00           |  |
|                |  |
| 0.00           |  |
|                |  |
|                |  |
|                |  |
|                | 0.00   |

| FORM SA3E. I | PAGE | 19. |
|--------------|------|-----|
|--------------|------|-----|

|   | lephone       | E SYSTEM:<br>Cooperative Co | rp.               |   |              |                    | 62644 |
|---|---------------|-----------------------------|-------------------|---|--------------|--------------------|-------|
|   |               |                             |                   | TE FEES FOR EAG   |              |                    |       |
|   | NTY-FIFTH     | SUBSCRIBER GROU             |                   | 1   |              | I SUBSCRIBER GROUF |       |
| OMMUNITY/ AREA  |               |                             | 0                 | COMMUNITY/ ARE  | A            |                    | 0     |
| CALL SIGN   | DSE           | CALL SIGN                   | DSE               | CALL SIGN   | DSE          | CALL SIGN          | DSE   |
|   |               |                             |                   |   |              |                    |       |
|   |               |                             | ····              |   |              |                    |       |
|   |               |                             |                   |   |              |                    |       |
|   |               |                             |                   | •   |              |                    |       |
|   |               |                             |                   |   |              |                    |       |
|   |               |                             |                   |   |              |                    |       |
|   |               |                             |                   |   |              |                    |       |
|   |               |                             |                   | •   |              |                    |       |
|   |               |                             |                   |   |              | 1                  |       |
|   |               |                             |                   |   |              |                    |       |
|   | <mark></mark> |                             |                   |   |              | •                  |       |
|   |               |                             |                   |   |              |                    |       |
| tal DSEs  |               |                             | 0.00              | Total DSEs  |              |                    | 0.00  |
| oss Receipts First G                                  | roup          | \$                          | 0.00              | Gross Receipts Sec  | cond Group   | \$                 | 0.00  |
|   | •             | <u>·</u>                    |                   |   | <b>"</b> P   | ·                  |       |
| ase Rate Fee First Group \$ 0.00                      |               |                             | Base Rate Fee Sec | cond Group  | \$           | 0.00               |       |
| E HUNDRED TWENTY                                      | -SEVENTH      | SUBSCRIBER GROU             | Р                 | ONE HUNDRED TV  | VENTY-EIGHTH | SUBSCRIBER GROUF   | )     |
| COMMUNITY/ AREA 0                                     |               |                             | COMMUNITY/ ARE    | A   |              | 0                  |       |
| ALL SIGN  |               | П                           |                   |   |              |                    |       |
|   | DSE           | CALL SIGN                   | DSE               | CALL SIGN   | DSE          | CALL SIGN          | DSE   |
|   | DSE           | CALL SIGN                   | DSE               |   | DSE          | CALL SIGN          | DSE   |
|   | DSE           | CALL SIGN                   | DSE               | CALL SIGN   | DSE          | CALL SIGN          | DSE   |
|   | DSE           | CALL SIGN                   | DSE               |   | DSE          | CALL SIGN          | DSE   |
|   | DSE           | CALL SIGN                   | DSE               | CALL SIGN   | DSE          | CALL SIGN          | DSE   |
|   | DSE           | CALL SIGN                   | DSE               |   |              | CALL SIGN          | DSE   |
|   | DSE           | CALL SIGN                   |                   |   | DSE          | CALL SIGN          | DSE   |
|   | DSE           | CALL SIGN                   |                   |   |              | CALL SIGN          | DSE   |
|   | DSE           | CALL SIGN                   |                   |   | DSE          | CALL SIGN          | DSE   |
|   | DSE           | CALL SIGN                   |                   |   |              | CALL SIGN          | DSE   |
|   | DSE           | CALL SIGN                   |                   |   | DSE          | CALL SIGN          | DSE   |
|   | DSE           | CALL SIGN                   |                   |   | DSE          | CALL SIGN          |       |
|   | DSE           | CALL SIGN                   |                   |   | DSE          | CALL SIGN          |       |
|   | DSE           | CALL SIGN                   | DSE               | CALL SIGN       CALL SIGN       Image: Constraint of the second sec | DSE          | CALL SIGN          | DSE   |
| tal DSEs  |               | S                           |                   |   |              | CALL SIGN          |       |
| otal DSEs<br>ross Receipts Third G                    |               |                             | 0.00              | Total DSEs  |              |                    | 0.00  |
| tal DSEs  | Group         |                             | 0.00              | Total DSEs  | Inth Group   |                    | 0.00  |
| tal DSEs<br>DSS Receipts Third G                      | Group         | S                           | 0.00              | Total DSEs<br>Gross Receipts Fou  | Inth Group   | S                  | 0.00  |
| al DSEs<br>ss Receipts Third G<br>se Rate Fee Third G | Group         | <u>s</u>                    | 0.00 0.00 0.00    | Total DSEs<br>Gross Receipts Fou  | Irth Group   | S                  | 0.00  |

| BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP         ONE HUNDRED THENT-NINTH SUBSCRIBER GROUP         CALL SIGN       DSE         Cotal DSEs  | SYSTEM ID#<br>62644 | Mana              |
|---|---------------------|-------------------|
| COMMUNITY/ AREA         O         COMMUNITY/ AREA           CALL SIGN         DSE         CALL SIGN         DSE         CALL SIGN         DSE         CALL SIGN           CALL SIGN         DSE         CALL SIGN         DSE         CALL SIGN         DSE         CALL SIGN           CALL SIGN         DSE         CALL SIGN         DSE         CALL SIGN         DSE         CALL SIGN           CALL SIGN         DSE         CALL  |                     | _                 |
| CALL SIGN       DSE       CALL SIGN         I <td< td=""><td>UP 0</td><td>9</td></td<>  | UP 0                | 9                 |
| Image: Second Group       Image: Second Group<  | U                   | Computatio        |
| Gross Receipts First Group       s       0.00       Gross Receipts Second Group       s         Base Rate Fee First Group       s       0.00       Base Rate Fee Second Group       s         ONE HUNDRED THIRTY-FIRST SUBSCRIBER GROUP       ONE HUNDRED THIRTY-SECOND SUBSCRIBER GROUP       ONE HUNDRED THIRTY-SECOND SUBSCRIBER GROUP         CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN         CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN         Image: Complex Second Group   | DSE                 | of                |
| Gross Receipts First Group       \$       0.00       Gross Receipts Second Group       \$         Base Rate Fee First Group       \$       0.00       Base Rate Fee Second Group       \$         ONE HUNDRED THIRTY-FIRST SUBSCRIBER GROUP       ONE HUNDRED THIRTY-SECOND SUBSCRIBER GROUP       ONE HUNDRED THIRTY-SECOND SUBSCRIBER GROUP         CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN         CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN         CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN         Image: Call Sign       DSE       CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN         Image: Call Sign       DSE       CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN         Image: Call Sign       Image: Call Sign       Image: Call Sign       Image: Call Sign       Image: Call Sign       Image: Call Sign       Image: Call Sign         Image: Call Sign       Image: Call Sign       Image: Call Sign       Image: Call Sign       Image: Call Sign       Image: Call Sign       Image: Call Sign       Image: Call Sign       Image: Call Sign       Image: Call Sign       Image: Call Sign       Image: Call Sign <td></td> <td>Base Rate F</td>   |                     | Base Rate F       |
| Gross Receipts First Group       \$       0.00       Gross Receipts Second Group       \$         Base Rate Fee First Group       \$       0.00       Base Rate Fee Second Group       \$         ONE HUNDRED THIRTY-FIRST SUBSCRIBER GROUP       ONE HUNDRED THIRTY-SECOND SUBSCRIBER GROUP       ONE HUNDRED THIRTY-SECOND SUBSCRIBER GROUP         CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN         CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN         CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN         Image: Call Sign       DSE       CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN         Image: Call Sign       DSE       CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN         Image: Call Sign       Image: Call Sign       Image: Call Sign       Image: Call Sign       Image: Call Sign       Image: Call Sign       Image: Call Sign         Image: Call Sign       Image: Call Sign       Image: Call Sign       Image: Call Sign       Image: Call Sign       Image: Call Sign       Image: Call Sign       Image: Call Sign       Image: Call Sign       Image: Call Sign       Image: Call Sign       Image: Call Sign <td></td> <td> and<br/>Syndicated</td>   |                     | and<br>Syndicated |
| Gross Receipts First Group       \$       0.00       Gross Receipts Second Group       \$         Base Rate Fee First Group       \$       0.00       Base Rate Fee Second Group       \$         ONE HUNDRED THIRTY-FIRST SUBSCRIBER GROUP       ONE HUNDRED THIRTY-SECOND SUBSCRIBER GROUP       ONE HUNDRED THIRTY-SECOND SUBSCRIBER GROUP         CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN         CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN         CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN         Image: Call Sign       DSE       CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN         Image: Call Sign       DSE       CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN         Image: Call Sign       DSE       CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN         Image: Call Sign       DSE       CALL SIGN       DSE       CALL SIGN       DSE         Image: Call Sign       DSE       CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN         Image: Call Sign       DSE       Call Sign       DSE   |                     | Exclusivit        |
| Gross Receipts First Group       \$       0.00       Gross Receipts Second Group       \$         Base Rate Fee First Group       \$       0.00       Base Rate Fee Second Group       \$         ONE HUNDRED THIRTY-FIRST SUBSCRIBER GROUP       ONE HUNDRED THIRTY-SECOND SUBSCRIBER GROUP       ONE HUNDRED THIRTY-SECOND SUBSCRIBER GROUP         CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN         CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN         CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN         CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN         CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN         CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN         CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE   |                     | Surcharge         |
| Gross Receipts First Group       \$       0.00       Gross Receipts Second Group       \$         Base Rate Fee First Group       \$       0.00       Base Rate Fee Second Group       \$         ONE HUNDRED THIRTY-FIRST SUBSCRIBER GROUP       ONE HUNDRED THIRTY-SECOND SUBSCRIBER GROUP       ONE HUNDRED THIRTY-SECOND SUBSCRIBER GROUP         CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN         CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN         CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN         Image: Call Sign       DSE       CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN         Image: Call Sign       DSE       CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN         Image: Call Sign       DSE       CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN         Image: Call Sign       DSE       CALL SIGN       DSE       CALL SIGN       DSE         Image: Call Sign       DSE       CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN         Image: Call Sign       DSE       Call Sign       DSE   |                     | for<br>Partially  |
| Gross Receipts First Group       s       0.00       Gross Receipts Second Group       s         Base Rate Fee First Group       s       0.00       Base Rate Fee Second Group       s         ONE HUNDRED THIRTY-FIRST SUBSCRIBER GROUP       ONE HUNDRED THIRTY-SECOND SUBSCRIBER GROUP       ONE HUNDRED THIRTY-SECOND SUBSCRIBER GROUP         CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN         CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN         CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN         Image: Call Sign       DSE       CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN         Image: Call Sign       DSE       CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN         Image: Call Sign       DSE       CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN         Image: Call Sign       DSE       CALL SIGN       DSE       CALL SIGN       DSE         Image: Call Sign       DSE       CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN         Image: Call Sign       DSE       Call Sign       DSE   |                     | Distant           |
| Gross Receipts First Group       s       0.00       Gross Receipts Second Group       s         Base Rate Fee First Group       s       0.00       Base Rate Fee Second Group       s         ONE HUNDRED THIRTY-FIRST SUBSCRIBER GROUP       ONE HUNDRED THIRTY-SECOND SUBSCRIBER GROUP       ONE HUNDRED THIRTY-SECOND SUBSCRIBER GROUP         CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN         CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN         CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN         Image: Call Sign       DSE       CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN         Image: Call Sign       DSE       CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN         Image: Call Sign       DSE       CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN         Image: Call Sign       DSE       CALL SIGN       DSE       CALL SIGN       DSE         Image: Call Sign       DSE       CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN         Image: Call Sign       DSE       Call Sign       DSE   |                     | Stations          |
| Gross Receipts First Group       s       0.00       Gross Receipts Second Group       s         Base Rate Fee First Group       s       0.00       Base Rate Fee Second Group       s         ONE HUNDRED THIRTY-FIRST SUBSCRIBER GROUP       ONE HUNDRED THIRTY-SECOND SUBSCRIBER GROUP       ONE HUNDRED THIRTY-SECOND SUBSCRIBER GROUP         CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN         CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN         CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN         Image: Call Sign       DSE       CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN         Image: Call Sign       DSE       CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN         Image: Call Sign       DSE       CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN         Image: Call Sign       DSE       CALL SIGN       DSE       CALL SIGN       DSE         Image: Call Sign       DSE       CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN         Image: Call Sign       DSE       Call Sign       DSE   |                     |                   |
| Gross Receipts First Group       \$       0.00       Gross Receipts Second Group       \$         Base Rate Fee First Group       \$       0.00       Base Rate Fee Second Group       \$         ONE HUNDRED THIRTY-FIRST SUBSCRIBER GROUP       ONE HUNDRED THIRTY-SECOND SUBSCRIBER GROUP       ONE HUNDRED THIRTY-SECOND SUBSCRIBER GROUP         CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN         CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN         CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN         CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN         CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN         CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN         CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE   |                     |                   |
| Gross Receipts First Group       \$       0.00       Gross Receipts Second Group       \$         Base Rate Fee First Group       \$       0.00       Base Rate Fee Second Group       \$         ONE HUNDRED THIRTY-FIRST SUBSCRIBER GROUP       ONE HUNDRED THIRTY-SECOND SUBSCRIBER GROUP       ONE HUNDRED THIRTY-SECOND SUBSCRIBER GROUP         CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN         CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN         CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN         Image: Call Sign       DSE       CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN         Image: Call Sign       DSE       CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN         Image: Call Sign       DSE       CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN         Image: Call Sign       DSE       CALL SIGN       DSE       CALL SIGN       DSE         Image: Call Sign       DSE       CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN         Image: Call Sign       DSE       Call Sign       DSE   |                     |                   |
| Gross Receipts First Group       s       0.00       Gross Receipts Second Group       s         Base Rate Fee First Group       s       0.00       Base Rate Fee Second Group       s         ONE HUNDRED THIRTY-FIRST SUBSCRIBER GROUP       ONE HUNDRED THIRTY-SECOND SUBSCRIBER GROUP       ONE HUNDRED THIRTY-SECOND SUBSCRIBER GROUP         CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN         CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN         CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN         Image: Call Sign       DSE       CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN         Image: Call Sign       DSE       CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN         Image: Call Sign       DSE       CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN         Image: Call Sign       DSE       CALL SIGN       DSE       CALL SIGN       DSE         Image: Call Sign       DSE       CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN         Image: Call Sign       DSE       Call Sign       DSE   |                     |                   |
| Gross Receipts First Group       \$       0.00       Gross Receipts Second Group       \$         Base Rate Fee First Group       \$       0.00       Base Rate Fee Second Group       \$         ONE HUNDRED THIRTY-FIRST SUBSCRIBER GROUP       ONE HUNDRED THIRTY-SECOND SUBSCRIBER GROUP       ONE HUNDRED THIRTY-SECOND SUBSCRIBER GROUP         CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN         CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN         CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN         CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN         CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN         CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN         CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE   | 0.00                | _                 |
| Base Rate Fee First Group       \$       0.00       Base Rate Fee Second Group       \$         ONE HUNDRED THIRTY-FIRST SUBSCRIBER GROUP       ONE HUNDRED THIRTY-SECOND SUBSCRIBER GROUP       ONE HUNDRED THIRTY-SECOND SUBSCRIBER GROUP         COMMUNITY/ AREA       0       COMMUNITY/ AREA       0         CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN         COMMUNITY/ AREA       Income Second Group       Income Second Group       Income Second Group       Income Second Group         CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       Income Second Group       Income Second Group         CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       Income Second Group       Income Second Group         COMUNITY/ AREA       Income Second Group       Income Second Group       Income Second Group       Income Second Group  | 0.00                |                   |
| ONE HUNDRED THIRTY-FIRST SUBSCRIBER GROUP       ONE HUNDRED THIRTY-SECOND SUBSCRIBER GROUP         COMMUNITY/ AREA       0         CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN         DSE       CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN         Image: Community of the second se  | 0.00                |                   |
| COMMUNITY/ AREA CALL SIGN DSE | 0.00                |                   |
| CALL SIGN     DSE     CALL SIGN     DSE     CALL SIGN     DSE     CALL SIGN       Image: Im   | UP                  | _                 |
| Image: Constraint of the second se                               | 0                   |                   |
|   | DSE                 |                   |
|   |                     |                   |
|   |                     |                   |
|   |                     |                   |
|   |                     |                   |
|   |                     |                   |
|   |                     |                   |
|   |                     |                   |
|   |                     |                   |
|   |                     |                   |
|   |                     |                   |
|   |                     |                   |
| Gross Receipts Third Group \$ 0.00 Gross Receipts Fourth Group \$   | 0.00                |                   |
|   | 0.00                |                   |
|   |                     | [                 |
| Base Rate Fee Third Group \$ 0.00 Base Rate Fee Fourth Group \$   | 0.00                |                   |
|   |                     | -                 |
| Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.  |                     | r                 |

| FORM SA3E. PA | ١GE | 19. |
|---------------|-----|-----|
|---------------|-----|-----|

| EGAL NAME OF OW                                  |              | LE SYSTEM:<br>Cooperative Cor | 'n.            |                       |              | :                  | SYSTEM ID#<br>62644 | Name                 |
|--|--------------|-------------------------------|----------------|-----------------------|--------------|--------------------|---------------------|----------------------|
|  | BLOCK A      | COMPUTATION                   | OF BASE RA     | TE FEES FOR EAG       | CH SUBSCR    | IBER GROUP         |                     |                      |
|  |              | SUBSCRIBER GROUI              |                |                       |              | H SUBSCRIBER GROUP | 2                   | 0                    |
| COMMUNITY/ AREA                                  | A            |                               | 0              | COMMUNITY/ AREA 0     |              |                    | 0                   | <b>9</b><br>Computa  |
| CALL SIGN  | DSE          | CALL SIGN                     | DSE            | CALL SIGN             | DSE          | CALL SIGN          | DSE                 | of                   |
|  |              |                               |                |                       |              |                    |                     | Base Rate            |
|  |              |                               | ····           |                       |              |                    |                     | and                  |
|  |              |                               | ••••           |                       |              |                    |                     | Syndicat<br>Exclusiv |
|  |              |                               | ••••           |                       |              |                    |                     | Surchar              |
|  |              |                               |                |                       |              |                    |                     | for                  |
|  |              |                               | ····           |                       |              |                    | ·····               | Partial              |
|  |              |                               |                |                       |              |                    |                     | Distan<br>Station    |
|  |              |                               | ••••           |                       |              |                    |                     |                      |
|  |              |                               |                |                       |              |                    |                     |                      |
|  |              |                               |                |                       |              |                    |                     |                      |
|  |              |                               |                |                       |              |                    |                     |                      |
|  |              |                               | ••••           |                       |              |                    |                     |                      |
| otal DSEs  | Į            | 11                            | 0.00           | Total DSEs            |              | -11                | 0.00                |                      |
|  | 0            | •                             |                |                       |              | •                  |                     |                      |
| ross Receipts First                              | Group        | \$                            | 0.00           | Gross Receipts Sec    | cond Group   | \$                 | 0.00                |                      |
| ase Rate Fee First                               | Group        | \$                            | 0.00           | Base Rate Fee Sec     | ond Group    | \$                 | 0.00                |                      |
| ONE HUNDRED                                      | THIRTY-FIFTH | I SUBSCRIBER GROU             | P              | ONE HUNDRED           | THIRTY-SIXTI | H SUBSCRIBER GROUP | 2                   |                      |
| OMMUNITY/ AREA                                   | A            |                               | 0              | COMMUNITY/ ARE        | Α            |                    | 0                   |                      |
| CALL SIGN  | DSE          | CALL SIGN                     | DSE            | CALL SIGN             | DSE          | CALL SIGN          | DSE                 |                      |
|  |              |                               | ••••           |                       |              |                    |                     |                      |
|  |              |                               |                |                       |              |                    |                     |                      |
|  |              |                               |                |                       |              |                    |                     |                      |
|  |              |                               |                |                       |              |                    |                     |                      |
|  |              |                               |                |                       |              |                    |                     |                      |
|  |              |                               |                |                       |              |                    |                     |                      |
|  |              |                               |                |                       |              |                    |                     |                      |
|  |              |                               | ····           |                       |              |                    |                     |                      |
|  |              |                               | •••••          |                       |              |                    |                     |                      |
|  |              |                               |                |                       |              |                    |                     |                      |
|  |              |                               |                |                       |              |                    |                     |                      |
|  |              |                               |                |                       |              |                    |                     |                      |
| otal DSEs  |              |                               | 0.00           | Total DSEs            |              |                    | 0.00                |                      |
| ross Receipts Thire                              | d Group      | \$                            | 0.00           | Gross Receipts Fou    | irth Group   | \$                 | 0.00                |                      |
| ase Rate Fee Third                               | d Group      | \$                            | 0.00           | Base Rate Fee Fou     | irth Group   | \$                 | 0.00                |                      |
|  |              |                               |                |                       |              |                    |                     |                      |
|  |              |                               |                |                       |              |                    |                     |                      |
| <b>ase Rate Fee:</b> Add<br>nter here and in blo |              |                               | criber group a | as shown in the boxes | above.       | \$                 |                     |                      |

| LEGAL NAME OF OWN<br>Foothills Rural T              |                                 |                 | ъ              |                       |            |                    | SYSTEM ID#<br>62644 | Name             |
|---|---------------------------------|-----------------|----------------|-----------------------|------------|--------------------|---------------------|------------------|
|   |                                 |                 |                | ATE FEES FOR EAG      |            |                    |                     |                  |
| ONE HUNDRED THIR                                    | TY-SEVENTH                      | SUBSCRIBER GROU | P              | 11                    |            | H SUBSCRIBER GROUF | 。<br>0              | 9                |
|   | JNITY/ AREA 0 COMMUNITY/ AREA C |                 |                |                       | •          | Computatio         |                     |                  |
| CALL SIGN   | DSE                             | CALL SIGN       | DSE            | CALL SIGN             | DSE        | CALL SIGN          | DSE                 | of               |
|   |                                 |                 |                |                       |            |                    |                     | Base Rate Fo     |
|   |                                 |                 |                |                       |            |                    |                     | Syndicated       |
|   |                                 |                 |                |                       |            |                    |                     | Exclusivity      |
|   |                                 |                 |                |                       |            |                    |                     | Surcharge<br>for |
|   |                                 |                 |                |                       |            |                    |                     | Partially        |
|   |                                 |                 |                |                       |            |                    |                     | Distant          |
|   |                                 | •               |                |                       |            |                    |                     | Stations         |
|   |                                 |                 |                |                       |            |                    |                     |                  |
|   |                                 |                 |                |                       |            |                    |                     |                  |
|   |                                 |                 |                |                       |            |                    |                     |                  |
|   |                                 |                 |                |                       |            |                    |                     |                  |
| Total DSEs  |                                 |                 | 0.00           | Total DSEs            |            |                    | 0.00                |                  |
| Gross Receipts First                                | Group                           | \$              | 0.00           | Gross Receipts Sec    | cond Group | \$                 | 0.00                |                  |
| Base Rate Fee First (                               | Group                           | \$              | 0.00           | Base Rate Fee Sec     | cond Group | \$                 | 0.00                |                  |
|   | HRTY-NINTH                      | SUBSCRIBER GROU |                |                       |            | H SUBSCRIBER GRO   |                     |                  |
| COMMUNITY/ AREA                                     |                                 |                 | 0              | COMMUNITY/ ARE        | A          |                    | 0                   |                  |
| CALL SIGN   | DSE                             | CALL SIGN       | DSE            | CALL SIGN             | DSE        | CALL SIGN          | DSE                 |                  |
|   |                                 |                 |                |                       |            |                    |                     |                  |
|   |                                 |                 |                |                       |            |                    |                     |                  |
|   |                                 |                 |                |                       |            |                    |                     |                  |
|   |                                 | •               |                |                       |            |                    |                     |                  |
|   |                                 |                 |                |                       |            |                    |                     |                  |
|   |                                 |                 | •••••          |                       |            |                    |                     |                  |
|   |                                 |                 |                |                       |            |                    |                     |                  |
|   |                                 |                 |                |                       |            |                    |                     |                  |
|   |                                 |                 |                |                       |            |                    |                     |                  |
|   |                                 |                 |                |                       |            |                    |                     |                  |
|   |                                 |                 | 0.00           | Tatal DOE             |            |                    | 0.00                |                  |
| Total DSEs  | 0                               |                 | 0.00           | Total DSEs            |            |                    | 0.00                |                  |
| Gross Receipts Third                                | Group                           | \$              | 0.00           | Gross Receipts Fou    | irin Group | \$                 | 0.00                |                  |
| Base Rate Fee Third                                 | Group                           | \$              | 0.00           | Base Rate Fee Fou     | ırth Group | \$                 | 0.00                |                  |
| <b>Base Rate Fee:</b> Add<br>Enter here and in bloc |                                 |                 | criber group a | as shown in the boxes | above.     | \$                 |                     |                  |

| FORM SA3E. PA | ١GE | 19. |
|---------------|-----|-----|
|---------------|-----|-----|

|  |                  | E SYSTEM:<br>Cooperative Cor | ·р.   |                                       |            | 5                  | 62644 |
|--|------------------|------------------------------|-------|---------------------------------------|------------|--------------------|-------|
|  |                  |                              |       | TE FEES FOR EAG                       |            | BER GROUP          |       |
|  | RTY-FIRST        | SUBSCRIBER GROUP             |       | 1                                     |            | SUBSCRIBER GROUP   |       |
| OMMUNITY/ AREA                             |                  |                              | 0     | COMMUNITY/ ARE                        | A          |                    | 0     |
| CALL SIGN                                  | DSE              | CALL SIGN                    | DSE   | CALL SIGN                             | DSE        | CALL SIGN          | DSE   |
|  |                  |                              |       |                                       |            |                    |       |
|  |                  |                              | ····  |                                       |            |                    |       |
|  |                  |                              |       |                                       |            |                    |       |
|  |                  |                              | ••••  |                                       |            |                    |       |
|  |                  |                              |       |                                       |            |                    |       |
|  |                  |                              |       |                                       |            |                    |       |
|  |                  |                              |       |                                       |            |                    |       |
|  |                  |                              |       |                                       |            |                    |       |
|  |                  |                              |       |                                       |            |                    |       |
|  |                  |                              |       |                                       |            |                    |       |
|  |                  |                              |       |                                       |            | +                  |       |
|  |                  |                              |       | •                                     |            |                    |       |
| tal DSEs                                   |                  |                              | 0.00  | Total DSEs                            |            |                    | 0.00  |
| oss Receipts First G                       | roup             | \$                           | 0.00  | Gross Receipts Sec                    | cond Group | \$                 | 0.00  |
|  |                  |                              |       |                                       |            |                    |       |
| se Rate Fee First G                        |                  | \$                           | 0.00  | Base Rate Fee Sec                     |            | \$                 | 0.00  |
|  | RTY-THIRD        | SUBSCRIBER GROUI             |       |                                       |            | I SUBSCRIBER GROUP |       |
| OMMUNITY/ AREA                             |                  |                              | 0     | COMMUNITY/ ARE                        | :A         |                    | 0     |
| ALL SIGN                                   | DSE              | CALL SIGN                    | DSE   | CALL SIGN                             | DSE        | CALL SIGN          | DSE   |
|  |                  |                              |       |                                       |            |                    |       |
|  |                  |                              |       |                                       |            |                    |       |
|  |                  |                              | ••••• |                                       |            |                    |       |
|  |                  |                              |       |                                       |            |                    |       |
|  |                  |                              |       |                                       |            |                    |       |
|  | <mark>.  </mark> |                              |       |                                       |            |                    | ····· |
|  |                  |                              |       |                                       |            |                    |       |
|  |                  |                              |       |                                       |            |                    |       |
|  |                  |                              |       | ·                                     |            |                    |       |
|  |                  |                              |       | · · · · · · · · · · · · · · · · · · · |            |                    |       |
|  |                  |                              |       | · · · · · · · · · · · · · · · · · · · |            |                    |       |
|  |                  |                              |       |                                       |            |                    |       |
|  |                  |                              |       |                                       |            |                    |       |
| tal DSEs                                   |                  |                              | 0.00  | Total DSEs                            |            |                    | 0.00  |
|  | Group            | <u>s</u>                     | 0.00  | Total DSEs<br>Gross Receipts Fou      | urth Group | <u>S</u>           | 0.00  |
| otal DSEs<br>ross Receipts Third G         | iroup            | <u>s</u>                     |       |                                       | urth Group | <u>s</u>           |       |
|  | -                |                              |       |                                       |            | s                  |       |
| oss Receipts Third G                       | -                |                              | 0.00  | Gross Receipts Fou                    |            |                    | 0.00  |
| ss Receipts Third G<br>se Rate Fee Third G | roup             | \$                           | 0.00  | Gross Receipts Fou                    | urth Group |                    | 0.00  |

| FORM SA3E. I | PAGE | 19. |
|--------------|------|-----|
|--------------|------|-----|

| LEGAL NAME OF OWNE<br>Foothills Rural Te |  |  | p   |                     |           | \$                 | SYSTEM ID#<br>62644 | Name                |
|--|--|--|---|---------------------|-----------|--------------------|---------------------|---------------------|
|  |  |  |   | ATE FEES FOR EAC    |           |                    |                     |                     |
| ONE HUNDRED FO                           | RTY-FIFTH  | SUBSCRIBER GROUF   | ,<br>0  | ONE HUNDRED         |           | H SUBSCRIBER GROUF | 。<br>0              | 9                   |
|  |  |  |   |                     | `         |                    | •                   | Computati           |
| CALL SIGN                                | DSE  | CALL SIGN  | DSE   | CALL SIGN           | DSE       | CALL SIGN          | DSE                 | of                  |
|  |  |  |   |                     |           |                    |                     | Base Rate I<br>and  |
|  |  |  |   |                     |           |                    |                     | Syndicate           |
|  |  |  |   |                     |           |                    |                     | Exclusivi           |
|  |  |  |   |                     |           |                    |                     | Surcharg<br>for     |
|  |  | -  |   |                     |           |                    |                     | Partially           |
|  |  |  |   |                     |           |                    |                     | Distant<br>Stations |
|  |  |  |   |                     |           |                    |                     | Stations            |
|  |  |  |   |                     |           |                    |                     |                     |
|  |  |  |   |                     |           |                    |                     |                     |
|  |  |  |   |                     |           |                    |                     |                     |
|  |  |  |   |                     |           |                    |                     |                     |
| Total DSEs                               |  |  | 0.00  | Total DSEs          |           |                    | 0.00                |                     |
| Gross Receipts First G                   | roup   | \$   | 0.00  | Gross Receipts Seco | ond Group | \$                 | 0.00                |                     |
| <b>3ase Rate Fee</b> First G             | roup   | \$   | 0.00  | Base Rate Fee Seco  | ond Group | \$                 | 0.00                |                     |
| ONE HUNDRED FORTY                        | -SEVENTH   | SUBSCRIBER GROUF   |   | 11                  |           | H SUBSCRIBER GROUF |                     |                     |
| COMMUNITY/ AREA                          |  |  | 0   | COMMUNITY/ AREA     | A         |                    | 0                   |                     |
| CALL SIGN                                | DSE  | CALL SIGN  | DSE   | CALL SIGN           | DSE       | CALL SIGN          | DSE                 |                     |
|  |  | -  |   |                     |           |                    |                     |                     |
|  |  |  |   |                     |           |                    |                     |                     |
|  |  |  |   |                     |           |                    |                     |                     |
|  |  | -  |   |                     |           |                    |                     |                     |
|  |  |  |   |                     |           |                    |                     |                     |
|  |  |  |   |                     |           |                    |                     |                     |
|  |  |  |   |                     |           |                    |                     |                     |
|  |  |  |   |                     |           |                    |                     |                     |
|  |  | -  |   |                     |           |                    |                     |                     |
|  |  |  |   |                     |           |                    |                     |                     |
| Total DSE-                               |  |  | 0.00  | Tatal DOC-          |           |                    | 0.00                |                     |
| Fotal DSEs                               |  |  |   |                     |           |                    |                     |                     |
| Gross Receipts Third G                   | Froup  | \$   | 0.00  | Gross Receipts Four | rtn Group | \$                 | 0.00                |                     |
| Base Rate Fee Third G                    | Group  | \$   | 0.00  | Base Rate Fee Four  | rth Group | \$                 | 0.00                |                     |
|  | \$       0.00         \$       0.00         \$       0.00         Base Rate Fee Fourth Gro         e fees for each subscriber group as shown in the boxes above. | 0.00       Gross Receipts Fourth Gro         0.00       Base Rate Fee Fourth Gro | Gross Receipts Fourth Gro<br>Base Rate Fee Fourth Gro | th Gro              | up        |                    | 0.00 0.00 0.00      |                     |

| FORM SA3E. I | PAGE | 19. |
|--------------|------|-----|
|--------------|------|-----|

| Name            | 62644             |                 |           |   |                   |                                   | elephone  |   |
|-----------------|-------------------|-----------------|-----------|---|-------------------|-----------------------------------|-----------|---|
|                 |                   |                 |           | TE FEES FOR EACH  |                   |                                   |           |   |
| 9               |                   | SUBSCRIBER GROU |           | 11  |                   | SUBSCRIBER GROU                   | RTY-NINTH | ONE HUNDRED FOR   |
| Computat        | 0                 |                 |           | COMMUNITY/ AREA   | 0                 |                                   |           | COMMUNITY/ AREA   |
| of              | DSE               | CALL SIGN       | DSE       | CALL SIGN   | DSE               | CALL SIGN                         | DSE       | CALL SIGN   |
| Base Rate       |                   |                 |           |   | <mark></mark>     |                                   |           |   |
| and<br>Syndicat |                   |                 |           |   | <mark></mark>     |                                   |           |   |
| Exclusiv        |                   |                 |           |   |                   |                                   |           |   |
| Surchar         |                   |                 |           |   |                   |                                   |           |   |
| for<br>Partiall |                   |                 |           |   | <mark></mark>     |                                   |           |   |
| Distan          |                   |                 |           |   | •••               |                                   | ••••      |   |
| Station         |                   |                 |           |   |                   |                                   |           |   |
|                 |                   |                 |           |   |                   |                                   |           |   |
|                 |                   |                 |           |   | <mark></mark>     |                                   |           |   |
|                 |                   |                 |           |   |                   |                                   |           |   |
|                 |                   |                 |           |   |                   |                                   |           |   |
|                 |                   |                 |           |   |                   |                                   |           |   |
|                 | 0.00              |                 |           | Total DSEs  | 0.00              |                                   |           | Total DSEs  |
|                 |                   | ¢               | ad Craun  | Cross Dessints Cost   | 0.00              | ross Receipts First Group \$ 0.00 |           |   |
|                 | 0.00              | \$              | la Group  | Gross Receipts Seco   |                   | <u>ə</u>                          | Broup     | Gross Receipts First G  |
|                 | 0.00              | \$              |           | Base Rate Fee Secon   | 0.00              | \$                                |           |   |
|                 | 0.00              |                 | nd Group  | Base Rate Fee Secon   | <b>0.00</b><br>JP |                                   | Group     | Base Rate Fee First G   |
|                 | 0.00              | \$              | nd Group  | Base Rate Fee Seco  | 0.00              | \$                                | Group     | Gase Rate Fee First G   |
|                 | <b>0.00</b><br>JP | \$              | nd Group  | Base Rate Fee Secon   | <b>0.00</b><br>JP | \$                                | Group     | Base Rate Fee First G   |
|                 | 0.00<br>JP<br>0   | SUBSCRIBER GROU | nd Group  | Base Rate Fee Secon<br>ONE HUNDRED FIF<br>COMMUNITY/ AREA               | 0.00<br>JP<br>0   | \$<br>SUBSCRIBER GROU             | Group     | Base Rate Fee First G<br>ONE HUNDRED FI<br>COMMUNITY/ AREA              |
|                 | 0.00<br>JP<br>0   | SUBSCRIBER GROU | nd Group  | Base Rate Fee Secon<br>ONE HUNDRED FIF<br>COMMUNITY/ AREA               | 0.00<br>JP<br>0   | \$<br>SUBSCRIBER GROU             | Group     | Base Rate Fee First G<br>ONE HUNDRED FI<br>COMMUNITY/ AREA              |
|                 | 0.00<br>JP<br>0   | SUBSCRIBER GROU | nd Group  | Base Rate Fee Secon<br>ONE HUNDRED FIF<br>COMMUNITY/ AREA               | 0.00<br>JP<br>0   | \$<br>SUBSCRIBER GROU             | Group     | Base Rate Fee First G<br>ONE HUNDRED FI<br>COMMUNITY/ AREA              |
|                 | 0.00<br>JP<br>0   | SUBSCRIBER GROU | nd Group  | Base Rate Fee Secon<br>ONE HUNDRED FIF<br>COMMUNITY/ AREA               | 0.00<br>JP<br>0   | \$<br>SUBSCRIBER GROU             | Group     | Base Rate Fee First G<br>ONE HUNDRED FI<br>COMMUNITY/ AREA              |
|                 | 0.00<br>JP<br>0   | SUBSCRIBER GROU | nd Group  | Base Rate Fee Secon<br>ONE HUNDRED FIF<br>COMMUNITY/ AREA               | 0.00<br>JP<br>0   | \$<br>SUBSCRIBER GROU             | Group     | Base Rate Fee First G<br>ONE HUNDRED FI<br>COMMUNITY/ AREA              |
|                 | 0.00<br>JP<br>0   | SUBSCRIBER GROU | nd Group  | Base Rate Fee Secon<br>ONE HUNDRED FIF<br>COMMUNITY/ AREA               | 0.00<br>JP<br>0   | \$<br>SUBSCRIBER GROU             | Group     | Base Rate Fee First G<br>ONE HUNDRED FI<br>COMMUNITY/ AREA              |
|                 | 0.00<br>JP<br>0   | SUBSCRIBER GROU | nd Group  | Base Rate Fee Secon<br>ONE HUNDRED FIF<br>COMMUNITY/ AREA               | 0.00<br>JP<br>0   | \$<br>SUBSCRIBER GROU             | Group     | Base Rate Fee First G<br>ONE HUNDRED FI<br>COMMUNITY/ AREA              |
|                 | 0.00<br>JP<br>0   | SUBSCRIBER GROU | nd Group  | Base Rate Fee Secon<br>ONE HUNDRED FIF<br>COMMUNITY/ AREA               | 0.00<br>JP<br>0   | \$<br>SUBSCRIBER GROU             | Group     | Base Rate Fee First G<br>ONE HUNDRED FI<br>COMMUNITY/ AREA              |
|                 | 0.00<br>JP<br>0   | SUBSCRIBER GROU | nd Group  | Base Rate Fee Secon<br>ONE HUNDRED FIF<br>COMMUNITY/ AREA               | 0.00<br>JP<br>0   | \$<br>SUBSCRIBER GROU             | Group     | Base Rate Fee First G<br>ONE HUNDRED FI<br>COMMUNITY/ AREA              |
|                 | 0.00<br>JP<br>0   | SUBSCRIBER GROU | nd Group  | Base Rate Fee Secon<br>ONE HUNDRED FIF<br>COMMUNITY/ AREA               | 0.00<br>JP<br>0   | \$<br>SUBSCRIBER GROU             | Group     | Base Rate Fee First G<br>ONE HUNDRED FI<br>COMMUNITY/ AREA              |
|                 | 0.00<br>JP<br>0   | SUBSCRIBER GROU | nd Group  | Base Rate Fee Secon<br>ONE HUNDRED FIF<br>COMMUNITY/ AREA               | 0.00<br>JP<br>0   | \$<br>SUBSCRIBER GROU             | Group     | Base Rate Fee First G<br>ONE HUNDRED FI<br>COMMUNITY/ AREA              |
|                 | 0.00<br>JP<br>0   | SUBSCRIBER GROU | nd Group  | Base Rate Fee Secon<br>ONE HUNDRED FIF<br>COMMUNITY/ AREA               | 0.00<br>JP<br>0   | \$<br>SUBSCRIBER GROU             | Group     | Base Rate Fee First G<br>ONE HUNDRED FI<br>COMMUNITY/ AREA<br>CALL SIGN |
|                 | 0.00              | SUBSCRIBER GROU | IT-SECOND | Base Rate Fee Second<br>ONE HUNDRED FIF<br>COMMUNITY/ AREA<br>CALL SIGN | 0.00              | \$<br>SUBSCRIBER GROU             | Sroup     | Base Rate Fee First G<br>ONE HUNDRED FI<br>COMMUNITY/ AREA<br>CALL SIGN |
|                 | 0.00              | SUBSCRIBER GROU | IT-SECOND | Base Rate Fee Secon<br>ONE HUNDRED FIF<br>COMMUNITY/ AREA<br>CALL SIGN  | 0.00              | SUBSCRIBER GROU                   | Sroup     | Base Rate Fee First G<br>ONE HUNDRED FI<br>COMMUNITY/ AREA              |

| FORM SA3E. P/ | AGE 19. |
|---------------|---------|
|---------------|---------|

|       |            |                |             |                                    |                | Cooperative Cor |                |                                    |
|-------|------------|----------------|-------------|------------------------------------|----------------|-----------------|----------------|------------------------------------|
|       |            |                |             | TE FEES FOR EAC                    |                | : COMPUTATION C |                |                                    |
|       | 0          | SUBSCRIBER GRO |             | COMMUNITY/ AREA                    | 0              | SUBSCRIBER GRU  |                | OMMUNITY/ AREA                     |
|       | DSE        | CALL SIGN      | DSE         | CALL SIGN                          | DSE            | CALL SIGN       | DSE            | CALL SIGN                          |
|       |            |                |             |                                    |                |                 |                |                                    |
|       |            |                |             |                                    | <mark>.</mark> |                 |                |                                    |
|       |            |                |             |                                    | <mark></mark>  |                 |                |                                    |
|       |            |                |             |                                    |                |                 |                |                                    |
|       |            |                |             |                                    |                |                 |                |                                    |
|       |            |                |             |                                    | <mark></mark>  |                 |                |                                    |
|       |            |                |             |                                    |                |                 |                |                                    |
|       |            |                |             |                                    |                |                 |                |                                    |
|       |            |                |             |                                    | <mark></mark>  |                 |                |                                    |
|       |            |                |             |                                    |                |                 |                |                                    |
|       |            |                |             |                                    |                |                 |                |                                    |
| _     |            |                |             |                                    |                |                 |                |                                    |
| -     | Total DSEs |                |             | 0.00                               | DSEs 0.00      |                 |                |                                    |
| -     | 0.00       | \$             | nd Group    | Gross Receipts Seco                | 0.00           | \$              | roup           | oss Receipts First G               |
|       | 0.00       | \$             | nd Group    | Base Rate Fee Seco                 | 0.00           | \$              | roup           | <b>se Rate Fee</b> First G         |
|       | JP         | SUBSCRIBER GRO | FIFTY-SIXTH | ONE HUNDRED                        | JP             | SUBSCRIBER GRO  | FTY-FIFTH      | ONE HUNDRED FI                     |
|       | 0          |                |             |                                    |                |                 | OMMUNITY/ AREA |                                    |
|       | DSE        | CALL SIGN      | DSE         | CALL SIGN                          | DSE            | CALL SIGN       | DSE            | ALL SIGN                           |
|       |            |                |             |                                    |                |                 |                |                                    |
|       |            |                |             |                                    |                |                 |                |                                    |
|       |            |                |             |                                    |                |                 |                |                                    |
|       |            |                |             |                                    |                |                 |                |                                    |
|       |            |                |             |                                    |                |                 |                |                                    |
|       |            |                |             |                                    |                |                 |                |                                    |
|       |            |                |             |                                    |                |                 |                |                                    |
|       |            |                |             |                                    |                |                 |                |                                    |
| ····· |            |                |             |                                    |                |                 |                |                                    |
|       |            |                |             |                                    |                |                 |                |                                    |
|       |            |                |             |                                    |                |                 |                |                                    |
|       |            |                |             |                                    |                |                 |                |                                    |
| ····· | 0.00       |                |             | Total DSEs                         | 0.00           |                 |                | tal DSEs                           |
| ····· | 0.00       | <u>S</u>       | th Group    | Total DSEs<br>Gross Receipts Fourt | 0.00           | <u>S</u>        | Group          | otal DSEs<br>ross Receipts Third ( |

| FORM SA3E. I | PAGE | 19. |
|--------------|------|-----|
|--------------|------|-----|

| LEGAL NAME OF OWNER<br>Foothills Rural Tel        |          |                  | p              |                       |           | S                  | 62644 | Name              |
|---|----------|------------------|----------------|-----------------------|-----------|--------------------|-------|-------------------|
|   |          |                  |                | ATE FEES FOR EAC      |           |                    |       |                   |
| ONE HUNDRED FIFTY                                 | -SEVENTH | SUBSCRIBER GROUP | <u> </u>       | ONE HUNDRED           |           | H SUBSCRIBER GROUP | 0     | 9                 |
| COMMONIT I/ AREA                                  |          |                  | U              | COMMONT T/ ARE        | A         |                    |       | Computatio        |
| CALL SIGN   | DSE      | CALL SIGN        | DSE            | CALL SIGN             | DSE       | CALL SIGN          | DSE   | of                |
|   |          |                  |                |                       |           |                    |       | Base Rate Fe      |
|   |          |                  |                |                       |           |                    |       | and<br>Syndicated |
|   |          |                  |                |                       |           |                    |       | Exclusivity       |
|   |          |                  |                |                       |           |                    |       | Surcharge         |
|   |          |                  |                |                       |           |                    |       | for<br>Partially  |
|   |          | -                |                |                       |           |                    |       | Distant           |
|   |          |                  |                |                       |           |                    |       | Stations          |
|   |          |                  |                |                       |           |                    |       |                   |
|   |          |                  |                |                       |           |                    |       |                   |
|   |          |                  |                |                       |           |                    |       |                   |
|   |          |                  |                |                       |           |                    |       |                   |
|   | <u> </u> |                  | 0.00           |                       |           |                    | 0.00  |                   |
| Total DSEs  |          |                  | 0.00           | Total DSEs            |           |                    |       |                   |
| Gross Receipts First Gr                           | oup      | \$               | 0.00           | Gross Receipts Sec    | ond Group | \$                 | 0.00  |                   |
| Base Rate Fee First Gr                            | oup      | \$               | 0.00           | Base Rate Fee Sec     | ond Group | \$                 | 0.00  |                   |
|   | TY-NINTH | SUBSCRIBER GROUP |                | 11                    |           | H SUBSCRIBER GROUP |       |                   |
| COMMUNITY/ AREA                                   |          |                  | 0              | COMMUNITY/ AREA 0     |           |                    |       |                   |
| CALL SIGN   | DSE      | CALL SIGN        | DSE            | CALL SIGN             | DSE       | CALL SIGN          | DSE   |                   |
|   |          |                  |                |                       |           |                    |       |                   |
|   |          |                  |                |                       |           |                    |       |                   |
|   |          |                  |                |                       |           |                    |       |                   |
|   |          |                  |                |                       |           |                    |       |                   |
|   |          |                  |                |                       |           |                    |       |                   |
|   |          |                  |                |                       |           |                    |       |                   |
|   |          |                  |                |                       |           |                    |       |                   |
|   |          |                  |                |                       |           |                    |       |                   |
|   |          |                  |                |                       |           |                    |       |                   |
|   |          |                  |                |                       |           |                    |       |                   |
|   |          |                  |                |                       |           |                    |       |                   |
| Total DSEs  |          |                  | 0.00           | Total DSEs            |           |                    | 0.00  |                   |
| Gross Receipts Third G                            | roup     | \$               | 0.00           | Gross Receipts Fou    | rth Group | \$                 | 0.00  |                   |
|   |          |                  |                |                       |           |                    |       |                   |
| Base Rate Fee Third G                             | roup     | \$               | 0.00           | Base Rate Fee Fou     | rth Group | \$                 | 0.00  |                   |
|   |          |                  |                |                       |           |                    |       |                   |
| Base Rate Fee: Add the<br>Enter here and in block |          |                  | criber group a | as shown in the boxes | above.    | \$                 |       |                   |

# Nonpermitted 3.75 Stations

| LEGAL NAME OF OWNE<br>Foothills Rural Te         |  |                | p.              |                          |          |                | SYSTEM ID#<br>62644 | Name              |
|--|--|----------------|-----------------|--------------------------|----------|----------------|---------------------|-------------------|
|  | BLOCK A:                                 | COMPUTATION C  | F BASE RA       | ATE FEES FOR EACH        | SUBSCR   | IBER GROUP     |                     |                   |
|  | FIRST                                    | SUBSCRIBER GRO | UP              |                          | SECONE   | SUBSCRIBER GRO | OUP                 | 9                 |
| COMMUNITY/ AREA                                  | Johnso                                   | n              | COMMUNITY/ AREA |                          |          | Lawrence       |                     |                   |
| CALL SIGN  | DSE                                      | CALL SIGN      | DSE             | CALL SIGN                | DSE      | CALL SIGN      | DSE                 | Computation<br>of |
|  |  |                |                 |                          |          |                |                     | Base Rate Fe      |
|  |  |                |                 |                          |          |                |                     | and               |
|  |  |                |                 |                          |          |                |                     | Syndicated        |
|  |  |                |                 |                          |          |                |                     | Exclusivity       |
|  |  |                |                 |                          |          |                |                     | Surcharge         |
|  |  |                |                 |                          |          |                |                     | for               |
|  |  |                |                 |                          |          |                |                     | Partially         |
|  |  |                |                 |                          |          |                |                     | Distant           |
|  |  |                |                 |                          |          |                |                     | Stations          |
|  |  |                | •••             |                          |          |                |                     |                   |
|  |  |                | ••••            |                          |          |                |                     |                   |
|  |  |                | ••••            |                          |          |                |                     |                   |
|  |  |                | •••             |                          |          |                |                     |                   |
|  | •••                                      |                | ••• ••••        |                          | •••      |                |                     |                   |
|  | •••••••••••••••••••••••••••••••••••••••  |                | •••• •••••      |                          | •••      |                |                     |                   |
|  | ļ  | ļļ             |                 |                          |          |                |                     |                   |
| Total DSEs                                       |  |                | 0.00            | Total DSEs               |          |                | 0.00                |                   |
| Gross Receipts First G                           | Gross Receipts First Group \$ 744,421.51 |                |                 | Gross Receipts Secon     | d Group  | \$             | 466,035.31          |                   |
| Base Rate Fee First G                            | roup                                     | \$             | 0.00            | Base Rate Fee Secon      | d Group  | \$             | 0.00                |                   |
|  | THIRD                                    | SUBSCRIBER GRO | UP              |                          | FOURTH   | SUBSCRIBER GRO | OUP                 |                   |
| COMMUNITY/ AREA                                  | Magoff                                   |                |                 | COMMUNITY/ AREA 0        |          |                |                     |                   |
|  | Der                                      |                | Der             |                          | Der      |                | Der                 |                   |
| CALL SIGN  | DSE                                      | CALL SIGN      | DSE             | CALL SIGN                | DSE      | CALL SIGN      | DSE                 |                   |
|  |  |                |                 |                          |          |                |                     |                   |
|  |  |                |                 |                          |          |                |                     |                   |
|  |  |                |                 |                          |          |                |                     |                   |
|  |  |                | ••••            |                          |          | •              |                     |                   |
|  |  |                | ••••            |                          |          | •              |                     |                   |
|  |  |                |                 |                          |          |                |                     |                   |
|  |  | -              |                 |                          |          |                |                     |                   |
|  |  | -              |                 |                          |          |                |                     |                   |
|  |  | -              | •••             |                          |          |                |                     |                   |
|  |  | -              |                 |                          |          |                |                     |                   |
|  |  | 1              | •••             |                          |          | 1              |                     |                   |
|  |  |                | •••             |                          | <b>.</b> | · <b>H</b>     |                     |                   |
|  | <mark></mark>                            |                | •••             |                          | <b></b>  |                |                     |                   |
|  | •  |                | •••             |                          | <b></b>  |                |                     |                   |
| Total DSEs                                       |  |                | 0.00            | Total DSEs               |          |                | 0.00                |                   |
| Gross Receipts Third G                           | Group                                    | \$ 38          | 6,786.53        | Gross Receipts Fourth    | n Group  | \$             | 0.00                |                   |
| Base Rate Fee Third G                            | Group                                    | \$             | 0.00            | Base Rate Fee Fourth     | n Group  | \$             | 0.00                |                   |
|  |  |                |                 | 11                       |          |                |                     |                   |
| Base Rate Fee: Add th<br>Enter here and in block |  |                | criber group a  | as shown in the boxes ab | oove.    | \$             | 0.00                |                   |

| LEGAL NAME OF OWNEF                            |               |                 |             |                          |          | ٤               | 62644 | Name                |
|--|---------------|-----------------|-------------|--------------------------|----------|-----------------|-------|---------------------|
| E  | LOCK A:       | COMPUTATION OF  | BASE RA     | TE FEES FOR EACH         | SUBSCRI  | BER GROUP       |       |                     |
|  | FIFTH         | SUBSCRIBER GROU | P           |                          | SIXTH    | SUBSCRIBER GROU | JP    | 0                   |
| COMMUNITY/ AREA                                |               |                 | 0           | COMMUNITY/ AREA          |          |                 | 0     | 9                   |
| CALL SIGN                                      | DSE           | CALL SIGN       | DSE         | CALL SIGN                | DSE      | CALL SIGN       | DSE   | Computation<br>of   |
|  | DOL           | CALL SIGN       | DOL         | GALL GIGIN               | DOL      | CALL SIGN       | DOL   | Base Rate Fee       |
|  |               |                 |             |                          |          |                 |       | and                 |
|  |               |                 |             |                          |          |                 |       | Syndicated          |
|  |               |                 |             |                          |          |                 |       | Exclusivity         |
|  |               |                 |             |                          |          |                 |       | Surcharge           |
|  |               |                 |             |                          |          |                 |       | for                 |
|  |               |                 |             |                          |          |                 |       | Partially           |
|  |               |                 |             |                          |          |                 |       | Distant<br>Stations |
|  |               |                 |             |                          |          |                 |       | olutions            |
|  |               |                 |             |                          |          |                 |       |                     |
|  |               |                 |             |                          |          |                 |       |                     |
|  |               |                 |             |                          |          |                 |       |                     |
|  |               |                 |             |                          |          |                 |       |                     |
|  |               |                 |             |                          |          |                 |       |                     |
| Total DSEs                                     |               |                 | 0.00        | Total DSEs               |          |                 | 0.00  |                     |
| Gross Receipts First Gr                        | oup           | \$              | 0.00        | Gross Receipts Secor     | nd Group | \$              | 0.00  |                     |
|  |               |                 |             |                          |          |                 |       |                     |
| Base Rate Fee First Gro                        | oup           | \$              | 0.00        | Base Rate Fee Secor      | nd Group | \$              | 0.00  |                     |
| 5  | SEVENTH       | SUBSCRIBER GROU | P           |                          | EIGHTH   | SUBSCRIBER GROU | JP    |                     |
| COMMUNITY/ AREA                                |               |                 | 0           | COMMUNITY/ AREA          |          |                 | 0     |                     |
| CALL SIGN                                      | DSE           | CALL SIGN       | DSE         | CALL SIGN                | DSE      | CALL SIGN       | DSE   |                     |
|  |               |                 |             |                          |          |                 |       |                     |
|  |               |                 |             |                          |          |                 |       |                     |
|  |               |                 |             |                          |          |                 |       |                     |
|  |               |                 |             |                          |          |                 |       |                     |
|  |               |                 |             |                          |          |                 |       |                     |
|  |               |                 |             |                          |          |                 |       |                     |
|  |               |                 |             |                          |          |                 |       |                     |
|  |               |                 |             |                          |          |                 |       |                     |
|  |               |                 |             |                          |          |                 |       |                     |
|  |               |                 |             |                          |          |                 | ····· |                     |
|  |               |                 |             |                          | •••      |                 |       |                     |
|  |               |                 |             |                          |          |                 | ····· |                     |
|  |               |                 |             |                          |          |                 |       |                     |
| Total DSEs                                     |               |                 | 0.00        | Total DSEs               |          |                 | 0.00  |                     |
| Gross Receipts Third G                         | roup          | \$              | 0.00        | Gross Receipts Fourt     | h Group  | \$              | 0.00  |                     |
|  |               |                 |             |                          |          |                 |       |                     |
| Base Rate Fee Third G                          | roup          | \$              | 0.00        | Base Rate Fee Fourt      | h Group  | \$              | 0.00  |                     |
|  |               |                 |             |                          |          |                 |       |                     |
| Base Rate Fee: Add the Enter here and in block |               |                 | ber group a | as shown in the boxes al | bove.    | \$              |       |                     |
|  | o, iii o i, o |                 |             |                          |          | <b>T</b>        |       |                     |

| LEGAL NAME OF OWNER<br>Foothills Rural Tel     |              |                 |             |                          |               | S                 | YSTEM ID#<br>62644 | Name             |
|--|--------------|-----------------|-------------|--------------------------|---------------|-------------------|--------------------|------------------|
| E  | BLOCK A:     | COMPUTATION OF  | BASE RA     | ATE FEES FOR EACH        | SUBSCR        | BER GROUP         |                    |                  |
|  | NINTH        | SUBSCRIBER GROU | Р           |                          | TENTH         | SUBSCRIBER GROU   | JP                 | •                |
| COMMUNITY/ AREA                                |              |                 | 0           | COMMUNITY/ AREA          |               |                   | 0                  | 9<br>Computation |
| CALL SIGN                                      | DSE          | CALL SIGN       | DSE         | CALL SIGN                | DSE           | CALL SIGN         | DSE                | of               |
|  | DOL          |                 | DOL         |                          | DOL           |                   | DOL                | Base Rate Fee    |
|  |              |                 |             |                          |               |                   |                    | and              |
|  |              |                 |             |                          |               |                   |                    | Syndicated       |
|  |              | -               |             |                          |               |                   |                    | Exclusivity      |
|  |              | -               |             |                          |               |                   |                    | Surcharge        |
|  |              | -               |             |                          |               |                   |                    | for              |
|  |              |                 |             |                          | ••••          |                   |                    | Partially        |
|  |              | -               |             |                          |               |                   |                    | Distant          |
|  |              |                 |             |                          | ••••          |                   | ····               | Stations         |
|  |              | -               |             |                          | ••••          |                   | ····               |                  |
|  |              |                 |             |                          |               |                   |                    |                  |
|  |              | -               |             |                          |               |                   |                    |                  |
|  |              |                 |             |                          |               |                   |                    |                  |
|  |              |                 |             |                          |               | •                 |                    |                  |
|  |              |                 |             |                          | ···           |                   |                    |                  |
| Total DSEs                                     | ļ            |                 | 0.00        | Total DSEs               |               | 11                | 0.00               |                  |
| Gross Receipts First Gr                        | oun.         | \$              | 0.00        | Gross Receipts Secon     | nd Group      | \$                | 0.00               |                  |
|  | oup          | 4               | 0.00        |                          |               | <u>*</u>          | 0.00               |                  |
| Base Rate Fee First Gr                         | oup          | \$              | 0.00        | Base Rate Fee Secor      | nd Group      | \$                | 0.00               |                  |
| E  | LEVENTH      | SUBSCRIBER GROU | Р           |                          | TWELVTH       | I SUBSCRIBER GROU | JP                 |                  |
| COMMUNITY/ AREA                                |              |                 | 0           | COMMUNITY/ AREA          |               |                   | 0                  |                  |
| CALL SIGN                                      | DSE          | CALL SIGN       | DSE         | CALL SIGN                | DSE           | CALL SIGN         | DSE                |                  |
|  |              |                 |             |                          |               |                   |                    |                  |
|  |              |                 |             |                          |               |                   |                    |                  |
|  |              |                 |             |                          |               |                   |                    |                  |
|  |              |                 |             |                          |               |                   |                    |                  |
|  |              |                 |             |                          |               |                   |                    |                  |
|  |              |                 |             |                          | <mark></mark> |                   |                    |                  |
|  |              |                 |             |                          |               | •                 |                    |                  |
|  |              |                 |             |                          |               | •                 |                    |                  |
|  |              |                 |             |                          |               |                   |                    |                  |
|  |              |                 |             |                          |               |                   |                    |                  |
|  |              |                 |             |                          | ····          |                   |                    |                  |
|  |              |                 |             |                          |               |                   |                    |                  |
|  |              |                 |             |                          | ···-          | •                 |                    |                  |
|  |              |                 |             |                          | ••••          |                   |                    |                  |
| Total DSEs                                     |              |                 | 0.00        | Total DSEs               |               |                   | 0.00               |                  |
| Gross Receipts Third G                         | roup         | ¢.              | 0.00        | Gross Receipts Fourt     | h Group       | \$                | 0.00               |                  |
| Cross Receipts Third G                         | Jup          | \$              | 0.00        |                          | . Group       | Ψ                 | 0.00               |                  |
| Base Rate Fee Third G                          | roup         | \$              | 0.00        | Base Rate Fee Fourt      | h Group       | \$                | 0.00               |                  |
|  |              |                 |             |                          |               |                   |                    |                  |
| Base Rate Fee: Add the Enter here and in block |              |                 | ber group a | as shown in the boxes al | bove.         | \$                |                    |                  |
|  | o, inio 1, o |                 |             |                          |               | *                 |                    |                  |

# Nonpermitted 3.75 Stations

| LEGAL NAME OF OWNE<br>Foothills Rural Te |                |                  | р              |                       |           |                  | 62644 | Name             |
|--|----------------|------------------|----------------|-----------------------|-----------|------------------|-------|------------------|
|  | BLOCK A        | COMPUTATION C    | F BASE RA      | ATE FEES FOR EAC      | CH SUBSCR | IBER GROUP       |       |                  |
| TH                                       | IRTEENTH       | SUBSCRIBER GRO   | UP             | F                     | OURTEENT  | H SUBSCRIBER GRO | UP    | •                |
| COMMUNITY/ AREA                          |                |                  | 0              | COMMUNITY/ ARE        | Α         |                  | 0     | 9                |
| CALL SIGN                                | DSE            | CALL SIGN        | DSE            | CALL SIGN             | DSE       | CALL SIGN        | DSE   | Computatio<br>of |
|  |                |                  |                |                       |           |                  |       | Base Rate Fe     |
|  |                |                  |                |                       |           |                  |       | and              |
|  |                | <br>             |                |                       |           |                  |       | Syndicated       |
|  |                |                  |                |                       |           |                  |       | Exclusivity      |
|  |                |                  |                |                       |           |                  |       | Surcharge        |
|  |                |                  |                |                       |           |                  |       | for<br>Partially |
|  |                |                  | ••••           |                       |           |                  |       | Distant          |
|  |                | +                | ••••           |                       |           |                  |       | Stations         |
|  |                |                  |                |                       |           |                  |       |                  |
|  |                |                  |                |                       |           |                  |       |                  |
|  |                |                  |                |                       |           | <u> </u>         |       |                  |
|  |                |                  |                |                       |           |                  |       |                  |
|  |                |                  | <mark></mark>  |                       |           |                  |       |                  |
|  |                |                  |                |                       |           |                  |       |                  |
| Total DSEs                               |                |                  | 0.00           | Total DSEs            |           |                  | 0.00  |                  |
| Gross Receipts First G                   | iroup          | \$               | 0.00           | Gross Receipts Sec    | ond Group | \$               | 0.00  |                  |
|  |                |                  |                |                       |           |                  |       |                  |
| <b>Base Rate Fee</b> First G             | iroup          | \$               | 0.00           | Base Rate Fee Sec     | ond Group | \$               | 0.00  |                  |
| F  | IFTEENTH       | SUBSCRIBER GRO   | UP             |                       | SIXTEENTH | H SUBSCRIBER GRO | UP    |                  |
| COMMUNITY/ AREA                          |                |                  | 0              | COMMUNITY/ AREA 0     |           |                  |       |                  |
| CALL SIGN                                | DSE            | CALL SIGN        | DSE            | CALL SIGN             | DSE       | CALL SIGN        | DSE   |                  |
|  |                |                  |                |                       |           |                  |       |                  |
|  |                |                  | <mark></mark>  |                       |           |                  |       |                  |
|  |                |                  | ···            |                       |           |                  |       |                  |
|  |                |                  | •••            |                       |           |                  |       |                  |
|  |                |                  | •••            |                       |           |                  |       |                  |
|  |                |                  |                |                       |           |                  |       |                  |
|  |                |                  |                |                       |           |                  |       |                  |
|  |                |                  |                |                       |           |                  |       |                  |
|  | •••            |                  | <mark></mark>  |                       |           |                  |       |                  |
|  | •••            |                  | •••            |                       |           |                  |       |                  |
|  |                |                  | •••            |                       |           |                  |       |                  |
|  |                |                  |                |                       |           |                  |       |                  |
|  |                |                  |                |                       |           |                  |       |                  |
| Total DSEs                               |                |                  | 0.00           | Total DSEs            |           |                  | 0.00  |                  |
| Gross Receipts Third (                   | Group          | \$               | 0.00           | Gross Receipts Fou    | rth Group | \$               | 0.00  |                  |
|  |                |                  | ]              |                       |           |                  |       |                  |
| Base Rate Fee Third (                    | Group          | \$               | 0.00           | Base Rate Fee Fou     | rth Group | \$               | 0.00  |                  |
|  |                |                  |                | 11                    |           |                  |       |                  |
| Base Rate Fee: Add th                    |                |                  | criber group a | as shown in the boxes | above.    |                  |       |                  |
| Enter here and in block                  | < 3, line 1, s | space L (page 7) |                |                       |           | \$               |       |                  |

| LEGAL NAME OF OWNER<br>Foothills Rural Tel          |         |                 | •           |                           |          | S               | YSTEM ID#<br>62644 | Name                 |
|---|---------|-----------------|-------------|---------------------------|----------|-----------------|--------------------|----------------------|
| В   | LOCK A: | COMPUTATION OF  | BASE RA     | TE FEES FOR EACH          | SUBSCRI  | BER GROUP       |                    |                      |
| SEVEN   | ITEENTH | SUBSCRIBER GROU | Р           | EIG                       | P        | 9               |                    |                      |
| COMMUNITY/ AREA 0                                   |         |                 | 0           | COMMUNITY/ AREA           | 0        | -               |                    |                      |
| CALL SIGN   | DSE     | CALL SIGN       | DSE         | CALL SIGN                 | DSE      | CALL SIGN       | DSE                | Computation<br>of    |
|   | DOL     | CALL SIGN       | DOL         |                           | DOL      | CALL DIGIN      | DOL                | Base Rate Fee        |
|   |         |                 |             |                           |          |                 |                    | and                  |
|   |         |                 |             |                           |          |                 |                    | Syndicated           |
|   |         |                 |             |                           |          |                 |                    | Exclusivity          |
|   |         |                 |             |                           |          |                 |                    | Surcharge            |
|   |         |                 |             |                           |          |                 |                    | for                  |
|   |         |                 |             |                           |          |                 | ···                | Partially<br>Distant |
|   |         |                 |             |                           |          | ++              |                    | Stations             |
|   |         |                 |             |                           |          | ++              |                    | otationo             |
|   |         |                 |             |                           |          |                 |                    |                      |
|   |         |                 |             |                           |          |                 |                    |                      |
|   |         |                 |             |                           |          |                 |                    |                      |
|   |         |                 |             |                           |          |                 |                    |                      |
|   |         |                 |             |                           |          |                 |                    |                      |
| Total DSEs  |         |                 | 0.00        | Total DSEs                |          |                 | 0.00               |                      |
| Gross Receipts First Group \$ 0.00                  |         |                 | 0.00        | Gross Receipts Second     | d Group  | \$              | 0.00               |                      |
|   |         |                 |             |                           |          |                 |                    |                      |
| Base Rate Fee First Gro                             | oup     | \$              | 0.00        | Base Rate Fee Second      | d Group  | \$              | 0.00               |                      |
| NIN   | ITEENTH | SUBSCRIBER GROU |             | יד                        | WENTIETH | SUBSCRIBER GROU | P                  |                      |
| COMMUNITY/ AREA                                     |         |                 | 0           | COMMUNITY/ AREA           |          |                 | 0                  |                      |
| CALL SIGN   | DSE     | CALL SIGN       | DSE         | CALL SIGN                 | DSE      | CALL SIGN       | DSE                |                      |
|   |         |                 |             |                           |          |                 |                    |                      |
|   |         |                 |             |                           |          |                 |                    |                      |
|   |         |                 |             |                           |          | ++              |                    |                      |
|   |         |                 |             |                           |          |                 |                    |                      |
|   |         |                 |             |                           |          |                 |                    |                      |
|   |         |                 |             |                           |          | ][              |                    |                      |
|   |         |                 |             |                           |          |                 |                    |                      |
|   |         |                 |             |                           |          |                 |                    |                      |
|   |         |                 |             |                           |          |                 |                    |                      |
|   |         |                 |             |                           | •        | ++              | ···                |                      |
|   |         |                 |             |                           | ··       |                 | <mark></mark>      |                      |
|   |         |                 |             |                           |          | ††              |                    |                      |
|   |         |                 |             |                           |          |                 |                    |                      |
| Total DSEs  |         |                 | 0.00        | Total DSEs                |          |                 | 0.00               |                      |
| Gross Receipts Third Group \$                       |         | \$              | 0.00        | Gross Receipts Fourth     | Group    | \$              | 0.00               |                      |
|   |         |                 |             | 0                         |          |                 |                    |                      |
| Base Rate Fee Third G                               | oup     | \$              | 0.00        | Base Rate Fee Fourth      | oroup    | \$              | 0.00               |                      |
|   |         |                 |             |                           |          |                 |                    |                      |
|   |         |                 | ber group a | as shown in the boxes abo | ove.     |                 |                    |                      |
| Enter here and in block 3, line 1, space L (page 7) |         |                 |             |                           |          | \$              |                    |                      |

L

| LEGAL NAME OF OWNER<br>Foothills Rural Tel          |          |                  |                       |                           |          | S               | YSTEM ID#<br>62644 | Name                      |
|---|----------|------------------|-----------------------|---------------------------|----------|-----------------|--------------------|---------------------------|
| B   | LOCK A:  | COMPUTATION OF   | BASE RA               | TE FEES FOR EACH          | SUBSCRI  | BER GROUP       |                    |                           |
| TWEN  | TY-FIRST | SUBSCRIBER GROU  | Ρ                     | TWENTY                    | Р        | •               |                    |                           |
| COMMUNITY/ AREA 0                                   |          |                  | 0                     | COMMUNITY/ AREA           | 0        | 9               |                    |                           |
|   |          |                  |                       |                           |          |                 |                    | Computation               |
| CALL SIGN   | DSE      | CALL SIGN        | DSE                   | CALL SIGN                 | DSE      | CALL SIGN       | DSE                | of                        |
|   |          |                  |                       |                           |          |                 |                    | Base Rate Fee             |
|   |          |                  |                       |                           |          |                 |                    | and<br>Sum diagonal       |
|   |          |                  |                       |                           |          |                 |                    | Syndicated<br>Exclusivity |
|   |          |                  |                       |                           |          |                 |                    | Surcharge                 |
|   |          |                  |                       |                           |          | •               |                    | for                       |
|   |          |                  |                       |                           |          |                 |                    | Partially                 |
|   |          |                  |                       |                           |          |                 |                    | Distant                   |
|   |          |                  |                       |                           |          |                 |                    | Stations                  |
|   |          |                  |                       |                           |          |                 |                    |                           |
|   |          |                  |                       |                           |          |                 |                    |                           |
|   |          |                  |                       |                           |          |                 |                    |                           |
|   |          |                  |                       |                           |          |                 |                    |                           |
|   |          |                  |                       |                           |          | •               |                    |                           |
|   |          |                  |                       |                           |          |                 |                    |                           |
| Total DSEs  |          |                  | 0.00                  | Total DSEs                |          |                 | 0.00               |                           |
| Gross Receipts First Group \$ 0.00                  |          |                  | 0.00                  | Gross Receipts Second     | d Group  | \$              | 0.00               |                           |
|   |          |                  |                       |                           |          |                 |                    |                           |
| Base Rate Fee First Gro                             | oup      | \$               | 0.00                  | Base Rate Fee Second      | d Group  | \$              | 0.00               |                           |
| TWENT   | Y-THIRD  | SUBSCRIBER GROUI | Ρ                     | TWENT                     | Y-FOURTH | SUBSCRIBER GROU | Р                  |                           |
| COMMUNITY/ AREA                                     |          |                  | 0                     | COMMUNITY/ AREA           |          |                 | 0                  |                           |
| CALL SIGN   | DSE      | CALL SIGN        | DSE                   | CALL SIGN                 | DSE      | CALL SIGN       | DSE                |                           |
|   |          |                  |                       |                           |          |                 |                    |                           |
|   |          |                  |                       |                           |          |                 |                    |                           |
|   |          |                  |                       |                           |          |                 |                    |                           |
|   |          |                  |                       |                           |          |                 |                    |                           |
|   |          |                  |                       |                           |          |                 |                    |                           |
|   |          |                  |                       |                           |          |                 |                    |                           |
|   | []       |                  |                       |                           |          |                 |                    |                           |
|   |          |                  |                       |                           |          |                 |                    |                           |
|   |          |                  |                       |                           |          | <b>[</b> ]      |                    |                           |
|   |          |                  |                       |                           |          |                 |                    |                           |
|   |          |                  |                       |                           |          |                 |                    |                           |
|   |          |                  |                       |                           |          |                 |                    |                           |
|   |          |                  |                       |                           |          |                 |                    |                           |
|   |          |                  |                       |                           |          |                 |                    |                           |
| Total DSEs0.00                                      |          | 0.00             | Total DSEs            |                           |          | 0.00            |                    |                           |
| Gross Receipts Third Group \$ 0.00                  |          | 0.00             | Gross Receipts Fourth | Group                     | \$       | 0.00            |                    |                           |
|   |          |                  |                       |                           |          |                 |                    |                           |
| Base Rate Fee Third Group \$ 0.00                   |          | 0.00             | Base Rate Fee Fourth  | Group                     | \$       | 0.00            |                    |                           |
|   |          |                  |                       |                           |          |                 |                    |                           |
|   |          |                  | ber group a           | is shown in the boxes abo | ove.     |                 |                    |                           |
| Enter here and in block 3, line 1, space L (page 7) |          |                  |                       |                           |          | \$              |                    |                           |

| LEGAL NAME OF OWNER<br>Foothills Rural Tel          |          |                 |                      |                           |           | S               | YSTEM ID#<br>62644 | Name                      |
|---|----------|-----------------|----------------------|---------------------------|-----------|-----------------|--------------------|---------------------------|
| В   | LOCK A:  | COMPUTATION OF  | BASE RA              | TE FEES FOR EACH          | SUBSCRI   | BER GROUP       |                    |                           |
| TWEN  | TY-FIFTH | SUBSCRIBER GROU | Р                    | TWE                       | Ρ         | •               |                    |                           |
| COMMUNITY/ AREA 0                                   |          |                 | 0                    | COMMUNITY/ AREA           | 0         | 9               |                    |                           |
|   |          |                 |                      |                           |           |                 |                    | Computation               |
| CALL SIGN   | DSE      | CALL SIGN       | DSE                  | CALL SIGN                 | DSE       | CALL SIGN       | DSE                | of                        |
|   |          |                 |                      |                           |           |                 |                    | Base Rate Fee             |
|   |          |                 |                      |                           |           |                 |                    | and<br>Sum diagonal       |
|   |          |                 |                      |                           |           |                 | ····               | Syndicated<br>Exclusivity |
|   |          |                 |                      |                           |           |                 |                    | Surcharge                 |
|   |          |                 |                      |                           |           |                 |                    | for                       |
|   |          |                 |                      |                           |           |                 |                    | Partially                 |
|   |          |                 |                      |                           |           |                 |                    | Distant                   |
|   |          |                 |                      |                           |           |                 |                    | Stations                  |
|   |          |                 |                      |                           |           |                 |                    |                           |
|   |          |                 |                      |                           |           |                 |                    |                           |
|   |          |                 |                      |                           |           |                 |                    |                           |
|   |          |                 |                      |                           |           |                 |                    |                           |
|   |          |                 |                      |                           |           |                 |                    |                           |
|   |          |                 |                      |                           |           |                 |                    |                           |
| Total DSEs  |          |                 | 0.00                 | Total DSEs                |           |                 | 0.00               |                           |
| Gross Receipts First Group \$ 0.00                  |          |                 | 0.00                 | Gross Receipts Second     | d Group   | \$              | 0.00               |                           |
|   |          |                 |                      |                           |           |                 |                    |                           |
| Base Rate Fee First Gro                             | oup      | \$              | 0.00                 | Base Rate Fee Second      | d Group   | \$              | 0.00               |                           |
| TWENTY-S  | SEVENTH  | SUBSCRIBER GROU | Р                    | TWENT                     | ry-eighth | SUBSCRIBER GROU | Ρ                  |                           |
| COMMUNITY/ AREA                                     |          |                 | 0                    | COMMUNITY/ AREA           |           |                 | 0                  |                           |
| CALL SIGN   | DSE      | CALL SIGN       | DSE                  | CALL SIGN                 | DSE       | CALL SIGN       | DSE                |                           |
|   |          |                 |                      |                           |           |                 |                    |                           |
|   |          |                 |                      |                           |           |                 |                    |                           |
|   |          |                 |                      |                           |           |                 |                    |                           |
|   |          |                 |                      |                           |           |                 |                    |                           |
|   |          |                 |                      |                           |           |                 |                    |                           |
|   |          |                 |                      |                           |           |                 |                    |                           |
|   |          |                 |                      |                           |           |                 |                    |                           |
|   |          |                 |                      |                           |           |                 |                    |                           |
|   |          |                 |                      |                           |           |                 |                    |                           |
|   |          |                 |                      |                           |           |                 |                    |                           |
|   |          |                 |                      |                           |           |                 |                    |                           |
|   |          |                 |                      |                           |           |                 |                    |                           |
|   |          |                 |                      |                           |           |                 |                    |                           |
|   |          |                 | 0.00                 |                           |           |                 | 0.00               |                           |
| Total DSEs 0.00                                     |          |                 | Total DSEs           |                           |           |                 |                    |                           |
| Gross Receipts Third G                              | roup     | \$              | 0.00                 | Gross Receipts Fourth     | Group     | \$              | 0.00               |                           |
| Base Rate Fee Third Group \$ 0.00                   |          | 0.00            | Base Rate Fee Fourth | Group                     | \$        | 0.00            |                    |                           |
|   |          |                 |                      |                           |           |                 |                    |                           |
|   |          |                 | ber group a          | as shown in the boxes abo | ove.      |                 |                    |                           |
| Enter here and in block 3, line 1, space L (page 7) |          |                 |                      |                           |           | \$              |                    |                           |

L

| LEGAL NAME OF OWNER<br>Foothills Rural Tel   |          |                  |                      |                           |           | SI                      | STEM ID#<br>62644 | Name              |
|--|----------|------------------|----------------------|---------------------------|-----------|-------------------------|-------------------|-------------------|
| B  | LOCK A:  | COMPUTATION OF   | BASE RA              | TE FEES FOR EACH          | SUBSCRI   | BER GROUP               |                   |                   |
| TWENT  | Y-NINTH  | SUBSCRIBER GROUI | 5                    | 1                         | THIRTIETH | SUBSCRIBER GROUP        | P                 | •                 |
| COMMUNITY/ AREA 0  |          |                  | 0                    | COMMUNITY/ AREA           | 0         | <b>9</b><br>Computation |                   |                   |
| CALL SIGN  | DSE      | CALL SIGN        | DSE                  | CALL SIGN                 | DSE       | CALL SIGN               | DSE               | of                |
|  |          |                  |                      |                           |           |                         |                   | Base Rate Fee     |
|  |          |                  |                      |                           |           |                         |                   | and<br>Syndicated |
|  |          |                  |                      |                           |           |                         |                   | Exclusivity       |
|  |          |                  |                      |                           |           |                         |                   | Surcharge<br>for  |
|  |          |                  |                      |                           |           |                         |                   | Partially         |
|  |          |                  |                      |                           |           |                         |                   | Distant           |
|  |          |                  |                      |                           |           |                         |                   | Stations          |
|  |          |                  |                      |                           |           |                         |                   |                   |
|  |          |                  |                      |                           |           |                         |                   |                   |
|  |          |                  |                      |                           |           |                         |                   |                   |
|  |          |                  |                      |                           |           |                         |                   |                   |
| Total DSEs   |          |                  | 0.00                 | Total DSEs                |           |                         | 0.00              |                   |
| Gross Receipts First Gro   | oup      | \$               | 0.00                 | Gross Receipts Second     | l Group   | \$                      | 0.00              |                   |
| Base Rate Fee First Gro  | oup      | \$               | 0.00                 | Base Rate Fee Second      | l Group   | \$                      | 0.00              |                   |
| THIR   | TY-FIRST | SUBSCRIBER GROUI | þ                    | THIRTY                    | -SECOND   | SUBSCRIBER GROUI        | P                 |                   |
| COMMUNITY/ AREA  |          |                  | 0                    | COMMUNITY/ AREA           |           |                         | 0                 |                   |
| CALL SIGN  | DSE      | CALL SIGN        | DSE                  | CALL SIGN                 | DSE       | CALL SIGN               | DSE               |                   |
|  |          |                  |                      |                           |           |                         |                   |                   |
|  |          |                  |                      |                           |           |                         |                   |                   |
|  |          |                  |                      |                           |           |                         |                   |                   |
|  |          |                  |                      |                           |           |                         |                   |                   |
|  |          |                  |                      |                           |           |                         |                   |                   |
|  |          |                  |                      |                           |           |                         |                   |                   |
|  |          |                  |                      |                           |           |                         |                   |                   |
|  |          |                  |                      |                           |           |                         |                   |                   |
|  |          |                  |                      |                           |           |                         |                   |                   |
|  |          |                  |                      |                           |           |                         |                   |                   |
|  |          |                  | 0.00                 |                           |           |                         | 0.00              |                   |
| Total DSEs 0.00  |          |                  | Total DSEs           | _                         |           | 0.00                    |                   |                   |
| Gross Receipts Third G   | roup     | \$               | 0.00                 | Gross Receipts Fourth     | Group     | \$                      | 0.00              |                   |
| Base Rate Fee Third Group \$ 0.00  |          | 0.00             | Base Rate Fee Fourth | Group                     | \$        | 0.00                    |                   |                   |
|  |          |                  |                      |                           |           |                         |                   |                   |
| <b>Base Rate Fee:</b> Add the <b>base rate fees</b> for each subscriber group<br>Enter here and in block 3, line 1, space L (page 7) |          |                  |                      | as shown in the boxes abo | ove.      | \$                      |                   |                   |
|  |          |                  |                      |                           |           |                         |                   |                   |

| LEGAL NAME OF OWNE<br>Foothills Rural Te       |           |                 | ).           |                          |             | S                 | 62644   | Name                      |
|--|-----------|-----------------|--------------|--------------------------|-------------|-------------------|---------|---------------------------|
|  |           |                 |              | TE FEES FOR EACH         |             |                   |         |                           |
| THIF<br>COMMUNITY/ AREA                        | RTY-THIRD | SUBSCRIBER GROU | IP<br>0      | COMMUNITY/ AREA          | TY-FOURTH   | I SUBSCRIBER GROU | JP<br>0 | 9                         |
| CALL SIGN                                      | DSE       | CALL SIGN       | DSE          | CALL SIGN                | DSE         | CALL SIGN         | DSE     | Computation<br>of         |
|  |           |                 |              |                          |             |                   |         | Base Rate Fe              |
|  |           |                 |              |                          |             |                   |         | and                       |
|  |           |                 |              |                          |             |                   |         | Syndicated<br>Exclusivity |
|  |           | -               |              |                          |             |                   |         | Surcharge                 |
|  |           |                 |              |                          |             |                   |         | for<br>Dertielly          |
|  |           | -               |              |                          |             |                   |         | Partially<br>Distant      |
|  |           |                 |              |                          |             |                   |         | Stations                  |
|  |           |                 |              |                          |             |                   |         |                           |
|  |           |                 |              |                          |             | ++                |         |                           |
|  |           |                 |              |                          |             | П                 |         |                           |
|  |           |                 |              |                          |             |                   | ·····   |                           |
| Total DSEs                                     |           | 1               | 0.00         | Total DSEs               | _           | 1                 | 0.00    |                           |
|  |           |                 | 0.00         |                          | ad Craun    |                   | 0.00    |                           |
| Gross Receipts First G                         | roup      | \$              | 0.00         | Gross Receipts Secor     | na Group    | \$                | 0.00    |                           |
| Base Rate Fee First G                          | roup      | \$              | 0.00         | Base Rate Fee Secor      | nd Group    | \$                | 0.00    |                           |
| THI  | RTY-FIFTH | SUBSCRIBER GROU | IP           | ТН                       | IIRTY-SIXTH | SUBSCRIBER GROU   | JP      |                           |
| COMMUNITY/ AREA                                |           |                 | 0            | COMMUNITY/ AREA          |             |                   | 0       |                           |
| CALL SIGN                                      | DSE       | CALL SIGN       | DSE          | CALL SIGN                | DSE         | CALL SIGN         | DSE     |                           |
|  |           | -               |              |                          |             |                   |         |                           |
|  |           |                 |              |                          |             |                   |         |                           |
|  |           |                 |              |                          |             |                   |         |                           |
|  |           |                 |              |                          |             |                   |         |                           |
|  |           |                 |              |                          |             |                   |         |                           |
|  |           |                 |              |                          |             |                   |         |                           |
|  |           | -               |              |                          |             |                   |         |                           |
|  |           |                 |              |                          |             |                   |         |                           |
|  |           |                 |              |                          |             |                   |         |                           |
|  |           |                 |              |                          |             |                   |         |                           |
|  |           |                 |              |                          |             |                   |         |                           |
| Total DSEs                                     |           |                 | 0.00         | Total DSEs               |             |                   | 0.00    |                           |
| Gross Receipts Third 0                         | Group     | \$              | 0.00         | Gross Receipts Fourth    | h Group     | \$                | 0.00    |                           |
| Base Rate Fee Third C                          | Group     | \$              | 0.00         | Base Rate Fee Fourth     | h Group     | \$                | 0.00    |                           |
|  |           |                 |              |                          |             |                   |         |                           |
| Base Rate Fee: Add the Enter here and in block |           |                 | iber group a | as shown in the boxes al | bove.       | \$                |         |                           |
|  |           |                 |              |                          |             |                   |         |                           |

| LEGAL NAME OF OWNE<br>Foothills Rural Te       |           |                                   | ).           |                                       |          | S                            | YSTEM ID#<br>62644 | Name              |
|--|-----------|-----------------------------------|--------------|---------------------------------------|----------|------------------------------|--------------------|-------------------|
|  |           | COMPUTATION OI<br>SUBSCRIBER GROU |              | TE FEES FOR EACH                      |          | BER GROUP<br>SUBSCRIBER GROU | JP                 |                   |
| COMMUNITY/ AREA                                |           |                                   | 0            | COMMUNITY/ AREA                       |          |                              | 0                  | 9<br>Computation  |
| CALL SIGN                                      | DSE       | CALL SIGN                         | DSE          | CALL SIGN                             | DSE      | CALL SIGN                    | DSE                | of                |
|  |           |                                   |              |                                       |          |                              |                    | Base Rate Fe      |
|  |           |                                   |              |                                       |          |                              |                    | and<br>Syndicated |
|  |           |                                   |              |                                       |          |                              |                    | Exclusivity       |
|  |           |                                   |              |                                       |          |                              |                    | Surcharge<br>for  |
|  |           | -                                 |              |                                       |          |                              |                    | Partially         |
|  |           |                                   |              |                                       |          |                              |                    | Distant           |
|  |           |                                   |              |                                       |          |                              |                    | Stations          |
|  |           |                                   |              |                                       |          |                              |                    |                   |
|  |           |                                   |              |                                       |          |                              |                    |                   |
|  |           |                                   |              |                                       |          |                              |                    |                   |
|  |           |                                   |              |                                       |          |                              |                    |                   |
| Total DSEs                                     |           |                                   | 0.00         | Total DSEs                            |          |                              | 0.00               |                   |
| Gross Receipts First G                         | roup      | \$                                | 0.00         | Gross Receipts Secor                  | nd Group | \$                           | 0.00               |                   |
|  |           |                                   |              |                                       |          |                              |                    |                   |
| Base Rate Fee First G                          | -         | \$                                | 0.00         | Base Rate Fee Secor                   | nd Group | \$                           | 0.00               |                   |
|  | RTY-NINTH | SUBSCRIBER GROU                   |              |                                       | FORTIETH | SUBSCRIBER GROU              |                    |                   |
| COMMUNITY/ AREA                                |           |                                   | 0            | COMMUNITY/ AREA                       |          |                              | 0                  |                   |
| CALL SIGN                                      | DSE       | CALL SIGN                         | DSE          | CALL SIGN                             | DSE      | CALL SIGN                    | DSE                |                   |
|  |           |                                   |              |                                       |          |                              |                    |                   |
|  |           | -                                 |              |                                       |          |                              |                    |                   |
|  |           |                                   |              |                                       |          |                              |                    |                   |
|  |           |                                   |              |                                       |          |                              |                    |                   |
|  |           |                                   |              |                                       |          |                              |                    |                   |
|  |           |                                   |              |                                       |          |                              |                    |                   |
|  |           |                                   |              |                                       |          |                              |                    |                   |
|  |           |                                   |              |                                       |          |                              |                    |                   |
|  |           |                                   |              |                                       |          |                              |                    |                   |
|  |           |                                   |              |                                       |          |                              |                    |                   |
|  |           |                                   | <u> </u>     | · · · · · · · · · · · · · · · · · · · |          |                              | ····               |                   |
| Total DSEs                                     |           |                                   | 0.00         | Total DSEs                            |          |                              | 0.00               |                   |
| Gross Receipts Third C                         | Group     | \$                                | 0.00         | Gross Receipts Fourth                 | h Group  | \$                           | 0.00               |                   |
| Base Rate Fee Third C                          | Group     | \$                                | 0.00         | Base Rate Fee Fourth                  | n Group  | \$                           | 0.00               |                   |
|  |           |                                   |              |                                       |          |                              |                    |                   |
| Base Rate Fee: Add the Enter here and in block |           |                                   | iber group a | as shown in the boxes al              | bove.    | \$                           |                    |                   |
|  | . , -     |                                   |              |                                       |          |                              |                    |                   |

| LEGAL NAME OF OWNE<br>Foothills Rural Te |               |                 | ).           |                          |           | S                            | 62644 | Name                    |
|--|---------------|-----------------|--------------|--------------------------|-----------|------------------------------|-------|-------------------------|
|  |               | COMPUTATION O   |              | TE FEES FOR EACH         |           | BER GROUP<br>SUBSCRIBER GROU | JP    | 0                       |
| COMMUNITY/ AREA                          |               |                 | 0            | COMMUNITY/ AREA          |           |                              | 0     | <b>9</b><br>Computation |
| CALL SIGN                                | DSE           | CALL SIGN       | DSE          | CALL SIGN                | DSE       | CALL SIGN                    | DSE   | of                      |
|  |               |                 |              |                          |           |                              |       | Base Rate Fe            |
|  |               |                 |              |                          |           |                              |       | and<br>Syndicated       |
|  |               | -               |              |                          |           | •                            |       | Exclusivity             |
|  |               |                 |              |                          |           |                              |       | Surcharge               |
|  |               |                 |              |                          |           |                              |       | for<br>Partially        |
|  |               |                 |              |                          |           |                              |       | Distant                 |
|  |               |                 |              |                          |           |                              |       | Stations                |
|  |               |                 |              |                          |           |                              |       |                         |
|  | <mark></mark> |                 |              |                          |           |                              |       |                         |
|  |               |                 |              |                          |           |                              |       |                         |
|  |               |                 |              |                          |           |                              |       |                         |
| T ( ) D 0 5                              | 1             |                 |              |                          |           | 1                            |       |                         |
| Total DSEs                               |               |                 | 0.00         | Total DSEs               |           |                              | 0.00  |                         |
| Gross Receipts First G                   | roup          | \$              | 0.00         | Gross Receipts Secor     | nd Group  | \$                           | 0.00  |                         |
| Base Rate Fee First G                    | roup          | \$              | 0.00         | Base Rate Fee Secor      | nd Group  | \$                           | 0.00  |                         |
| FOR                                      | TY-THIRD      | SUBSCRIBER GROU | JP           | FOR                      | TY-FOURTH | SUBSCRIBER GROU              | JP    |                         |
| COMMUNITY/ AREA                          |               |                 | 0            | COMMUNITY/ AREA          |           |                              | 0     |                         |
| CALL SIGN                                | DSE           | CALL SIGN       | DSE          | CALL SIGN                | DSE       | CALL SIGN                    | DSE   |                         |
|  |               | -               |              |                          |           |                              |       |                         |
|  |               |                 |              |                          |           |                              |       |                         |
|  |               |                 |              |                          |           |                              |       |                         |
|  |               | -               |              |                          |           |                              |       |                         |
|  |               |                 |              |                          |           |                              |       |                         |
|  |               |                 |              |                          |           |                              |       |                         |
|  |               | -               |              |                          |           |                              |       |                         |
|  |               |                 |              |                          |           |                              |       |                         |
|  | <mark></mark> |                 |              |                          |           |                              |       |                         |
|  |               |                 |              |                          |           |                              |       |                         |
|  |               |                 |              |                          |           |                              |       |                         |
| Total DSEs                               |               |                 | 0.00         | Total DSEs               |           |                              | 0.00  |                         |
| Gross Receipts Third G                   | Group         | \$              | 0.00         | Gross Receipts Fourt     | h Group   | \$                           | 0.00  |                         |
| Base Rate Fee Third G                    | Group         | \$              | 0.00         | Base Rate Fee Fourt      | h Group   | \$                           | 0.00  |                         |
| Base Pate Foot Add th                    | a hasa rat    |                 | iber group o | as shown in the boxes al | hove      |                              |       |                         |
| Enter here and in block                  |               |                 | iser group a |                          |           | \$                           |       |                         |

| FORT<br>COMMUNITY/ AREA  |        | COMPUTATION O<br>SUBSCRIBER GROU |               | TE FEES FOR EAC     |            |                   |      |                  |
|--------------------------|--------|----------------------------------|---------------|---------------------|------------|-------------------|------|------------------|
| FORT<br>COMMUNITY/ AREA  |        |                                  |               |                     |            |                   |      |                  |
|                          |        |                                  | <i>.</i>      | F                   | ORTY-SIXTH | I SUBSCRIBER GROU | JP   | •                |
|                          |        |                                  | 0             | COMMUNITY/ AREA     |            |                   | 0    | 9<br>Computatio  |
| CALL SIGN                | DSE    | CALL SIGN                        | DSE           | CALL SIGN           | DSE        | CALL SIGN         | DSE  | Computatio<br>of |
|                          |        |                                  |               |                     |            |                   |      | Base Rate F      |
|                          |        |                                  |               |                     |            |                   |      | and              |
|                          |        |                                  |               |                     |            |                   |      | Syndicate        |
|                          |        |                                  |               |                     |            |                   |      | Exclusivit       |
|                          |        |                                  |               |                     |            | •                 |      | Surcharge        |
|                          |        |                                  | <mark></mark> |                     |            |                   |      | for<br>Partially |
|                          |        |                                  | •••           |                     |            | +                 |      | Distant          |
|                          |        |                                  |               |                     |            |                   |      | Stations         |
|                          |        |                                  |               |                     |            |                   |      |                  |
|                          |        |                                  |               |                     |            |                   |      |                  |
|                          |        |                                  |               |                     |            |                   |      |                  |
|                          |        |                                  | <mark></mark> |                     |            |                   |      |                  |
|                          |        |                                  | <mark></mark> |                     |            |                   |      |                  |
|                          |        |                                  |               |                     |            | 11                |      |                  |
| otal DSEs                |        |                                  | 0.00          | Total DSEs          |            |                   | 0.00 |                  |
| Gross Receipts First Gro | oup    | \$                               | 0.00          | Gross Receipts Seco | ond Group  | \$                | 0.00 |                  |
|                          |        |                                  |               |                     |            |                   |      |                  |
| ase Rate Fee First Gro   | oup    | \$                               | 0.00          | Base Rate Fee Seco  | ond Group  | \$                | 0.00 |                  |
| FORTY-S                  | EVENTH | SUBSCRIBER GROL                  | JP            | FO                  | RTY-EIGHTH | I SUBSCRIBER GROU | JP   |                  |
| COMMUNITY/ AREA          |        |                                  | 0             | COMMUNITY/ AREA     |            |                   | 0    |                  |
| CALL SIGN                | DSE    | CALL SIGN                        | DSE           | CALL SIGN           | DSE        | CALL SIGN         | DSE  |                  |
|                          |        |                                  |               |                     |            |                   |      |                  |
|                          |        |                                  |               |                     |            |                   |      |                  |
|                          |        |                                  |               |                     |            |                   |      |                  |
|                          |        |                                  |               |                     |            |                   |      |                  |
|                          |        |                                  | <mark></mark> |                     |            |                   |      |                  |
|                          |        |                                  | <mark></mark> |                     |            |                   |      |                  |
|                          |        |                                  | <mark></mark> |                     |            | 1                 |      |                  |
|                          |        |                                  |               |                     |            |                   |      |                  |
|                          |        |                                  |               |                     |            |                   |      |                  |
|                          |        |                                  |               |                     |            |                   |      |                  |
|                          |        |                                  | <mark></mark> |                     |            |                   |      |                  |
|                          |        |                                  | <mark></mark> |                     |            |                   |      |                  |
|                          |        |                                  | <mark></mark> |                     |            |                   |      |                  |
| otal DSEs                |        |                                  | 0.00          | Total DSEs          |            | 11                | 0.00 |                  |
|                          |        |                                  |               |                     |            |                   |      |                  |
| Gross Receipts Third Gr  | oup    | \$                               | 0.00          | Gross Receipts Four | in Group   | \$                | 0.00 |                  |
|                          |        |                                  |               |                     |            |                   |      |                  |
|                          | oup    | \$                               | 0.00          | Base Rate Fee Four  | th Group   | \$                | 0.00 |                  |
| Base Rate Fee Third Gr   |        |                                  |               | 11                  |            |                   |      |                  |
| Base Rate Fee Third Gr   |        |                                  |               |                     |            |                   |      |                  |
| Base Rate Fee Third Gr   | hari   |                                  |               | <u>  </u>           | h          |                   |      |                  |

| LEGAL NAME OF OWNEF<br>Foothills Rural Tel |           |                              |               |                          |           | S                 | 62644 | Name             |
|--|-----------|------------------------------|---------------|--------------------------|-----------|-------------------|-------|------------------|
| E  | LOCK A:   | COMPUTATION OF               | BASE RA       | TE FEES FOR EACI         | H SUBSCR  | IBER GROUP        |       |                  |
| FOR  | FY-NINTH  | SUBSCRIBER GROU              | Р             |                          | FIFTIETH  | I SUBSCRIBER GROU | JP    | •                |
| COMMUNITY/ AREA                            |           |                              | 0             | COMMUNITY/ AREA          |           |                   | 0     | 9<br>Computation |
| CALL SIGN                                  | DSE       | CALL SIGN                    | DSE           | CALL SIGN                | DSE       | CALL SIGN         | DSE   | of               |
|  | DOL       |                              | DOL           |                          | DOL       |                   | DOL   | Base Rate Fee    |
|  |           |                              |               |                          |           |                   |       | and              |
|  |           |                              |               |                          |           |                   |       | Syndicated       |
|  |           |                              |               |                          |           |                   |       | Exclusivity      |
|  |           |                              |               |                          |           |                   |       | Surcharge        |
|  |           |                              |               |                          |           |                   |       | for              |
|  |           |                              |               |                          |           |                   |       | Partially        |
|  |           |                              |               |                          |           |                   |       | Distant          |
|  |           |                              |               |                          |           |                   |       | Stations         |
|  |           |                              |               |                          |           |                   |       |                  |
|  |           |                              |               |                          |           |                   |       |                  |
|  |           |                              |               |                          |           |                   |       |                  |
|  |           |                              |               |                          |           |                   |       |                  |
|  |           |                              |               |                          |           |                   |       |                  |
|  |           |                              |               |                          |           |                   |       |                  |
| Total DSEs                                 |           |                              | 0.00          | Total DSEs               |           |                   | 0.00  |                  |
| Gross Receipts First Gr                    | oup       | \$                           | 0.00          | Gross Receipts Seco      | ond Group | \$                | 0.00  |                  |
| Base Rate Fee First Gr                     | oup       | \$                           | 0.00          | Base Rate Fee Seco       | ond Group | \$                | 0.00  |                  |
| FIF  | TY-FIRST  | SUBSCRIBER GROUI             | P             | FIF                      | TY-SECONE | ) SUBSCRIBER GROU | JP    |                  |
| COMMUNITY/ AREA                            |           |                              | 0             | COMMUNITY/ AREA          |           |                   | 0     |                  |
| CALL SIGN                                  | DSE       | CALL SIGN                    | DSE           | CALL SIGN                | DSE       | CALL SIGN         | DSE   |                  |
|  |           |                              |               |                          |           |                   |       |                  |
|  |           |                              |               |                          |           |                   |       |                  |
|  |           |                              |               |                          |           |                   |       |                  |
|  |           |                              |               |                          |           |                   |       |                  |
|  |           |                              |               |                          |           |                   |       |                  |
|  |           |                              |               |                          |           |                   | ····  |                  |
|  |           |                              |               |                          |           |                   |       |                  |
|  |           |                              |               |                          | •••••     | ••••              |       |                  |
|  |           |                              |               |                          |           |                   |       |                  |
|  |           |                              |               |                          |           |                   |       |                  |
|  |           |                              |               |                          |           |                   |       |                  |
|  |           |                              |               |                          |           |                   |       |                  |
|  |           |                              |               |                          |           |                   |       |                  |
|  |           |                              |               |                          |           |                   |       |                  |
| Total DSEs                                 |           |                              | 0.00          | Total DSEs               |           |                   | 0.00  |                  |
| Gross Receipts Third G                     | roup      | \$                           | 0.00          | Gross Receipts Four      | th Group  | \$                | 0.00  |                  |
| Base Rate Fee Third G                      | roup      | \$                           | 0.00          | Base Rate Fee Fourt      | th Group  | \$                | 0.00  |                  |
| <u> </u>                                   |           |                              |               | 11                       |           |                   |       |                  |
| Base Rate Fee: Add the                     | haso rate | <b>fees</b> for each subsori | her aroun a   | as shown in the boxes of | above     |                   |       |                  |
| Enter here and in block                    |           |                              | ~ o, g, oup e |                          |           | \$                |       |                  |
|  |           | /                            |               |                          |           |                   |       |                  |

| and  | LEGAL NAME OF OWNE<br>Foothills Rural Te |   |                               | ).           |                          |             | s                 | 62644 | Name         |
|--|--|---|-------------------------------|--------------|--------------------------|-------------|-------------------|-------|--------------|
| COMMUNITY/AREA       O       COMMUNITY/AREA       O         CALL SIGN       DSE       DIA       CALL SIGN       DSE       DIA       CALL SIGN       DSE       DIA       CALL SIGN       DSE       DIA       DIA </th <th> </th> <th>BLOCK A:</th> <th>COMPUTATION O</th> <th>F BASE RA</th> <th>ATE FEES FOR EACH</th> <th>I SUBSCRI</th> <th>BER GROUP</th> <th></th> <th></th>   |  | BLOCK A:                                | COMPUTATION O                 | F BASE RA    | ATE FEES FOR EACH        | I SUBSCRI   | BER GROUP         |       |              |
| CALL SIGN       DSE       CALL SIGN       OSE       CALL SIGN       DSE       CALL SIGN       OSE       Call SIGN  |  | TY-THIRD                                | SUBSCRIBER GROU               |              | 1                        | TY-FOURTH   | SUBSCRIBER GROU   |       | ٥            |
| CALL SIGN       DSE  | COMMUNITY/ AREA                          |   |                               | 0            | COMMUNITY/ AREA          |             |                   | 0     | -            |
| Image: Second        | CALL SIGN                                | DSE                                     | CALL SIGN                     | DSE          | CALL SIGN                | DSE         | CALL SIGN         | DSE   |              |
| Syndicates       Syndicates       Syndicates       Syndicates       Syndicates         Image: Second Seco  |  |   |                               |              |                          |             |                   |       | Base Rate Fe |
| Image:        |  |   |                               |              |                          |             |                   |       | and          |
| Surcharge       Surcharge         Image: Surcharge       Image: Surcharge         Image: Surcharge       Image   |  |   |                               |              |                          |             |                   |       | Syndicated   |
| Image: second |  |   |                               |              |                          |             |                   |       | -            |
| Image: second        |  | ······                                  |                               |              |                          |             |                   |       |              |
| Stations           Image: State Fee         Image:  |  |   |                               |              |                          |             |                   |       |              |
| Image: Series Group       Image: Series Group<   |  |   |                               |              |                          |             |                   |       | Distant      |
| Gross Receipts First Group       \$       0.00         Base Rate Fee First Group       \$       0.00         FIFTY-FIFTH SUBSCRIBER GROUP       FIFTY-SIXTH SUBSCRIBER GROUP         COMMUNITY/ AREA       0       COMMUNITY/ AREA       0         CALL SIGN       DSE         Cold DSE       CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         Cold DSE <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>Stations</td>  |  |   |                               |              |                          |             |                   |       | Stations     |
| Gross Receipts First Group       \$       0.00         Base Rate Fee First Group       \$       0.00         FIFTY-FIFTH SUBSCRIBER GROUP       FIFTY-SIXTH SUBSCRIBER GROUP         COMMUNITY/ AREA       0       COMMUNITY/ AREA       0         CALL SIGN       DSE         Cold DSE       CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         Cold DSE <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>  |  |   |                               |              |                          |             |                   |       |              |
| Gross Receipts First Group       \$       0.00         Base Rate Fee First Group       \$       0.00         FIFTY-FIFTH SUBSCRIBER GROUP       FIFTY-SIXTH SUBSCRIBER GROUP         COMMUNITY/ AREA       0       COMMUNITY/ AREA       0         CALL SIGN       DSE         Cold DSE       CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         Cold DSE <td></td> <td><mark></mark></td> <td></td> <td></td> <td></td> <td></td> <td>++</td> <td></td> <td></td>   |  | <mark></mark>                           |                               |              |                          |             | ++                |       |              |
| Gross Receipts First Group       \$       0.00         Base Rate Fee First Group       \$       0.00         FIFTY-FIFTH SUBSCRIBER GROUP       FIFTY-SIXTH SUBSCRIBER GROUP         COMMUNITY/ AREA       0       COMMUNITY/ AREA       0         CALL SIGN       DSE         Cold DSE       CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         Cold DSE <td></td> <td><mark></mark></td> <td></td> <td></td> <td></td> <td></td> <td>+</td> <td></td> <td></td>  |  | <mark></mark>                           |                               |              |                          |             | +                 |       |              |
| Gross Receipts First Group       \$       0.00         Base Rate Fee First Group       \$       0.00         FIFTY-FIFTH SUBSCRIBER GROUP       FIFTY-SIXTH SUBSCRIBER GROUP         COMMUNITY/ AREA       0       COMMUNITY/ AREA       0         CALL SIGN       DSE         Cold DSE       CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         Cold DSE <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>  |  |   |                               |              |                          |             |                   |       |              |
| Gross Receipts First Group       \$       0.00         Base Rate Fee First Group       \$       0.00         FIFTY-FIFTH SUBSCRIBER GROUP       FIFTY-SIXTH SUBSCRIBER GROUP         COMMUNITY/ AREA       0       COMMUNITY/ AREA       0         CALL SIGN       DSE         Cold DSE       CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         Cold DSE <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>  |  |   |                               |              |                          |             |                   |       |              |
| Base Rate Fee First Group       \$       0.00         FIFTY-FIFTH SUBSCRIBER GROUP       FIFTY-SIXTH SUBSCRIBER GROUP         COMMUNITY/AREA       0         CALL SIGN       DSE         COMMUNITY/ AREA       DSE         COMMUNITY       COMUNITY         CALL SIGN       DSE         CALL SIGN       DSE  | Total DSEs                               |   |                               | 0.00         | Total DSEs               |             |                   | 0.00  |              |
| Base Rate Fee First Group       \$       0.00         FIFTY-FIFTH SUBSCRIBER GROUP       FIFTY-SIXTH SUBSCRIBER GROUP         COMMUNITY/AREA       0         CALL SIGN       DSE         COMMUNITY/ AREA       DSE         COMMUNITY       COMUNITY         CALL SIGN       DSE         CALL SIGN       DSE  | Gross Receipts First G                   | roup                                    | s                             | 0.00         | Gross Receipts Secor     | nd Group    | \$                | 0.00  |              |
| FIFTY-FIFTH SUBSCRIBER GROUP       FIFTY-SIXTH SUBSCRIBER GROUP         COMMUNITY/ AREA       0         CALL SIGN       DSE       CALL SIGN       DSE         CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         Community/ AREA  |  | ·p                                      | ·                             |              |                          | p           | - <u>-</u>        |       |              |
| COMMUNITY/ AREA       0         CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         COMMUNITY/ AREA  | Base Rate Fee First G                    | roup                                    | \$                            | 0.00         | Base Rate Fee Secor      | nd Group    | \$                | 0.00  |              |
| CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         Call SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         Call SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         Call SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         Call SIGN       DSE       Call SIGN       DSE       CALL SIGN       DSE         Call SIGN       DSE       Call SIGN       DSE       Call SIGN       DSE         Call SIGN       DSE       O.00       Total DSEs       O.00       S       O.00         Base Rate Fee Third Group       \$       0.00       Base Rate Fee Fourth Group       \$       0.00         Base Rate Fe  | FIF                                      | TY-FIFTH                                | SUBSCRIBER GROU               | IP           | F                        | FIFTY-SIXTH | I SUBSCRIBER GROU | JP    |              |
| Total DSEs       0.00         Gross Receipts Third Group       \$         \$       0.00         Base Rate Fee Third Group       \$         \$       0.00  | COMMUNITY/ AREA                          |   |                               | 0            | COMMUNITY/ AREA          |             |                   | 0     |              |
| Gross Receipts Third Group       \$       0.00         Base Rate Fee Third Group       \$       0.00         Base Rate Fee Third Group       \$       0.00         Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.       \$   | CALL SIGN                                | DSE                                     | CALL SIGN                     | DSE          | CALL SIGN                | DSE         | CALL SIGN         | DSE   |              |
| Gross Receipts Third Group       \$       0.00         Base Rate Fee Third Group       \$       0.00         Base Rate Fee Third Group       \$       0.00         Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.       \$   |  | ••••••••••••••••••••••••••••••••••••••• |                               |              |                          |             | **                |       |              |
| Gross Receipts Third Group       \$       0.00         Base Rate Fee Third Group       \$       0.00         Base Rate Fee Third Group       \$       0.00         Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.       \$   |  |   | _                             |              |                          |             |                   |       |              |
| Gross Receipts Third Group       \$       0.00         Base Rate Fee Third Group       \$       0.00         Base Rate Fee Third Group       \$       0.00         Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.       \$   |  |   |                               |              |                          |             |                   |       |              |
| Gross Receipts Third Group       \$       0.00         Base Rate Fee Third Group       \$       0.00         Base Rate Fee Third Group       \$       0.00         Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.       \$   |  |   |                               |              |                          |             |                   |       |              |
| Gross Receipts Third Group       \$       0.00         Base Rate Fee Third Group       \$       0.00         Base Rate Fee Third Group       \$       0.00         Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.       \$   |  |   |                               |              |                          |             |                   |       |              |
| Gross Receipts Third Group       \$       0.00         Base Rate Fee Third Group       \$       0.00         Base Rate Fee Third Group       \$       0.00         Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.       \$   |  | ···                                     |                               |              |                          |             | +                 |       |              |
| Gross Receipts Third Group       \$       0.00         Base Rate Fee Third Group       \$       0.00         Base Rate Fee Third Group       \$       0.00         Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.       \$   |  |   |                               |              |                          |             |                   |       |              |
| Gross Receipts Third Group       \$       0.00         Base Rate Fee Third Group       \$       0.00         Base Rate Fee Third Group       \$       0.00         Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.       \$   |  |   |                               |              |                          |             |                   |       |              |
| Gross Receipts Third Group       \$       0.00         Base Rate Fee Third Group       \$       0.00         Base Rate Fee Third Group       \$       0.00         Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.       \$   |  | <mark></mark>                           |                               |              |                          |             |                   |       |              |
| Gross Receipts Third Group       \$       0.00         Base Rate Fee Third Group       \$       0.00         Base Rate Fee Third Group       \$       0.00         Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.       \$   |  |   |                               |              |                          |             |                   |       |              |
| Gross Receipts Third Group       \$       0.00         Base Rate Fee Third Group       \$       0.00         Base Rate Fee Third Group       \$       0.00         Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.       \$   |  | <mark></mark>                           |                               |              |                          |             | +                 |       |              |
| Gross Receipts Third Group       \$       0.00         Base Rate Fee Third Group       \$       0.00         Base Rate Fee Third Group       \$       0.00         Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.       \$   |  |   |                               |              |                          |             | +                 |       |              |
| Base Rate Fee Third Group       \$ 0.00         Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.   | Total DSEs                               |   |                               | 0.00         | Total DSEs               |             |                   | 0.00  |              |
| Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.   | Gross Receipts Third G                   | Group                                   | \$                            | 0.00         | Gross Receipts Fourt     | h Group     | \$                | 0.00  |              |
|  | Base Rate Fee Third G                    | Group                                   | \$                            | 0.00         | Base Rate Fee Fourt      | h Group     | \$                | 0.00  |              |
|  | Base Rate Fee: Add th                    | ne base rat                             | <b>e fees</b> for each subsci | iber group a | as shown in the boxes al | bove.       |                   |       |              |
|  |  |   |                               |              |                          |             | \$                |       |              |

| LEGAL NAME OF OWNER<br>Foothills Rural Tel     |         |                  |             |                          |           | S               | YSTEM ID#<br>62644 | Name             |
|--|---------|------------------|-------------|--------------------------|-----------|-----------------|--------------------|------------------|
| B  | LOCK A: | COMPUTATION OF   | BASE RA     | TE FEES FOR EACH         | SUBSCRI   | BER GROUP       |                    |                  |
|  | BEVENTH | SUBSCRIBER GROUI |             | 1                        | TY-EIGHTH | SUBSCRIBER GROU |                    | 9                |
| COMMUNITY/ AREA                                |         |                  | 0           | COMMUNITY/ AREA          |           |                 | 0                  | Computation      |
| CALL SIGN                                      | DSE     | CALL SIGN        | DSE         | CALL SIGN                | DSE       | CALL SIGN       | DSE                | of               |
|  | DOL     | ONLE CICIN       | DOL         |                          | DOL       | ONLE OIGH       | DOL                | Base Rate Fee    |
|  |         |                  |             |                          |           |                 |                    | and              |
|  |         |                  |             |                          |           |                 |                    | Syndicated       |
|  |         |                  |             |                          |           |                 |                    | Exclusivity      |
|  |         |                  |             |                          |           |                 |                    | Surcharge        |
|  |         |                  |             |                          |           |                 |                    | for<br>Partially |
|  |         |                  |             |                          |           |                 |                    | Distant          |
|  |         |                  |             |                          |           |                 |                    | Stations         |
|  |         |                  |             |                          |           |                 |                    |                  |
|  |         |                  |             |                          |           |                 |                    |                  |
|  |         |                  |             |                          |           |                 |                    |                  |
|  |         |                  |             |                          |           |                 |                    |                  |
|  |         |                  |             |                          |           |                 |                    |                  |
| Total DSEs                                     | Įļ      |                  | 0.00        | Total DSEs               |           | 11              | 0.00               |                  |
| Gross Receipts First Gro                       |         | ¢.               | 0.00        | Gross Receipts Second    | d Croup   | <u>۴</u>        | 0.00               |                  |
|  | Jup     | \$               | 0.00        | Gloss Receipts Second    | u Gioup   | \$              | 0.00               |                  |
| Base Rate Fee First Gro                        | oup     | \$               | 0.00        | Base Rate Fee Second     | d Group   | \$              | 0.00               |                  |
| FIFT   | Y-NINTH | SUBSCRIBER GROU  | Р           |                          | SIXTIETH  | SUBSCRIBER GROU | P                  |                  |
| COMMUNITY/ AREA                                |         |                  | 0           | COMMUNITY/ AREA          |           |                 | 0                  |                  |
| CALL SIGN                                      | DSE     | CALL SIGN        | DSE         | CALL SIGN                | DSE       | CALL SIGN       | DSE                |                  |
|  |         |                  |             |                          |           |                 |                    |                  |
|  |         |                  |             |                          |           |                 |                    |                  |
|  |         |                  |             |                          |           |                 |                    |                  |
|  |         |                  |             |                          |           |                 |                    |                  |
|  |         |                  |             |                          |           |                 |                    |                  |
|  |         |                  |             |                          |           |                 |                    |                  |
|  |         |                  |             |                          |           |                 |                    |                  |
|  |         |                  |             |                          |           |                 |                    |                  |
|  |         |                  |             |                          | ··        |                 |                    |                  |
|  |         |                  | ·····       |                          |           |                 |                    |                  |
|  |         |                  |             |                          |           |                 |                    |                  |
|  |         |                  |             |                          |           |                 |                    |                  |
|  |         |                  |             |                          |           |                 |                    |                  |
| Total DSEs                                     |         |                  | 0.00        | Total DSEs               |           |                 | 0.00               |                  |
| Gross Receipts Third G                         | roup    | \$               | 0.00        | Gross Receipts Fourth    | Group     | \$              | 0.00               |                  |
| Base Rate Fee Third G                          | roup    | \$               | 0.00        | Base Rate Fee Fourth     | Group     | \$              | 0.00               |                  |
|  |         |                  |             |                          |           |                 |                    |                  |
| Base Rate Fee: Add the Enter here and in block |         |                  | ber group a | as shown in the boxes ab | ove.      | \$              |                    |                  |
|  |         |                  |             |                          |           |                 |                    |                  |

L

| LEGAL NAME OF OWNE<br>Foothills Rural Te       |                        |                                  | ).            |                         |          | S                            | YSTEM ID#<br>62644 | Name                    |
|--|------------------------|----------------------------------|---------------|-------------------------|----------|------------------------------|--------------------|-------------------------|
|  |                        | COMPUTATION O<br>SUBSCRIBER GROU |               | TE FEES FOR EACH        |          | BER GROUP<br>SUBSCRIBER GROU | JP                 |                         |
| COMMUNITY/ AREA                                |                        |                                  | 0             | COMMUNITY/ AREA         |          |                              | 0                  | <b>9</b><br>Computation |
| CALL SIGN                                      | DSE                    | CALL SIGN                        | DSE           | CALL SIGN               | DSE      | CALL SIGN                    | DSE                | of                      |
|  |                        |                                  |               |                         |          |                              |                    | Base Rate Fe            |
|  |                        |                                  |               |                         |          |                              |                    | and<br>Syndicated       |
|  |                        | -                                |               |                         |          |                              |                    | Exclusivity             |
|  |                        |                                  |               |                         |          |                              |                    | Surcharge<br>for        |
|  |                        |                                  |               |                         |          |                              |                    | Partially               |
|  |                        |                                  |               |                         |          |                              |                    | Distant                 |
|  |                        |                                  |               |                         |          |                              |                    | Stations                |
|  |                        | <br> <br>                        |               |                         |          |                              |                    |                         |
|  |                        |                                  |               |                         |          |                              |                    |                         |
|  |                        |                                  |               |                         |          |                              |                    |                         |
|  |                        |                                  |               |                         |          |                              |                    |                         |
| Total DSEs                                     |                        |                                  | 0.00          | Total DSEs              |          |                              | 0.00               |                         |
| Gross Receipts First G                         | roup                   | \$                               | 0.00          | Gross Receipts Seco     | nd Group | \$                           | 0.00               |                         |
|  |                        |                                  |               |                         |          |                              |                    |                         |
| Base Rate Fee First G                          |                        | \$                               | 0.00          | Base Rate Fee Seco      | -        | \$                           | 0.00               |                         |
|  | TY-THIRD               | SUBSCRIBER GROU                  |               | 1                       |          | I SUBSCRIBER GROU            |                    |                         |
| COMMUNITY/ AREA                                |                        |                                  | 0             | COMMUNITY/ AREA         |          |                              | 0                  |                         |
| CALL SIGN                                      | DSE                    | CALL SIGN                        | DSE           | CALL SIGN               | DSE      | CALL SIGN                    | DSE                |                         |
|  |                        |                                  |               |                         |          |                              |                    |                         |
|  |                        | -                                |               |                         |          |                              |                    |                         |
|  |                        | -                                |               |                         |          |                              |                    |                         |
|  |                        |                                  |               |                         |          |                              |                    |                         |
|  |                        | -                                |               |                         |          |                              |                    |                         |
|  |                        |                                  |               |                         |          |                              |                    |                         |
|  |                        |                                  |               |                         |          |                              |                    |                         |
|  |                        |                                  |               |                         |          |                              |                    |                         |
|  |                        |                                  |               |                         |          |                              |                    |                         |
|  |                        |                                  |               |                         |          |                              |                    |                         |
|  |                        |                                  |               |                         |          |                              |                    |                         |
| Total DSEs                                     |                        |                                  | 0.00          | Total DSEs              |          |                              | 0.00               |                         |
| Gross Receipts Third G                         | Group                  | \$                               | 0.00          | Gross Receipts Fourt    | h Group  | \$                           | 0.00               |                         |
| Base Rate Fee Third G                          | Group                  | \$                               | 0.00          | Base Rate Fee Fourt     | h Group  | \$                           | 0.00               |                         |
|  |                        |                                  |               |                         |          |                              |                    |                         |
| Base Rate Fee: Add the Enter here and in block |                        |                                  | riber group a | as shown in the boxes a | bove.    | \$                           |                    |                         |
|  | , <b>c</b> ., <b>c</b> |                                  |               |                         |          |                              |                    |                         |

| LEGAL NAME OF OWNER<br>Foothills Rural Tele |          |                  |             |                           |           | S               | YSTEM ID#<br>62644 | Name                      |
|---|----------|------------------|-------------|---------------------------|-----------|-----------------|--------------------|---------------------------|
|   |          |                  |             | TE FEES FOR EACH          |           |                 |                    |                           |
|   | ry-fifth | SUBSCRIBER GROUI |             |                           | XTY-SIXTH | SUBSCRIBER GROU |                    | 9                         |
| COMMUNITY/ AREA                             |          |                  | 0           | COMMUNITY/ AREA           |           |                 | 0                  | Computation               |
| CALL SIGN                                   | DSE      | CALL SIGN        | DSE         | CALL SIGN                 | DSE       | CALL SIGN       | DSE                | of                        |
|   |          |                  |             |                           |           |                 |                    | Base Rate Fee             |
|   |          |                  |             |                           |           |                 |                    | and                       |
|   |          |                  |             |                           |           |                 |                    | Syndicated<br>Exclusivity |
|   |          |                  |             |                           |           |                 |                    | Surcharge                 |
|   |          |                  |             |                           |           |                 |                    | for                       |
|   |          |                  |             |                           |           |                 |                    | Partially                 |
|   |          |                  |             |                           |           |                 |                    | Distant                   |
|   |          |                  |             |                           |           |                 |                    | Stations                  |
|   |          |                  |             |                           |           |                 |                    |                           |
|   |          |                  |             |                           |           |                 |                    |                           |
|   | ·····    |                  |             |                           |           |                 |                    |                           |
|   |          |                  |             |                           |           |                 |                    |                           |
|   |          |                  | 0.00        |                           | Į         |                 | 0.00               |                           |
| Total DSEs                                  |          |                  | 0.00        | Total DSEs                |           |                 | 0.00               |                           |
| Gross Receipts First Gro                    | oup      | \$               | 0.00        | Gross Receipts Second     | d Group   | \$              | 0.00               |                           |
| Base Rate Fee First Gro                     | pup      | \$               | 0.00        | Base Rate Fee Second      | d Group   | \$              | 0.00               |                           |
| SIXTY-S                                     | EVENTH   | SUBSCRIBER GROUI | Ρ           | SIXT                      | ry-eighth | SUBSCRIBER GROU | P                  |                           |
| COMMUNITY/ AREA                             |          |                  | 0           | COMMUNITY/ AREA           |           |                 | 0                  |                           |
| CALL SIGN                                   | DSE      | CALL SIGN        | DSE         | CALL SIGN                 | DSE       | CALL SIGN       | DSE                |                           |
|   |          |                  |             |                           |           |                 |                    |                           |
|   |          |                  |             |                           |           |                 |                    |                           |
|   |          |                  |             |                           |           |                 |                    |                           |
|   |          |                  |             |                           |           | -               |                    |                           |
|   |          |                  |             |                           |           |                 |                    |                           |
|   |          |                  |             |                           |           |                 |                    |                           |
|   |          |                  |             |                           |           |                 |                    |                           |
|   |          |                  |             |                           |           |                 |                    |                           |
|   |          |                  |             |                           |           |                 |                    |                           |
|   |          |                  |             |                           |           |                 |                    |                           |
|   |          |                  |             |                           |           |                 |                    |                           |
|   |          |                  |             |                           |           |                 |                    |                           |
| Total DSEs                                  |          |                  | 0.00        | Total DSEs                |           |                 | 0.00               |                           |
| Gross Receipts Third Gr                     | oup      | \$               | 0.00        | Gross Receipts Fourth     | Group     | \$              | 0.00               |                           |
| Base Rate Fee Third Gr                      | oup      | \$               | 0.00        | Base Rate Fee Fourth      | Group     | \$              | 0.00               |                           |
| Barris Bata Barris                          |          |                  |             |                           |           |                 |                    |                           |
| Enter here and in block 3                   |          |                  | ber group a | as shown in the boxes abo | ove.      | \$              |                    |                           |

L

| LEGAL NAME OF OWNEF<br>Foothills Rural Tel     |          |                 |             |                          |          | S               | YSTEM ID#<br>62644 | Name             |
|--|----------|-----------------|-------------|--------------------------|----------|-----------------|--------------------|------------------|
| E  | LOCK A:  | COMPUTATION OF  | BASE RA     | TE FEES FOR EACH         | SUBSCRI  | BER GROUP       |                    |                  |
| SIX  | FY-NINTH | SUBSCRIBER GROU | Ρ           | SE                       | VENTIETH | SUBSCRIBER GROU | IP                 | •                |
| COMMUNITY/ AREA                                |          |                 | 0           | COMMUNITY/ AREA          |          |                 | 0                  | 9<br>Computation |
| CALL SIGN                                      | DSE      | CALL SIGN       | DSE         | CALL SIGN                | DSE      | CALL SIGN       | DSE                | of               |
|  | DOL      | ONLE OIGH       | DOL         | ONLE CIGIN               | DOL      | ONLE OIGH       | DOL                | Base Rate Fee    |
|  |          |                 |             |                          |          |                 |                    | and              |
|  |          |                 |             |                          |          |                 |                    | Syndicated       |
|  |          |                 |             |                          |          |                 |                    | Exclusivity      |
|  |          |                 |             |                          |          |                 |                    | Surcharge        |
|  |          |                 |             |                          |          |                 |                    | for              |
|  |          |                 |             |                          |          |                 |                    | Partially        |
|  |          |                 |             |                          |          |                 |                    | Distant          |
|  |          |                 |             |                          |          |                 | ····               |                  |
|  |          |                 |             |                          |          |                 | ····               | Stations         |
|  |          |                 |             |                          |          |                 | ····               |                  |
|  |          |                 |             |                          |          |                 |                    |                  |
|  |          |                 |             |                          |          |                 | ····               |                  |
|  |          |                 |             |                          |          |                 |                    |                  |
|  |          |                 |             |                          |          |                 |                    |                  |
|  |          |                 |             |                          |          |                 |                    |                  |
| Total DSEs                                     |          |                 | 0.00        | Total DSEs               |          |                 | 0.00               |                  |
| Gross Receipts First Gr                        | oup      | \$              | 0.00        | Gross Receipts Second    | d Group  | \$              | 0.00               |                  |
| Base Rate Fee First Gro                        | oup      | \$              | 0.00        | Base Rate Fee Second     | d Group  | \$              | 0.00               |                  |
| SEVEN  | TY-FIRST | SUBSCRIBER GROU | Р           | SEVENT                   | Y-SECOND | SUBSCRIBER GROU | IP                 |                  |
| COMMUNITY/ AREA                                |          |                 | 0           | COMMUNITY/ AREA          |          |                 | 0                  |                  |
| CALL SIGN                                      | DSE      | CALL SIGN       | DSE         | CALL SIGN                | DSE      | CALL SIGN       | DSE                |                  |
|  |          |                 |             |                          |          |                 |                    |                  |
|  |          |                 |             |                          |          |                 | ····               |                  |
|  |          |                 |             |                          |          |                 | ····               |                  |
|  |          |                 |             |                          |          |                 |                    |                  |
|  |          |                 |             |                          |          |                 | ····               |                  |
|  |          |                 |             |                          |          |                 | ····               |                  |
|  |          |                 |             |                          | •        |                 |                    |                  |
|  |          |                 |             |                          |          |                 |                    |                  |
|  |          |                 |             |                          |          |                 |                    |                  |
|  |          |                 |             |                          |          |                 |                    |                  |
|  |          |                 |             |                          | ·        | +               |                    |                  |
|  |          |                 |             |                          |          |                 | ••••               |                  |
|  |          |                 |             |                          | •        | ++              | ····               |                  |
|  |          |                 |             |                          |          |                 |                    |                  |
| Total DSEs                                     |          |                 | 0.00        | Total DSEs               |          |                 | 0.00               |                  |
|  |          |                 |             |                          | 0        | •               |                    |                  |
| Gross Receipts Third G                         | roup     | <u>\$</u>       | 0.00        | Gross Receipts Fourth    | Group    | \$              | 0.00               |                  |
| Base Rate Fee Third G                          | roup     | \$              | 0.00        | Base Rate Fee Fourth     | Group    | \$              | 0.00               |                  |
| Peee Date Free Alle                            | . hare   |                 | har         | a abour in the loss of   |          |                 |                    |                  |
| Base Rate Fee: Add the Enter here and in block |          |                 | ber group a | as shown in the boxes ab | ove.     | \$              |                    |                  |

|   |         |                 |               |                                       |            |                 |       | N    |
|---|---------|-----------------|---------------|---------------------------------------|------------|-----------------|-------|------|
| B   | LOCK A: | COMPUTATION O   | F BASE RA     | ATE FEES FOR EACH                     | SUBSCRI    | BER GROUP       |       |      |
| SEVENT  | Y-THIRD | SUBSCRIBER GROU | JP            | SEVEN                                 | TY-FOURTH  | SUBSCRIBER GROU | JP    |      |
| COMMUNITY/ AREA                               |         |                 | 0             | COMMUNITY/ AREA                       |            |                 | 0     | 0    |
| CALL SIGN                                     | DSE     | CALL SIGN       | DSE           | CALL SIGN                             | DSE        | CALL SIGN       | DSE   | Com  |
|   |         |                 |               |                                       |            |                 |       | Base |
|   |         |                 |               |                                       |            |                 |       |      |
|   |         |                 |               |                                       |            |                 |       | Syn  |
|   |         |                 |               |                                       |            |                 |       | Exc  |
|   |         |                 |               |                                       |            |                 |       | Sur  |
|   |         |                 |               |                                       |            |                 |       |      |
|   |         |                 |               |                                       |            |                 |       | Pa   |
|   |         | +               |               |                                       |            |                 |       | Di   |
|   |         | +               | <mark></mark> |                                       |            |                 | ····· | Sta  |
|   |         |                 | <mark></mark> |                                       | •••        | ++              | ····· |      |
|   |         |                 | <mark></mark> |                                       | •••        | *               |       |      |
|   |         |                 | <mark></mark> |                                       |            | ++              |       |      |
|   |         |                 |               |                                       |            | ††              |       |      |
|   |         |                 |               |                                       |            | 11              |       |      |
| tal DSEs                                      | I       | +               | 0.00          | Total DSEs                            |            | ••              | 0.00  |      |
|   |         |                 |               |                                       |            |                 |       |      |
| oss Receipts First Gro                        | up      | \$              | 0.00          | Gross Receipts Secor                  | nd Group   | \$              | 0.00  |      |
| <b>ase Rate Fee</b> First Gro                 | oup     | \$              | 0.00          | Base Rate Fee Secor                   | nd Group   | \$              | 0.00  |      |
|   |         |                 | 10            |                                       |            |                 | 10    |      |
|   | Y-FIFIH | SUBSCRIBER GROU |               | 11                                    | INTY-SIXTH | SUBSCRIBER GROU | JP    |      |
| OMMUNITY/ AREA                                |         |                 | 0             | COMMUNITY/ AREA                       |            |                 | U     |      |
| CALL SIGN                                     | DSE     | CALL SIGN       | DSE           | CALL SIGN                             | DSE        | CALL SIGN       | DSE   |      |
|   |         |                 |               |                                       |            |                 |       |      |
|   |         | +               |               |                                       |            |                 | ····· |      |
|   |         |                 |               |                                       |            |                 |       |      |
|   |         | +               |               |                                       |            |                 | ••••• |      |
|   |         |                 | <mark></mark> |                                       |            | +               |       |      |
|   |         |                 |               |                                       |            | 1               |       |      |
|   |         |                 | <b>.</b>      |                                       |            | 1               |       |      |
|   |         | d               |               |                                       |            |                 |       |      |
|   | İ       |                 |               |                                       |            |                 |       |      |
|   |         |                 |               |                                       |            |                 |       |      |
|   |         |                 |               |                                       |            |                 |       |      |
|   |         |                 |               | · · · · · · · · · · · · · · · · · · · |            |                 |       |      |
|   |         |                 |               |                                       |            |                 |       |      |
|   |         |                 |               |                                       |            |                 |       |      |
|   |         |                 |               |                                       |            |                 |       |      |
| otal DSEs                                     |         |                 | 0.00          | Total DSEs                            |            |                 | 0.00  |      |
|   |         | \$              | 0.00          | Total DSEs<br>Gross Receipts Fourth   | n Group    | <u>s</u>        | 0.00  |      |
| otal DSEs<br>Gross Receipts Third Gr          |         | \$              | 0.00          | Gross Receipts Fourth                 |            | <u>s</u>        | 0.00  |      |
|   |         | \$<br>\$<br>\$  |               |                                       |            | <u>\$</u>       |       |      |
| oss Receipts Third Gr                         |         |                 | 0.00          | Gross Receipts Fourth                 |            |                 | 0.00  |      |
| oss Receipts Third Gr<br>se Rate Fee Third Gr | oup     | \$              | 0.00          | Gross Receipts Fourth                 | n Group    |                 | 0.00  |      |

|   | 3LOCK A: | COMPUTATION (  | OF BASE RA | TE FEES FOR EAC                       | HSUBSCR    | BER GROUP        |       |                  |
|---|----------|----------------|------------|---------------------------------------|------------|------------------|-------|------------------|
| SEVENTY-  | SEVENTH  | SUBSCRIBER GRO | UP         | SEVE                                  | NTY-EIGHTH | SUBSCRIBER GRO   | UP    | •                |
| COMMUNITY/ AREA                                 |          |                | 0          | COMMUNITY/ ARE/                       | ۹          |                  | 0     | 9<br>Computatio  |
| CALL SIGN                                       | DSE      | CALL SIGN      | DSE        | CALL SIGN                             | DSE        | CALL SIGN        | DSE   | Computatio<br>of |
|   |          | []             |            |                                       |            |                  |       | Base Rate F      |
|   |          |                |            |                                       |            |                  |       | and              |
|   |          | <br>           |            |                                       |            |                  |       | Syndicate        |
|   |          |                |            |                                       |            |                  |       | Exclusivit       |
|   |          |                |            |                                       |            |                  |       | Surcharge        |
|   |          |                |            |                                       |            |                  |       | for<br>Partially |
|   |          |                |            |                                       |            | ++               |       | Distant          |
|   |          | ⊧-             |            |                                       |            |                  |       | Stations         |
|   |          |                |            |                                       |            |                  |       |                  |
|   |          | <b>[</b>       |            |                                       |            | П                |       |                  |
|   |          |                |            |                                       |            |                  |       |                  |
|   |          |                |            |                                       |            |                  |       |                  |
|   |          |                | ····       |                                       |            |                  |       |                  |
|   |          | <u> </u>       |            |                                       |            | 1                |       |                  |
| otal DSEs                                       |          |                | 0.00       | Total DSEs                            |            |                  | 0.00  |                  |
| Fross Receipts First G                          | roup     | \$             | 0.00       | Gross Receipts Sec                    | ond Group  | \$               | 0.00  |                  |
|   |          |                |            |                                       |            |                  |       |                  |
| a <b>se Rate Fee</b> First G                    | roup     | \$             | 0.00       | Base Rate Fee Sec                     | ond Group  | \$               | 0.00  |                  |
| SEVEN   | TY-NINTH | SUBSCRIBER GRO | UP         |                                       | EIGHTIETH  | I SUBSCRIBER GRO | UP    |                  |
| OMMUNITY/ AREA                                  |          |                | 0          | COMMUNITY/ ARE/                       | ۹          |                  | 0     |                  |
| CALL SIGN                                       | DSE      | CALL SIGN      | DSE        | CALL SIGN                             | DSE        | CALL SIGN        | DSE   |                  |
|   |          |                |            |                                       |            |                  |       |                  |
|   |          |                |            |                                       |            |                  |       |                  |
|   |          |                |            |                                       |            |                  | ····· |                  |
|   |          |                |            |                                       |            |                  |       |                  |
|   |          |                |            |                                       |            |                  |       |                  |
|   |          |                |            | · · · · · · · · · · · · · · · · · · · |            |                  |       |                  |
|   |          |                |            | ·                                     |            |                  |       |                  |
|   |          |                |            |                                       |            |                  |       |                  |
|   |          |                |            |                                       |            |                  |       |                  |
|   |          |                |            |                                       |            |                  |       |                  |
|   |          |                |            |                                       |            |                  |       |                  |
|   |          |                |            |                                       |            |                  |       |                  |
|   |          |                |            |                                       |            |                  |       |                  |
|   |          |                |            |                                       |            |                  |       |                  |
| Fotal DSEs                                      |          |                | 0.00       | Total DSEs                            |            |                  | 0.00  |                  |
|   |          |                |            |                                       | th Group   |                  |       |                  |
| Fotal DSEs<br>Gross Receipts Third C            | iroup    | \$             | 0.00       | Total DSEs<br>Gross Receipts Fou      | rth Group  | <u>s</u>         | 0.00  |                  |
|   |          | <u>\$</u>      |            |                                       |            | <u>s</u>         |       |                  |
| Gross Receipts Third C                          |          |                | 0.00       | Gross Receipts Fou                    |            |                  | 0.00  |                  |
| Bross Receipts Third C<br>Base Rate Fee Third C | Group    | \$             | 0.00       | Gross Receipts Fou                    | rth Group  |                  | 0.00  |                  |

| ELOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP         EXCHTY-RECA JUSCRIBER GROUP         COMMUNTY AREA       O         COMMUNTY AREA       O         COMMUNTY AREA       O       O         COMMUNTY AREA       O       O         COMMUNTY AREA       O       O         COMMUNTY AREA       O         CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE       O       O         COMMUNTY AREA       O       O         COMMUNTY AREA       O       O         Colspan= 0.00       O       O         Colspan= 0.00       O       O         COMMUNTY AREA       O       O         Colspan= 0.00       O       O       O         Colspan= 0.00       O       O <th colsp<="" th=""><th>LEGAL NAME OF OWN</th><th></th><th></th><th>rp.</th><th></th><th></th><th></th><th>62644</th><th>Name</th></th>   | <th>LEGAL NAME OF OWN</th> <th></th> <th></th> <th>rp.</th> <th></th> <th></th> <th></th> <th>62644</th> <th>Name</th> | LEGAL NAME OF OWN |                        |                | rp.                   |            |                |      | 62644       | Name |
|--|--|-------------------|------------------------|----------------|-----------------------|------------|----------------|------|-------------|------|
| COMMUNITY/AREA       0       COMMUNITY/AREA       0         CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         Camputation       Camputation       Camputation       Camputation       Syndicate         Camputation       Camputation       Camputation       Camputation       Syndicate         Camputation       Camputation       Camputation       Camputation       Syndicate         Camputation       Camputation       Camputation       Syndicate       Syndicate         Camputation       Syndicate       Camputation       Syndicate       Syndicate         Camputation       Syndicate       O       Camputation       Syndicate         Camputation       Syndicate       Syndicate       Syndicate       Syndicate         Camputation       Syndicate       Syndicate       Syndicate       Syndi  |  | BLOCK A           | : COMPUTATION (        | OF BASE RA     | ATE FEES FOR EAC      | CH SUBSCR  | IBER GROUP     |      |             |      |
| CALL SIGN       DSE        | EIG  | HTY-FIRST         | SUBSCRIBER GRO         | OUP            | EIGI                  | HTY-SECON  | SUBSCRIBER GRO | UP   | •           |      |
| CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         Image: Contract of the set  | COMMUNITY/ AREA  |                   |                        | 0              | COMMUNITY/ ARE        | A          |                | 0    | -           |      |
| and Syndicates<br>Syndicates<br>and Syndicates<br>and Syndicates<br>and Syndicates<br>and Syndicates<br>bits of the syndicates<br>and Syndicates<br>bits of the syndicates<br>and Syndicates<br>bits of the syndicates<br>bits of the syndicates<br>and Syndicates<br>bits of the syndicates<br>bits of the syndicates<br>bits of the syndicates<br>bits of the syndicates<br>bits of the syndicates<br>bits of the syndicates<br>bits of the syndicates<br>bits of the syndicates<br>bits of the syndicates<br>bits of the syndicates<br>bits of the syndicates<br>bits of the syndicates<br>bits of the syndicates<br>bits of the syndicates<br>bits of the syndicates<br>bits of the syndicates<br>bits of the syndicates<br>bits of the syndicates<br>bits of the syndicates<br>bits of the syndicates<br>bits of the syndicates<br>bits of the syndicates<br>bits of the syndicates<br>bits of the syndicates<br>bits of the syndicates<br>bits of the syndicates<br>bits of the syndicates<br>bits of the syndicates<br>bits of the syndicates<br>bits of the syndicates<br>bits of the syndicates<br>bits of the syndicates<br>bits of the syndicates<br>bits of the syndicates<br>bits of the syndicates<br>bits of the syndicates<br>bits of the syndicates<br>bits of the syndicates<br>bits of the syndicates<br>bits of the syndicates<br>bits of the syndicates<br>bits of the syndicates<br>bits of the syndicates<br>bits of the syndicates<br>bits of the syndicates<br>bits of the syndicates<br>bits of the syndicates<br>bits of the syndicates<br>bits of the syndicates<br>bits of the syndicates<br>bits of the syndicates<br>bits of the syndicates<br>bits of the syndicates<br>bits of the syndicates<br>bits of the syndicates<br>bits of the syndicates<br>bits of the syndicates<br>bits of the syndicates<br>bits of the syndicates<br>bits of the syndicates<br>bits of the syndicates<br>bits of the syndicates<br>bits of the syndicates<br>bits of the syndicates<br>bits of the syndicates<br>bits of the syndicates<br>bits of the syndicates<br>bits of the syndicates<br>bits of the syndicates<br>bits of the syndicates<br>bits of the syndicates<br>bits of the syndicates<br>bits of the syndicates<br>bits of the syndicates<br>bits of the syndicates<br>bits of th | CALL SIGN  | DSE               | CALL SIGN              | DSE            | CALL SIGN             | DSE        | CALL SIGN      | DSE  |             |      |
| Syndicate         Image: Second Group       Suncharge         Total DEEs       0.00         Gross Receipts First Group       Soundarge         Second Group       Soundarge         EXENT OF CALL SIGN       DEE         CALL SIGN       DE         Sere Rate Fee Firit Group       3  |  |                   |                        |                |                       |            |                |      | Base Rate F |      |
| CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         Communitry AREA  |  |                   |                        |                |                       |            |                |      | and         |      |
| Surcharge       or         Fold DSEs       0.00         Total DSEs       0.00         Base Rate Fee First Group       \$         EIGHTY-THIRD SUBSCRIBER GROUP       0         COMMUNITY / AREA       0         CALL SIGN       DSE         Community       A         Call DSEs       0.00         Base Rate Fee Firiting Group       \$         Singes Receipts Third Group       \$         Singes Receipts Third Group       \$         Singes Receipts Third Group   |  |                   |                        |                |                       |            |                |      |             |      |
| Image: State of the state state fees for each subscripter group as shown in the boxes above.       Output Data state       Output Data state       Output Data state         Image: State of the state state fees for each subscripter group as shown in the boxes above.       Output Data state       Output Data state       Output Data state  |  |                   |                        |                |                       |            |                |      | -           |      |
| Image: Control DSEs       0.00         State Rate Fee First Group       \$         Control DSEs       0.00         State Rate Fee First Group       \$         Control DSEs       0.00         State Rate Fee First Group       \$         Control DSEs       0.00         Gross Racelpits First Group       \$         Control DSEs       0.00         Base Rate Fee First Group       \$         Control DSEs       0.00         EIGHTY-THIRD SUBSCRIBER GROUP       EIGHTY-FOURTH SUBSCRIBER GROUP         COMMUNITY/ AREA       0         CALL SIGN       DSE         CALL SIGN       DSE         CALL SIGN       DSE         CALL SIGN       DSE         Cold DSEs       0.00         Group       1         Cold DSEs       0.00         <   |  |                   |                        |                |                       |            |                |      |             |      |
| Image: Control of the control of th  |  |                   |                        |                |                       |            |                |      |             |      |
| Total DSEs       0.00         Sross Receipts First Group       3       0.00         Base Rate Fee First Group       3       0.00         EIGHTY-THIRD SUBSCRIBER GROUP       EIGHTY-FOURTH SUBSCRIBER GROUP         CALL SIGN       DSE       CALL SIGN       DSE         CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         Calu SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         Calu SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         Calu SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         Calu SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         Calu SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         Calu SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         Gross Receipts Third Group </td <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>  |  |                   |                        |                |                       |            |                |      |             |      |
| Stross Receipts First Group       \$       0.00         Base Rate Fee First Group       \$       0.00         Base Rate Fee First Group       \$       0.00         EIGHTY-THIRD SUBSCRIBER GROUP       EIGHTY-FOURTH SUBSCRIBER GROUP         COMMUNITY/ AREA       0         CALL SIGN       DSE       CALL SIGN       DSE         CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN         Gross Receipts First Group       COMMUNITY/ AREA       0         CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN         Gross Receipts First Group       COMMUNITY/ AREA       0         CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN         Gross Receipts Third Group       Community       Community       Call SIGN       DSE         Group       5       0.00       Total DSEs       0.00       Gross Receipts Fourth Group       \$         Group       5       0.00       Base Rate Fee Fourth Group       \$       0.00         Base Rate Fee Third Group       \$       0.00       Base Rate Fee Fourth Group       \$       0.00   |  |                   |                        |                |                       |            |                |      | Stations    |      |
| Stoss Receipts First Group       s       0.00         Base Rate Fee First Group       s       0.00         Base Rate Fee First Group       s       0.00         EIGHTY-THIRD SUBSCRIBER GROUP       EIGHTY-FOURTH SUBSCRIBER GROUP         COMMUNITY/ AREA       0         CALL SIGN       DSE       CALL SIGN       DSE         CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         Gross Receipts First Group       COMMUNITY/ AREA       0       COMMUNITY/ AREA       0         Coll SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         Gross Receipts Third Group       Gross Receipts Fourth Group       Gross Receipts Fourth Group       0       0         Sase Rate Fee Third Group       S       0.00       Rase Rate Fee Fourth Group       S       0.00         Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.       Sase Name Fae       Sase Name Fae       Sase Name Fae   |  |                   |                        |                |                       |            |                |      |             |      |
| Stross Receipts First Group       \$       0.00         Base Rate Fee First Group       \$       0.00         Base Rate Fee First Group       \$       0.00         EIGHTY-THIRD SUBSCRIBER GROUP       EIGHTY-FOURTH SUBSCRIBER GROUP         COMMUNITY/ AREA       0         CALL SIGN       DSE       CALL SIGN       DSE         CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN         DSE       CALL SIGN       DSE       CALL SIGN       DSE         CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         Call SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         Call SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         Call SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         Call SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         Community (AREA   |  |                   |                        |                |                       |            |                |      |             |      |
| Gross Receipts First Group       s       0.00         Base Rate Fee First Group       s       0.00         Base Rate Fee First Group       s       0.00         EIGHTY-THIRD SUBSCRIBER GROUP       EIGHTY-FOURTH SUBSCRIBER GROUP         COMMUNITY/ AREA       0         CALL SIGN       DSE       CALL SIGN       DSE         CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN         DSE       CALL SIGN       DSE       CALL SIGN       DSE         CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         Gross Receipts First Group       Gross Receipts Second Group       Second Group       Second Group       Second Group       Second Group  |  |                   |                        |                |                       |            |                |      |             |      |
| Gross Receipts First Group       s       0.00         Base Rate Fee First Group       s       0.00         EIGHTY-THIRD SUBSCRIBER GROUP       EIGHTY-FOURTH SUBSCRIBER GROUP         COMMUNITY/ AREA       0         CALL SIGN       DSE       CALL SIGN       DSE         CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         CIL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         CIL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         Gross Receipts Third       D       D       D       D       D       D         Total DSEs       0.000       Gross Receipts Fourth Group       \$       0.00       D       D         Base Rate Fee Third Group       \$       0.000       Base Rate Fee Fourth Group       \$       0.00 </td <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>   |  |                   |                        |                |                       |            |                |      |             |      |
| Gross Receipts First Group       s       0.00         Base Rate Fee First Group       s       0.00         Base Rate Fee First Group       s       0.00         EIGHTY-THIRD SUBSCRIBER GROUP       EIGHTY-FOURTH SUBSCRIBER GROUP         COMMUNITY/ AREA       0       COMMUNITY/ AREA       0         CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         Call SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         Call SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         Call SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         Call SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         Call SIGN       DSE       Call SIGN       DSE       Call SIGN       Call SIGN   |  |                   |                        |                |                       |            |                |      |             |      |
| Gross Receipts First Group       \$       0.00         Base Rate Fee First Group       \$       0.00         EIGHTY-THIRD SUBSCRIBER GROUP       EIGHTY-FOURTH SUBSCRIBER GROUP         COMMUNITY/ AREA       0       COMMUNITY/ AREA       0         CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         Call SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         Call SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         Call SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         Call SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         Call SIGN       DSE       Call SIGN       DSE       Call SIGN       DSE       Call SIGN       DSE       Call SIGN       Call SIGN       Call   |  |                   | 11                     | 0.00           |                       |            | -1.1           | 0.00 |             |      |
| Base Rate Fee First Group       g       0.00         EIGHTY-THIRD SUBSCRIBER GROUP       EIGHTY-FOURTH SUBSCRIBER GROUP         COMMUNITY/ AREA       0         CALL SIGN       DSE         COMMUNITY/ AREA       D         COMMUNITY/ AREA       O         COMMUNITY/ AREA       O         COMMUNITY/ AREA       DSE         CALL SIGN       DSE         COMMUNITY/ AREA       DSE         COMMUNITY/ AREA       DSE         COMUNITY       CALL SIGN         DSE </td <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>  |  |                   |                        |                |                       |            |                |      |             |      |
| Electrony       Electrony       Electrony       Electrony       Electrony       O         COMMUNITY/ AREA       0       COMMUNITY/ AREA       0       CALL SIGN       DSE       CALL SIGN       COMO       COMO       COMO       COMO       COMO       COMO<   | Gross Receipts First Group \$ 0.00   |                   |                        | 0.00           | Gross Receipts Sec    | ond Group  | \$             | 0.00 |             |      |
| Eldertry-tryind SUBSCRIBER GROUP       Eldertry-FOURTH SUBSCRIBER GROUP         COMMUNITY/ AREA       0       COMMUNITY/ AREA       0         CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         Communitry/ AREA   |  |                   |                        |                |                       |            |                |      |             |      |
| COMMUNITY/ AREA       0         CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         Call SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         Call SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         Call SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         Call SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         Call SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         Call SIGN       DSE       Call SIGN       DSE       Call SIGN       DSE         Total DSEs       0.00       S       0.00       S       0.00       S       0.00         Base Rate Fee Third Group       S       0.00       S       0.00   | Base Rate Fee First  | Group             | \$                     | 0.00           | Base Rate Fee Sec     | ond Group  | \$             | 0.00 |             |      |
| COMMUNITY/AREA       0         CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         Call SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         Call SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         Call SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         Call SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         Call SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         Call SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         Call SIGN       DSE       Call SIGN       Call SIGN       Call SIGN       Call SIGN       Call SIGN         Cotal DSEs       0.000       Gross Receipts Fourth Group       S  | EIG  | HTY-THIRD         | SUBSCRIBER GRO         | )UP            | EIG                   | HTY-FOURTH | SUBSCRIBER GRO | UP   |             |      |
| CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         Call DSEs       0.00       Sorter Courter  |  |                   |                        |                |                       |            |                |      |             |      |
| Total DSEs       0.00         Gross Receipts Third Group       \$       0.00         Base Rate Fee Third Group       \$       0.00         Base Rate Fee Third Group       \$       0.00         Base Rate Fee Third Group       \$       0.00         Base Rate Fee Third Group       \$       0.00   |  |                   |                        |                |                       |            |                |      |             |      |
| Gross Receipts Third Group       \$       0.00       Gross Receipts Fourth Group       \$       0.00         Base Rate Fee Third Group       \$       0.00       Base Rate Fee Fourth Group       \$       0.00         Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.       Image: Comparison of the base rate fees for each subscriber group as shown in the boxes above.       Image: Comparison of the base rate fees for each subscriber group as shown in the boxes above.   | CALL SIGN  | DSE               | CALL SIGN              | DSE            | CALL SIGN             | DSE        | CALL SIGN      | DSE  |             |      |
| Gross Receipts Third Group       \$       0.00       Gross Receipts Fourth Group       \$       0.00         Base Rate Fee Third Group       \$       0.00       Base Rate Fee Fourth Group       \$       0.00         Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.       Image: Comparison of the base rate fees for each subscriber group as shown in the boxes above.       Image: Comparison of the base rate fees for each subscriber group as shown in the boxes above.   |  |                   |                        |                |                       |            |                |      |             |      |
| Gross Receipts Third Group       \$       0.00         Base Rate Fee Third Group       \$       0.00         Base Rate Fee Third Group       \$       0.00         Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.       \$   |  |                   |                        |                |                       |            |                |      |             |      |
| Gross Receipts Third Group       \$       0.00         Base Rate Fee Third Group       \$       0.00         Base Rate Fee Third Group       \$       0.00         Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.       \$   |  |                   |                        |                |                       |            |                |      |             |      |
| Gross Receipts Third Group       \$       0.00         Base Rate Fee Third Group       \$       0.00         Base Rate Fee Third Group       \$       0.00         Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.       \$   |  |                   |                        |                |                       |            |                |      |             |      |
| Gross Receipts Third Group       \$       0.00         Base Rate Fee Third Group       \$       0.00         Base Rate Fee Third Group       \$       0.00         Base Rate Fee Third Group       \$       0.00         Base Rate Fee Third Group       \$       0.00   |  |                   |                        |                |                       |            |                |      |             |      |
| Gross Receipts Third Group       \$       0.00       Gross Receipts Fourth Group       \$       0.00         Base Rate Fee Third Group       \$       0.00       Base Rate Fee Fourth Group       \$       0.00         Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.       Image: Comparison of the base rate fees for each subscriber group as shown in the boxes above.       Image: Comparison of the base rate fees for each subscriber group as shown in the boxes above.   |  |                   |                        |                |                       |            |                |      |             |      |
| Gross Receipts Third Group       \$       0.00         Base Rate Fee Third Group       \$       0.00         Base Rate Fee Third Group       \$       0.00         Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.       \$   |  |                   |                        |                |                       |            |                |      |             |      |
| Gross Receipts Third Group       \$       0.00         Base Rate Fee Third Group       \$       0.00         Base Rate Fee Third Group       \$       0.00         Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.       \$   |  |                   |                        |                |                       |            |                |      |             |      |
| Gross Receipts Third Group       \$       0.00         Base Rate Fee Third Group       \$       0.00         Base Rate Fee Third Group       \$       0.00         Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.       \$   |  |                   |                        |                |                       |            |                |      |             |      |
| Gross Receipts Third Group       \$       0.00         Base Rate Fee Third Group       \$       0.00         Base Rate Fee Third Group       \$       0.00         Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.       \$   |  |                   |                        |                |                       |            |                |      |             |      |
| Gross Receipts Third Group       \$       0.00         Base Rate Fee Third Group       \$       0.00         Base Rate Fee Third Group       \$       0.00         Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.       \$   |  |                   |                        |                |                       |            | •              |      |             |      |
| Gross Receipts Third Group       \$       0.00         Base Rate Fee Third Group       \$       0.00         Base Rate Fee Third Group       \$       0.00         Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.       \$   |  |                   |                        |                |                       |            |                |      |             |      |
| Gross Receipts Third Group       \$       0.00         Base Rate Fee Third Group       \$       0.00         Base Rate Fee Third Group       \$       0.00         Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.       \$   |  |                   |                        |                |                       |            |                |      |             |      |
| Gross Receipts Third Group       \$       0.00         Base Rate Fee Third Group       \$       0.00         Base Rate Fee Third Group       \$       0.00         Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.       \$   | Total DSEs   |                   |                        | 0.00           | Total DSEs            |            |                | 0.00 |             |      |
| Base Rate Fee Third Group       \$ 0.00         Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.   |  |                   |                        | with Crown     | •                     |            |                |      |             |      |
| Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.   |  | Group             | <del>.</del>           | 0.00           |                       | an Group   | φ<br>          | 0.00 |             |      |
| Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.   |  |                   |                        |                |                       |            |                |      |             |      |
|  | Base Rate Fee Third  | Group             | \$                     | 0.00           | Base Rate Fee Fou     | rth Group  | \$             | 0.00 |             |      |
|  |  |                   |                        |                |                       |            |                |      |             |      |
|  |  | 4h - k            | to force for the force |                |                       |            |                |      |             |      |
|  |  |                   |                        | criber group a | as snown in the boxes | above.     | \$             |      |             |      |

| Foothills Rural Tel                |                     |                       | P                   |                         |            |                  | 62644    | Name                   |
|------------------------------------|---------------------|-----------------------|---------------------|-------------------------|------------|------------------|----------|------------------------|
| E                                  | BLOCK A:            | COMPUTATION C         | F BASE RA           | TE FEES FOR EACH        | H SUBSCRI  | BER GROUP        |          |                        |
| EIGH                               | ITY-FIFTH           | SUBSCRIBER GRO        | UP                  | El                      | GHTY-SIXTH | I SUBSCRIBER GRO | JP       | •                      |
| COMMUNITY/ AREA                    |                     |                       | 0                   | COMMUNITY/ AREA         |            |                  | 0        | <b>9</b><br>Computatio |
| CALL SIGN                          | DSE                 | CALL SIGN             | DSE                 | CALL SIGN               | DSE        | CALL SIGN        | DSE      | of                     |
|                                    |                     |                       |                     |                         |            |                  |          | Base Rate F            |
|                                    |                     |                       |                     |                         |            |                  |          | and                    |
|                                    |                     |                       |                     |                         |            |                  |          | Syndicate              |
|                                    |                     |                       |                     |                         |            |                  |          | Exclusivit             |
|                                    |                     |                       | •••• •••••          |                         |            | •                |          | Surcharg<br>for        |
|                                    |                     | -                     |                     |                         |            |                  |          | Partially              |
|                                    |                     | -                     |                     |                         |            |                  |          | Distant                |
|                                    |                     |                       |                     |                         |            |                  |          | Stations               |
|                                    |                     |                       |                     |                         |            |                  |          |                        |
|                                    |                     |                       |                     |                         |            |                  | ·····    |                        |
|                                    |                     |                       | ••••                |                         |            |                  |          |                        |
|                                    |                     |                       | ••••                |                         |            | +                |          |                        |
|                                    |                     |                       |                     |                         |            | 1                |          |                        |
| otal DSEs                          |                     |                       | 0.00                | Total DSEs              |            |                  | 0.00     |                        |
|                                    |                     |                       |                     |                         |            |                  |          |                        |
| Gross Receipts First Group \$ 0.00 |                     |                       | 0.00                | Gross Receipts Seco     | na Group   | \$               | 0.00     |                        |
| a <b>se Rate Fee</b> First Gr      | oup                 | \$                    | 0.00                | Base Rate Fee Seco      | nd Group   | \$               | 0.00     |                        |
| EIGHTY-                            | SEVENTH             | SUBSCRIBER GRO        | UP                  | EIGI                    | HTY-EIGHTH | SUBSCRIBER GRO   | JP       |                        |
| OMMUNITY/ AREA                     |                     |                       | 0                   | COMMUNITY/ AREA         |            |                  | 0        |                        |
| CALL SIGN                          | DSE                 | CALL SIGN             | DSE                 | CALL SIGN               | DSE        | CALL SIGN        | DSE      |                        |
|                                    |                     |                       |                     |                         |            |                  |          |                        |
|                                    |                     |                       |                     |                         |            |                  |          |                        |
|                                    |                     |                       |                     |                         |            |                  |          |                        |
|                                    |                     |                       |                     |                         |            |                  |          |                        |
|                                    |                     |                       |                     |                         |            |                  |          |                        |
|                                    |                     |                       |                     |                         |            |                  |          |                        |
|                                    |                     |                       |                     |                         |            |                  | ·····    |                        |
|                                    |                     |                       | ••••                |                         |            | +                | ·····    |                        |
|                                    |                     |                       |                     |                         |            |                  |          |                        |
|                                    |                     |                       |                     |                         |            |                  |          |                        |
|                                    |                     |                       |                     |                         |            |                  |          |                        |
|                                    |                     |                       |                     |                         |            |                  |          |                        |
|                                    |                     |                       |                     |                         |            |                  |          |                        |
| otal DSEs                          |                     |                       | 0.00                | Total DSEs              |            |                  | 0.00     |                        |
| Bross Receipts Third G             | iroup               | \$                    | 0.00                | Gross Receipts Fourt    | th Group   | \$               | 0.00     |                        |
| Base Rate Fee Third Group \$ 0.00  |                     |                       | Base Rate Fee Fourt | th Group                | \$         | 0.00             |          |                        |
|                                    |                     |                       |                     |                         |            |                  | <u> </u> |                        |
|                                    |                     |                       |                     |                         |            |                  |          |                        |
| ase Rate Fee: Add th               | e <b>base ra</b> te | e fees for each subsc | riber aroup :       | as shown in the boxes a | bove.      |                  |          |                        |

| LEGAL NAME OF OWNER OF CABLE SYSTEM:SYSTEM ID#Foothills Rural Telephone Cooperative Corp.62644 |                  |                         |                      |                          |                                     |                   |               |                     |  |
|--|------------------|-------------------------|----------------------|--------------------------|-------------------------------------|-------------------|---------------|---------------------|--|
| E  | BLOCK A:         | COMPUTATION OF          | BASE RA              | TE FEES FOR EACH         | SUBSCR                              | BER GROUP         |               |                     |  |
| EIGH   | TY-NINTH         | SUBSCRIBER GROU         | Р                    |                          | NINTIETH                            | I SUBSCRIBER GROU | JP            | •                   |  |
| COMMUNITY/ AREA  |                  |                         | 0                    | COMMUNITY/ AREA          |                                     |                   | 0             | 9                   |  |
|  |                  |                         |                      |                          |                                     |                   |               | Computation         |  |
| CALL SIGN  | DSE              | CALL SIGN               | DSE                  | CALL SIGN                | DSE                                 | CALL SIGN         | DSE           | of<br>Base Rate Fee |  |
|  |                  |                         |                      |                          |                                     | •                 | ·····         |                     |  |
|  |                  |                         |                      |                          |                                     | •                 | ·····         | and                 |  |
|  |                  |                         |                      |                          |                                     |                   | ·····         | Syndicated          |  |
|  |                  |                         |                      |                          |                                     | •                 | ·····         | Exclusivity         |  |
|  |                  |                         |                      |                          |                                     | •                 | ·····         | Surcharge           |  |
|  |                  |                         |                      |                          |                                     |                   | ·····         | for                 |  |
|  |                  |                         |                      |                          |                                     | •                 | ·····         | Partially           |  |
|  |                  |                         |                      |                          |                                     |                   | ·····         | Distant             |  |
|  |                  |                         |                      |                          |                                     |                   | ·····         | Stations            |  |
|  |                  |                         |                      |                          |                                     |                   |               |                     |  |
|  |                  |                         |                      |                          |                                     |                   |               |                     |  |
|  |                  |                         |                      |                          |                                     |                   |               |                     |  |
|  |                  |                         |                      |                          |                                     |                   |               |                     |  |
|  |                  |                         |                      |                          |                                     |                   |               |                     |  |
|  |                  |                         |                      |                          |                                     |                   |               |                     |  |
| Total DSEs   |                  |                         | 0.00                 | Total DSEs               |                                     |                   | 0.00          |                     |  |
| Gross Receipts First Group \$ 0.00   |                  |                         |                      | Gross Receipts Secor     | Gross Receipts Second Group \$ 0.00 |                   |               |                     |  |
|  |                  |                         |                      |                          |                                     |                   |               |                     |  |
| Base Rate Fee First Group \$ 0.00  |                  |                         | 0.00                 | Base Rate Fee Secor      | nd Group                            | \$                | 0.00          |                     |  |
| NINE   | TY-FIRST         | SUBSCRIBER GROU         | Р                    | NINET                    | TY-SECONE                           | SUBSCRIBER GROU   | JP            |                     |  |
| COMMUNITY/ AREA  |                  |                         | 0                    | COMMUNITY/ AREA          |                                     |                   | 0             |                     |  |
| CALL SIGN  | DSE              | CALL SIGN               | DSE                  | CALL SIGN                | DSE                                 | CALL SIGN         | DSE           |                     |  |
|  |                  |                         |                      |                          |                                     |                   |               |                     |  |
|  |                  |                         |                      |                          |                                     |                   |               |                     |  |
|  |                  |                         |                      |                          |                                     |                   |               |                     |  |
|  |                  |                         |                      |                          |                                     |                   |               |                     |  |
|  |                  |                         |                      |                          |                                     |                   |               |                     |  |
|  |                  |                         |                      |                          |                                     |                   |               |                     |  |
|  |                  | -                       |                      |                          |                                     |                   |               |                     |  |
|  | . <mark>.</mark> |                         |                      |                          |                                     |                   | <mark></mark> |                     |  |
|  | . <mark>.</mark> |                         |                      |                          |                                     |                   | <mark></mark> |                     |  |
|  |                  |                         |                      |                          |                                     |                   |               |                     |  |
|  | . <mark>.</mark> |                         |                      |                          |                                     |                   |               |                     |  |
|  |                  |                         |                      |                          |                                     |                   |               |                     |  |
|  | . <mark>.</mark> |                         |                      |                          |                                     |                   | <mark></mark> |                     |  |
|  |                  |                         |                      |                          |                                     |                   |               |                     |  |
|  |                  |                         |                      |                          |                                     |                   |               |                     |  |
| Total DSEs   |                  |                         | 0.00                 | Total DSEs               |                                     |                   | 0.00          |                     |  |
| Gross Receipts Third G   | roup             | \$                      | 0.00                 | Gross Receipts Fourth    | n Group                             | \$                | 0.00          |                     |  |
|  |                  |                         |                      |                          |                                     |                   | ]             |                     |  |
| Base Rate Fee Third Group \$ 0.00  |                  |                         | Base Rate Fee Fourth | n Group                  | \$                                  | 0.00              |               |                     |  |
|  |                  |                         |                      |                          |                                     |                   |               |                     |  |
| Base Rate Fee: Add the   | e base rat       | e fees for each subscri | ber group a          | as shown in the boxes at | oove.                               |                   |               |                     |  |
| Enter here and in block 3, line 1, space L (page 7)  |                  |                         |                      |                          |                                     | \$                |               |                     |  |
| Enter here and in block 3, line 1, space L (page 7)  |                  |                         |                      |                          |                                     | L                 |               |                     |  |

| LEGAL NAME OF OWNER OF CABLE SYSTEM:SYSTEM ID#Foothills Rural Telephone Cooperative Corp.62644 |              |                      |             |                          |            |                 |      |                     |  |
|--|--------------|----------------------|-------------|--------------------------|------------|-----------------|------|---------------------|--|
| E  | BLOCK A:     | COMPUTATION OF       | BASE RA     | TE FEES FOR EACH         | I SUBSCRI  | BER GROUP       |      |                     |  |
| NINE   | TY-THIRD     | SUBSCRIBER GROU      | P           | NINET                    | TY-FOURTH  | SUBSCRIBER GROU | JP   | •                   |  |
| COMMUNITY/ AREA  |              |                      | 0           | COMMUNITY/ AREA          |            |                 | 0    | 9                   |  |
|  |              |                      |             |                          |            |                 |      | Computation         |  |
| CALL SIGN  | DSE          | CALL SIGN            | DSE         | CALL SIGN                | DSE        | CALL SIGN       | DSE  | of<br>Base Rate Fee |  |
|  |              |                      |             |                          |            | +               |      | and                 |  |
|  |              | -                    |             |                          |            | ++              |      | Syndicated          |  |
|  |              | -                    |             |                          |            |                 |      | Exclusivity         |  |
|  |              |                      |             |                          |            | •               |      | Surcharge           |  |
|  |              | -                    |             |                          |            |                 |      | for                 |  |
|  |              |                      |             |                          |            |                 |      | Partially           |  |
|  |              |                      |             |                          |            |                 |      | Distant             |  |
|  |              |                      |             |                          |            |                 |      | Stations            |  |
|  |              |                      |             |                          |            |                 |      |                     |  |
|  |              |                      |             |                          |            |                 |      |                     |  |
|  |              |                      |             |                          |            |                 |      |                     |  |
|  |              |                      |             |                          |            | ++              |      |                     |  |
|  |              |                      |             |                          |            | ++              |      |                     |  |
|  | ļ            |                      |             |                          |            |                 |      |                     |  |
| Total DSEs   |              |                      | 0.00        | Total DSEs               |            |                 | 0.00 |                     |  |
| Gross Receipts First Group \$ 0.00   |              |                      | 0.00        | Gross Receipts Secon     | nd Group   | \$              | 0.00 |                     |  |
| Base Rate Fee First Group \$ 0.00  |              |                      | 0.00        | Base Rate Fee Secon      | nd Group   | \$              | 0.00 |                     |  |
| NINE   | TY-FIFTH     | SUBSCRIBER GROU      | Р           | NIN                      | NETY-SIXTH | SUBSCRIBER GROU | JP   |                     |  |
| COMMUNITY/ AREA  |              |                      | 0           | COMMUNITY/ AREA          |            |                 | 0    |                     |  |
| CALL SIGN  | DSE          | CALL SIGN            | DSE         | CALL SIGN                | DSE        | CALL SIGN       | DSE  |                     |  |
|  |              |                      |             |                          |            | ++              |      |                     |  |
|  |              |                      |             |                          |            |                 |      |                     |  |
|  |              |                      |             |                          |            |                 |      |                     |  |
|  |              |                      |             |                          |            |                 |      |                     |  |
|  |              |                      |             |                          |            |                 |      |                     |  |
|  |              |                      |             |                          |            |                 |      |                     |  |
|  |              |                      |             |                          |            |                 | ···· |                     |  |
|  |              |                      |             |                          |            |                 |      |                     |  |
|  |              |                      |             |                          |            | ++              |      |                     |  |
|  |              |                      |             |                          |            | 1               |      |                     |  |
|  |              |                      |             |                          |            |                 |      |                     |  |
|  |              |                      |             |                          |            |                 |      |                     |  |
|  |              |                      |             |                          |            |                 |      |                     |  |
| Total DSEs   |              |                      | 0.00        | Total DSEs               |            |                 | 0.00 |                     |  |
| Gross Receipts Third G   | roup         | \$                   | 0.00        | Gross Receipts Fourth    | n Group    | \$              | 0.00 |                     |  |
| Base Rate Fee Third Group \$ 0.00  |              | Base Rate Fee Fourth | n Group     | \$                       | 0.00       |                 |      |                     |  |
|  |              |                      |             |                          |            |                 |      |                     |  |
| Base Rate Fee: Add the   |              |                      | ber group a | is shown in the boxes at | oove.      | •               |      |                     |  |
| Enter here and in block  | 3, line 1, s | pace L (page 7)      |             |                          |            | \$              |      |                     |  |

L

| LEGAL NAME OF OWNER OF CABLE SYSTEM:SYSTEM ID#Foothills Rural Telephone Cooperative Corp.62644 |           |                 |                     |                         |            |                  |      |                   |  |
|--|-----------|-----------------|---------------------|-------------------------|------------|------------------|------|-------------------|--|
|  | BLOCK A   | : COMPUTATION O | F BASE RA           | ATE FEES FOR EACH       | - SUBSCRI  | BER GROUP        |      |                   |  |
| NINETY   | -SEVENTH  | SUBSCRIBER GROU | JP                  | NIN                     | ETY-EIGHTH | I SUBSCRIBER GRO | UP   | •                 |  |
| COMMUNITY/ AREA  |           |                 | 0                   | COMMUNITY/ AREA         |            |                  | 0    | 9                 |  |
| CALL SIGN  | DSE       | CALL SIGN       | DSE                 | CALL SIGN               | DSE        | CALL SIGN        | DSE  | Computation<br>of |  |
|  | 502       |                 | 502                 |                         |            |                  | 502  | Base Rate Fee     |  |
|  |           |                 |                     |                         |            |                  |      | and               |  |
|  |           |                 |                     |                         |            |                  |      | Syndicated        |  |
|  |           |                 |                     |                         |            |                  |      | Exclusivity       |  |
|  |           |                 |                     |                         |            |                  |      | Surcharge         |  |
|  |           |                 |                     |                         |            | +                |      | for<br>Partially  |  |
|  |           |                 | <mark></mark>       |                         |            | +++              |      | Distant           |  |
|  |           |                 |                     |                         |            | *                |      | Stations          |  |
|  |           |                 |                     |                         |            |                  |      |                   |  |
|  |           |                 |                     |                         |            |                  |      |                   |  |
|  |           |                 |                     |                         |            |                  |      |                   |  |
|  |           |                 |                     |                         |            |                  |      |                   |  |
|  |           |                 | <mark></mark>       |                         |            |                  |      |                   |  |
|  |           |                 |                     |                         |            | 1                |      |                   |  |
| Total DSEs   |           |                 | 0.00                | Total DSEs              |            |                  | 0.00 |                   |  |
| Gross Receipts First Group \$ 0.00   |           |                 | 0.00                | Gross Receipts Seco     | nd Group   | \$               | 0.00 |                   |  |
| Base Rate Fee First (  | Group     | \$              | 0.00                | Base Rate Fee Seco      | nd Group   | \$               | 0.00 |                   |  |
| NIN  | ETY-NINTH | SUBSCRIBER GROU | JP                  | ONE H                   | IUNDREDTH  | SUBSCRIBER GRO   | UP   |                   |  |
| COMMUNITY/ AREA  |           |                 | 0                   | COMMUNITY/ AREA         |            |                  | 0    |                   |  |
| CALL SIGN  | DSE       | CALL SIGN       | DSE                 | CALL SIGN               | DSE        | CALL SIGN        | DSE  |                   |  |
|  |           |                 |                     |                         |            | +                |      |                   |  |
|  |           |                 |                     |                         |            | •                |      |                   |  |
|  |           |                 | <mark></mark>       |                         |            |                  |      |                   |  |
|  |           |                 |                     |                         |            |                  |      |                   |  |
|  |           |                 |                     |                         |            |                  |      |                   |  |
|  |           |                 |                     |                         |            |                  |      |                   |  |
|  |           |                 |                     |                         |            | +                |      |                   |  |
|  |           |                 | <mark></mark>       |                         |            | ++               |      |                   |  |
|  |           |                 |                     |                         |            |                  |      |                   |  |
|  |           | <u> </u>        |                     |                         |            | ][               |      |                   |  |
|  |           |                 | <mark></mark>       |                         |            |                  |      |                   |  |
|  |           |                 | <mark></mark>       |                         |            |                  |      |                   |  |
| Total DSEs   |           |                 | 0.00                | Total DSEs              |            |                  | 0.00 |                   |  |
| Gross Receipts Third Group \$ 0.00   |           |                 |                     | Gross Receipts Fourt    | h Group    | \$               | 0.00 |                   |  |
| Gloss Receipts Third   | Group     | ф               | 0.00                |                         | ii Gioup   | <u>\$</u>        | 0.00 |                   |  |
| Base Rate Fee Third Group \$ 0.00  |           |                 | Base Rate Fee Fourt | h Group                 | \$         | 0.00             |      |                   |  |
|  |           |                 |                     |                         |            |                  |      |                   |  |
| Base Rate Fee: Add t<br>Enter here and in bloc   |           |                 | riber group a       | as shown in the boxes a | bove.      | \$               |      |                   |  |
| 1  |           |                 |                     |                         |            | L                |      |                   |  |

| LEGAL NAME OF OWNER OF CABLE SYSTEM:SYSTEM ID#Foothills Rural Telephone Cooperative Corp.62644 |          |                 |             |                          |           |                 |      | Name              |
|--|----------|-----------------|-------------|--------------------------|-----------|-----------------|------|-------------------|
| E  | BLOCK A: | COMPUTATION OF  | BASE RA     | TE FEES FOR EACH         | I SUBSCRI | BER GROUP       |      |                   |
| ONE HUNDR  | ED FIRST | SUBSCRIBER GROU | Р           | ONE HUNDRE               | ED SECOND | SUBSCRIBER GROU | UP   | 0                 |
| COMMUNITY/ AREA  |          |                 | 0           | COMMUNITY/ AREA          |           |                 | 0    | 9                 |
| CALL SIGN  | DSE      | CALL SIGN       | DSE         | CALL SIGN                | DSE       | CALL SIGN       | DSE  | Computation<br>of |
| CALL SIGN  | DGL      | CALL SIGN       | DGL         | CALL SIGN                | DGL       | CALL SIGN       | DGL  | Base Rate Fee     |
|  |          |                 |             |                          |           |                 |      | and               |
|  |          |                 |             |                          |           |                 |      | Syndicated        |
|  |          |                 |             |                          |           |                 |      | Exclusivity       |
|  |          |                 |             |                          |           |                 |      | Surcharge         |
|  |          |                 |             |                          |           |                 |      | for<br>Partially  |
|  |          |                 |             |                          |           |                 |      | Distant           |
|  |          |                 |             |                          |           |                 |      | Stations          |
|  |          |                 |             |                          |           |                 |      |                   |
|  |          |                 |             |                          |           |                 |      |                   |
|  |          |                 |             |                          |           |                 |      |                   |
|  |          |                 |             |                          |           |                 |      |                   |
|  |          |                 |             |                          |           |                 |      |                   |
| Total DSEs   | ųų       | <u>-</u>        | 0.00        | Total DSEs               |           | <u>!</u> !      | 0.00 |                   |
|  |          |                 |             |                          |           |                 |      |                   |
| Gross Receipts First Gr  | oup      | \$              | 0.00        | Gross Receipts Secor     | nd Group  | \$              | 0.00 |                   |
| Base Rate Fee First Gr   | oup      | \$              | 0.00        | Base Rate Fee Secor      | nd Group  | \$              | 0.00 |                   |
| ONE HUNDRI   | ED THIRD | SUBSCRIBER GROU | P           | ONE HUNDRE               | ED FOURTH | SUBSCRIBER GROU | UP   |                   |
| COMMUNITY/ AREA  |          |                 | 0           | COMMUNITY/ AREA          |           |                 | 0    |                   |
| CALL SIGN  | DSE      | CALL SIGN       | DSE         | CALL SIGN                | DSE       | CALL SIGN       | DSE  |                   |
|  |          |                 |             |                          |           |                 |      |                   |
|  |          |                 |             |                          |           |                 |      |                   |
|  |          |                 |             |                          |           |                 |      |                   |
|  |          |                 |             |                          |           |                 |      |                   |
|  |          |                 |             |                          |           |                 |      |                   |
|  |          |                 |             |                          |           |                 |      |                   |
|  | •        |                 |             |                          |           |                 |      |                   |
|  |          |                 |             |                          |           | +               |      |                   |
|  |          |                 |             |                          |           |                 |      |                   |
|  |          |                 |             |                          |           |                 |      |                   |
|  |          |                 |             |                          |           |                 |      |                   |
|  |          |                 |             |                          |           |                 |      |                   |
| Total DSEs   | <u> </u> |                 | 0.00        | Total DSEs               |           | 11              | 0.00 |                   |
| Gross Receipts Third G   | roup     | \$              | 0.00        | Gross Receipts Fourth    | Group     | \$              | 0.00 |                   |
|  | <b>.</b> | · ·             |             |                          | - 2.24P   | . <b>.</b>      |      |                   |
| Base Rate Fee Third G  | roup     | \$              | 0.00        | Base Rate Fee Fourth     | n Group   | \$              | 0.00 |                   |
|  |          |                 |             |                          |           |                 |      |                   |
| Base Rate Fee: Add the Enter here and in block   |          |                 | ber group a | as shown in the boxes al | bove.     | \$              |      |                   |
|  | , ., •   |                 |             |                          |           |                 |      |                   |

| RIBER GROUP       0       9         0       Computation of Base Rate F         0       O       Base Rate F         0       O       Syndicate         0       O       Partially         0       O       Distant         0       O       O         0.00       O.00       O         0.00       O.00       RIBER GROUP         0       O       O | LEGAL NAME OF OWNER OF CABLE SYSTEM:     SYSTEM ID#       Foothills Rural Telephone Cooperative Corp.     62644 |          |                 |               |                                    |            |                  |      |             |  |
|--|---|----------|-----------------|---------------|------------------------------------|------------|------------------|------|-------------|--|
| 0     9       SIGN     DSE       SIGN     DSE       and     Syndicates       and     Syndicates       Surcharge     for       Partially     Distant       Stations     Stations       0.00     0.00       RIBER GROUP     0  | E   | BLOCK A: | COMPUTATION O   | F BASE RA     | ATE FEES FOR EAC                   | H SUBSCR   | IBER GROUP       |      |             |  |
| SIGN     DSE       SIGN     DSE       Base Rate F       and       Syndicated       Exclusivity       Surcharge       for       Partially       Distant       Stations       0.00       0.00       RIBER GROUP  | ONE HUNDR   | ED FIFTH | SUBSCRIBER GROU | JP            | ONE HUNDRED SIXTH SUBSCRIBER GROUP |            |                  | UP   | •           |  |
| SIGN     DSE     of       Base Rate F     and       Syndicated     Exclusivity       Surcharge     for       Partially     Distant       Distant     Stations       0.00     0.00       RIBER GROUP     0  | COMMUNITY/ AREA   |          |                 | 0             | COMMUNITY/ AREA                    | <i></i>    |                  | 0    | -           |  |
| and<br>Syndicated<br>Exclusivity<br>Surcharge<br>for<br>Partially<br>Distant<br>Stations<br>0.00<br>0.00<br>0.00<br>RIBER GROUP<br>0   | CALL SIGN   | DSE      | CALL SIGN       | DSE           | CALL SIGN                          | DSE        | CALL SIGN        | DSE  |             |  |
| Syndicate       Exclusivit       Surcharge       for       Partially       Distant       Stations       0.00       0.00       0.00       RIBER GROUP       0   |   |          |                 |               |                                    |            |                  |      | Base Rate F |  |
| Exclusivity       Surcharge       for       Partially       Distant       Stations       0.00       0.00       0.00       RIBER GROUP       0  |   |          |                 |               |                                    |            |                  |      | and         |  |
| Surcharge       for       Partially       Distant       Stations       0.00       0.00       0.00       RIBER GROUP       0  |   |          |                 |               |                                    |            |                  |      | Syndicate   |  |
| for       Partially       Distant       Stations       0.00       0.00       0.00  |   |          |                 |               |                                    |            |                  |      | Exclusivit  |  |
| Partially       Distant       Stations       0.00       0.00       0.00       RIBER GROUP       0  |   |          |                 |               |                                    |            |                  |      | Surcharge   |  |
| Distant<br>Stations  |   |          |                 |               |                                    |            |                  |      | for         |  |
| 0.00           0.00           0.00           0.00           0.00           0.00  |   |          |                 |               |                                    |            |                  |      | Partially   |  |
| 0.00<br>0.00<br>0.00<br>RIBER GROUP<br>0   |   |          |                 |               |                                    |            |                  |      |             |  |
| 0.00<br>0.00<br>RIBER GROUP<br>0   |   |          |                 |               |                                    |            |                  |      | Stations    |  |
| 0.00<br>0.00<br>RIBER GROUP<br>0   |   |          |                 |               |                                    |            |                  |      |             |  |
| 0.00<br>0.00<br>RIBER GROUP<br>0   |   |          |                 | <mark></mark> |                                    |            |                  |      |             |  |
| 0.00<br>0.00<br>RIBER GROUP<br>0   |   |          |                 |               |                                    |            |                  |      |             |  |
| 0.00<br>0.00<br>RIBER GROUP<br>0   |   |          |                 |               |                                    |            |                  |      |             |  |
| 0.00<br>0.00<br>RIBER GROUP<br>0   |   |          |                 | <mark></mark> |                                    |            |                  |      |             |  |
| 0.00<br>0.00<br>RIBER GROUP<br>0   |   | ļ        | Į.              | 0.00          | T / 1005                           |            |                  | 0.00 |             |  |
| 0.00<br>RIBER GROUP<br>0   | otal DSEs 0.00  |          |                 |               | Total DSEs                         |            |                  |      |             |  |
| RIBER GROUP  | Bross Receipts First Gr   | oup      | \$              | 0.00          | Gross Receipts Seco                | ond Group  | \$               | 0.00 |             |  |
| 0  | Base Rate Fee First Group \$ 0.00   |          |                 | 0.00          | Base Rate Fee Seco                 | ond Group  | \$               | 0.00 |             |  |
| ······································   | ONE HUNDRED   | SEVENTH  | SUBSCRIBER GROU | JP            | ONE HUND                           | RED EIGHTI | H SUBSCRIBER GRO | UP   |             |  |
| SIGN DSE   | COMMUNITY/ AREA   |          |                 | 0             | COMMUNITY/ AREA                    | A          |                  | 0    |             |  |
|  | CALL SIGN   | DSE      | CALL SIGN       | DSE           | CALL SIGN                          | DSE        | CALL SIGN        | DSE  |             |  |
|  |   |          |                 |               |                                    |            |                  |      |             |  |
|  |   |          |                 |               |                                    |            |                  |      |             |  |
|  |   |          |                 |               |                                    |            |                  |      |             |  |
|  |   |          |                 |               |                                    |            |                  |      |             |  |
|  |   |          |                 |               |                                    |            |                  |      |             |  |
|  |   |          |                 | <mark></mark> |                                    |            | •••              |      |             |  |
|  |   |          |                 | ••• ••••••    |                                    |            |                  |      |             |  |
|  |   |          |                 |               |                                    |            |                  |      |             |  |
|  |   |          |                 |               |                                    |            |                  |      |             |  |
|  |   |          |                 |               |                                    |            |                  |      |             |  |
|  |   |          |                 |               |                                    |            |                  |      |             |  |
|  |   |          |                 |               |                                    |            |                  |      |             |  |
|  |   |          |                 |               |                                    |            |                  |      |             |  |
|  |   |          |                 |               |                                    |            |                  |      |             |  |
| 0.00   | otal DSEs   |          |                 | 0.00          | Total DSEs                         |            |                  | 0.00 |             |  |
| 0.00   | Gross Receipts Third G  | roup     | \$              | 0.00          | Gross Receipts Four                | rth Group  | \$               | 0.00 |             |  |
|  |   |          |                 |               |                                    |            |                  |      |             |  |
| 0.00   | Base Rate Fee Third G   | roup     | \$              | 0.00          | Base Rate Fee Four                 | th Group   | \$               | 0.00 |             |  |

| ONE HUNDRED NINTH SUBSCRIBER GROUP       ONE HUNDRED TENTH SUBSCRIBER GROUP         MUNITYI AREA       0       COMMUNITYI AREA       0         LL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         LL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         LL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         Jac       Jac       Jac       Jac       Jac       Jac       Jac         Jac <th></th> <th>BLOCK A</th> <th>: COMPUTATION (</th> <th>OF BASE RA</th> <th>ATE FEES FOR EAC</th> <th>H SUBSCR</th> <th>IBER GROUP</th> <th></th>   |                                       | BLOCK A     | : COMPUTATION (       | OF BASE RA     | ATE FEES FOR EAC         | H SUBSCR        | IBER GROUP |      |  |
|--|---------------------------------------|-------------|-----------------------|----------------|--------------------------|-----------------|------------|------|--|
| LL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         LL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         LL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         LL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         DSEs   | ONE HUN                               |             |                       |                |                          |                 |            |      |  |
| Image: Second Group       Image: Second Group       Image: Second Group         Image: Second Group       Image: Second Group       Image: Second Group         Image: Second Group       Image: Second Group       Image: Second Group         Image: Second Group       Image: Second Group       Image: Second Group         Image: Second Group       Image: Second Group       Image: Second Group         Image: Second Group       Image: Second Group       Image: Second Group         Image: Second Group       Image: Second Group       Image: Second Group         Image: Second Group       Image: Second Group       Image: Second Group         Image: Second Group       Image: Second Group       Image: Second Group         Image: Second Group       Image: Second Group       Image: Second Group         Image: Second Group       Image: Second Group       Image: Second Group         Image: Second Group       Image: Second Group       Image: Second Group         Image: Second Group       Image: Second Group       Image: Second Group         Image: Second Group       Image: Second Group       Image: Second Group         Image: Second Group       Image: Second Group       Image: Second Group         Image: Second Group       Image: Second Group       Image: Second Group         Image: Second Group  | OMMUNITY/ ARE                         | ۹           |                       | 0              | COMMUNITY/ AREA          | COMMUNITY/ AREA |            |      |  |
| Image: Second Group       Image: Second Group       Image: Second Group         Image: Second Group       Image: Second Group       Image: Second Group         Image: Second Group       Image: Second Group       Image: Second Group         Image: Second Group       Image: Second Group       Image: Second Group         Image: Second Group       Image: Second Group       Image: Second Group         Image: Second Group       Image: Second Group       Image: Second Group         Image: Second Group       Image: Second Group       Image: Second Group         Image: Second Group       Image: Second Group       Image: Second Group         Image: Second Group       Image: Second Group       Image: Second Group         Image: Second Group       Image: Second Group       Image: Second Group         Image: Second Group       Image: Second Group       Image: Second Group         Image: Second Group       Image: Second Group       Image: Second Group         Image: Second Group       Image: Second Group       Image: Second Group         Image: Second Group       Image: Second Group       Image: Second Group         Image: Second Group       Image: Second Group       Image: Second Group         Image: Second Group       Image: Second Group       Image: Second Group         Image: Second Group  | CALL SIGN                             | DSE         | CALL SIGN             | DSE            | CALL SIGN                | DSE             | CALL SIGN  | DSE  |  |
| s Receipts First Group <u>s</u> 0.00<br>s Rate Fee First Group <u>s</u> 0.00<br>DNE HUNDRED ELEVENTH SUBSCRIBER GROUP<br>MUNITY/ AREA 0<br>LL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE<br>LL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE<br>CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE<br>CALL SIGN DSE<br>CALL SIGN DSE CALL SIGN DSE<br>CALL SIGN DSE |                                       |             |                       |                |                          |                 |            |      |  |
| s Receipts First Group <u>s</u> 0.00<br>s Rate Fee First Group <u>s</u> 0.00<br>DNE HUNDRED ELEVENTH SUBSCRIBER GROUP<br>MUNITY/ AREA 0<br>LL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE<br>LL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE<br>CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE<br>CALL SIGN DSE<br>CALL SIGN DSE CALL SIGN DSE<br>CALL SIGN DSE |                                       |             |                       |                |                          |                 |            |      |  |
| s Receipts First Group <u>s</u> 0.00<br>s Rate Fee First Group <u>s</u> 0.00<br>DNE HUNDRED ELEVENTH SUBSCRIBER GROUP<br>MUNITY/ AREA 0<br>LL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE<br>LL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE<br>CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE<br>CALL SIGN DSE<br>CALL SIGN DSE CALL SIGN DSE<br>CALL SIGN DSE |                                       |             |                       | ····           |                          |                 |            |      |  |
| s Receipts First Group <u>s</u> 0.00<br>s Rate Fee First Group <u>s</u> 0.00<br>DNE HUNDRED ELEVENTH SUBSCRIBER GROUP<br>MUNITY/ AREA 0<br>LL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE<br>LL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE<br>CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE<br>CALL SIGN DSE<br>CALL SIGN DSE CALL SIGN DSE<br>CALL SIGN DSE |                                       |             |                       | •••••          |                          | •••••           |            |      |  |
| s Receipts First Group <u>s</u> 0.00<br>s Rate Fee First Group <u>s</u> 0.00<br>DNE HUNDRED ELEVENTH SUBSCRIBER GROUP<br>MUNITY/ AREA 0<br>LL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE<br>LL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE<br>CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE<br>CALL SIGN DSE<br>CALL SIGN DSE CALL SIGN DSE<br>CALL SIGN DSE |                                       |             |                       |                |                          |                 | •••        |      |  |
| s Receipts First Group <u>s</u> 0.00<br>s Rate Fee First Group <u>s</u> 0.00<br>DNE HUNDRED ELEVENTH SUBSCRIBER GROUP<br>MUNITY/ AREA 0<br>LL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE<br>LL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE<br>CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE<br>CALL SIGN DSE<br>CALL SIGN DSE CALL SIGN DSE<br>CALL SIGN DSE |                                       |             |                       |                |                          |                 |            |      |  |
| s Receipts First Group <u>s</u> 0.00<br>s Rate Fee First Group <u>s</u> 0.00<br>DNE HUNDRED ELEVENTH SUBSCRIBER GROUP<br>MUNITY/ AREA 0<br>LL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE<br>LL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE<br>CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE<br>CALL SIGN DSE<br>CALL SIGN DSE CALL SIGN DSE<br>CALL SIGN DSE |                                       |             |                       |                |                          |                 |            |      |  |
| s Receipts First Group <u>s</u> 0.00<br>s Rate Fee First Group <u>s</u> 0.00<br>DNE HUNDRED ELEVENTH SUBSCRIBER GROUP<br>MUNITY/ AREA 0<br>LL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE<br>LL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE<br>CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE<br>CALL SIGN DSE<br>CALL SIGN DSE CALL SIGN DSE<br>CALL SIGN DSE |                                       |             |                       |                |                          | •••••           | •          |      |  |
| s Receipts First Group <u>s</u> 0.00<br>s Rate Fee First Group <u>s</u> 0.00<br>DNE HUNDRED ELEVENTH SUBSCRIBER GROUP<br>MUNITY/ AREA 0<br>LL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE<br>LL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE<br>CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE<br>CALL SIGN DSE<br>CALL SIGN DSE CALL SIGN DSE<br>CALL SIGN DSE |                                       |             |                       |                |                          |                 |            |      |  |
| s Receipts First Group <u>s</u> 0.00<br>s Rate Fee First Group <u>s</u> 0.00<br>DNE HUNDRED ELEVENTH SUBSCRIBER GROUP<br>MUNITY/ AREA 0<br>LL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE<br>LL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE<br>CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE<br>CALL SIGN DSE<br>CALL SIGN DSE CALL SIGN DSE<br>CALL SIGN DSE |                                       |             |                       |                |                          |                 | <b>_</b>   |      |  |
| s Receipts First Group <u>s</u> 0.00<br>s Rate Fee First Group <u>s</u> 0.00<br>DNE HUNDRED ELEVENTH SUBSCRIBER GROUP<br>MUNITY/ AREA 0<br>LL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE<br>LL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE<br>CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE<br>CALL SIGN DSE<br>CALL SIGN DSE CALL SIGN DSE<br>CALL SIGN DSE |                                       |             |                       |                |                          |                 |            |      |  |
| s Receipts First Group <u>s</u> 0.00<br>s Rate Fee First Group <u>s</u> 0.00<br>DNE HUNDRED ELEVENTH SUBSCRIBER GROUP<br>MUNITY/ AREA 0<br>LL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE<br>LL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE<br>CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE<br>CALL SIGN DSE<br>CALL SIGN DSE CALL SIGN DSE<br>CALL SIGN DSE |                                       |             |                       |                |                          |                 |            |      |  |
| s Receipts First Group <u>s</u> 0.00<br>s Rate Fee First Group <u>s</u> 0.00<br>DNE HUNDRED ELEVENTH SUBSCRIBER GROUP<br>MUNITY/ AREA 0<br>LL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE<br>LL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE<br>CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE<br>CALL SIGN DSE<br>CALL SIGN DSE CALL SIGN DSE<br>CALL SIGN DSE |                                       | Į           | 11                    | 0.00           |                          |                 | 11         | 0.00 |  |
| P Rate Fee First Group       g       0.00       Base Rate Fee Second Group       g       0.00         DNE HUNDRED ELEVENTH SUBSCRIBER GROUP       ONE HUNDRED TWELVTH SUBSCRIBER GROUP       ONE HUNDRED TWELVTH SUBSCRIBER GROUP         IMUNITY/ AREA       0       COMMUNITY/ AREA       0         LL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         LL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         DSE       COMUNITY/ AREA       DSE       COMUNITY       COMUNITY         DSE       CALL SIGN       DSE       COMUNITY       COMUNITY       C   |                                       |             |                       |                |                          |                 | •          |      |  |
| DNE HUNDRED ELEVENTH SUBSCRIBER GROUP       ONE HUNDRED TWELVTH SUBSCRIBER GROUP         IMUNITY/ AREA       0         COMMUNITY/ AREA       0         LL SIGN       DSE         CALL SIGN       DSE         DSES       0.00         S Receipts Third Group       S         S Rate Fee       Total DSEs         O.00       Sese Rate Fee Fourth Grou   | S Receipts Firs                       | Group       | \$                    | 0.00           | Gross Receipts Seco      | ona Group       | \$         | 0.00 |  |
| IMUNITY/ AREA       0       COMMUNITY/ AREA       0         LL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         LL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         LL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         DSE       CALL SIGN       DSE       CALL SIGN       DSE         DSE       CALL SIGN       DSE       CALL SIGN       DSE         DSE       COMMUNITY/ AREA       Image: Call Sign       DSE         DSE       COMMUNITY/ AREA       Image: Call Sign       DSE         DSE       COMMUNITY/ AREA       Image: Call Sign       DSE         DSEs       Community       Image: Call Sign       Image: Call Sign         DSEs       0.00       Gross Receipts Fourth Group       S         DSE       0.00       Base Rate Fee Fourth Group       S       0.00         P Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.       Image: Call Sign       Image: Call Sign   | e Rate Fee Firs                       | t Group     | \$                    | 0.00           | Base Rate Fee Seco       | ond Group       | \$         | 0.00 |  |
| LL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         LL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         LL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         LL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         LL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         LL SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         L SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         L SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         L SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         L SIGN       DSE       CALL SIGN       DSE       CALL SIGN       DSE         D SE       0.00       Social Sign Science  | ONE HUNDRED ELEVENTH SUBSCRIBER GROUP |             |                       | ONE HUNDRE     |                          | SUBSCRIBER GROU | JP         |      |  |
| DSEs       0.00         s Receipts Third Group       \$         \$       0.00         Base Rate Fee Third Group       \$         0.00       Base Rate Fee Fourth Group         \$       0.00         P Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.   | /MUNITY/ ARE                          | ۹           |                       | 0              | COMMUNITY/ AREA          |                 |            | 0    |  |
| s Receipts Third Group       \$       0.00         g Rate Fee Third Group       \$       0.00         Base Rate Fee Fourth Group       \$       0.00         g Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.       \$  | ALL SIGN                              | DSE         | CALL SIGN             | DSE            | CALL SIGN                | DSE             | CALL SIGN  | DSE  |  |
| s Receipts Third Group       \$       0.00         g Rate Fee Third Group       \$       0.00         g Rate Fee Third Group       \$       0.00         g Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.       \$  |                                       |             |                       |                |                          |                 |            |      |  |
| s Receipts Third Group       \$       0.00         g Rate Fee Third Group       \$       0.00         Base Rate Fee Fourth Group       \$       0.00         Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.       \$  |                                       |             |                       |                |                          | •••••           |            |      |  |
| s Receipts Third Group       \$       0.00         Rate Fee Third Group       \$       0.00         Base Rate Fee Fourth Group       \$       0.00         Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.       \$  |                                       |             |                       |                |                          |                 |            |      |  |
| s Receipts Third Group       \$       0.00         g Rate Fee Third Group       \$       0.00         Base Rate Fee Fourth Group       \$       0.00         g Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.       \$  |                                       |             |                       |                |                          |                 |            |      |  |
| s Receipts Third Group       \$       0.00         g Rate Fee Third Group       \$       0.00         Base Rate Fee Fourth Group       \$       0.00         g Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.       \$  |                                       |             |                       |                |                          |                 |            |      |  |
| s Receipts Third Group       \$       0.00         g Rate Fee Third Group       \$       0.00         Base Rate Fee Fourth Group       \$       0.00         g Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.       \$  |                                       |             |                       |                |                          |                 | •          |      |  |
| s Receipts Third Group       \$       0.00         g Rate Fee Third Group       \$       0.00         Base Rate Fee Fourth Group       \$       0.00         g Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.       \$  |                                       |             |                       |                |                          |                 |            |      |  |
| s Receipts Third Group       \$       0.00         g Rate Fee Third Group       \$       0.00         Base Rate Fee Fourth Group       \$       0.00         g Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.       \$  |                                       |             |                       |                |                          |                 |            |      |  |
| s Receipts Third Group       \$       0.00         g Rate Fee Third Group       \$       0.00         Base Rate Fee Fourth Group       \$       0.00         g Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.       \$  |                                       |             |                       |                |                          |                 | •          |      |  |
| s Receipts Third Group       \$       0.00         g Rate Fee Third Group       \$       0.00         Base Rate Fee Fourth Group       \$       0.00         g Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.       \$  |                                       |             |                       | •••••          |                          | •••••           |            |      |  |
| s Receipts Third Group       \$       0.00         g Rate Fee Third Group       \$       0.00         Base Rate Fee Fourth Group       \$       0.00         g Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.       \$  |                                       |             |                       |                |                          |                 |            |      |  |
| s Receipts Third Group       \$       0.00         g Rate Fee Third Group       \$       0.00         Base Rate Fee Fourth Group       \$       0.00         g Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.       \$  |                                       |             |                       |                |                          |                 |            |      |  |
| Rate Fee Third Group       \$       0.00         Base Rate Fee Fourth Group       \$       0.00         Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.       \$   | al DSEs                               |             |                       | 0.00           | Total DSEs               |                 |            | 0.00 |  |
| Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.  | ss Receipts Thir                      | d Group     | \$                    | 0.00           | Gross Receipts Four      | th Group        | \$         | 0.00 |  |
| Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.  |                                       |             |                       |                |                          |                 |            |      |  |
|  | se Rate Fee Thir                      | d Group     | \$                    | 0.00           | Base Rate Fee Four       | th Group        | \$         | 0.00 |  |
|  |                                       |             |                       |                |                          |                 |            |      |  |
|  |                                       |             |                       |                |                          |                 |            |      |  |
| here and in block 3, line 1, space L (page 7)  | Rate Feet Ad                          | the base re | ta faas for aach aubo | criber group ( | as shown in the boxes of | above           |            |      |  |

## Nonpermitted 3.75 Stations

| LEGAL NAME OF OWNEF<br>Foothills Rural Tel |             |                 | •           |                         |           | S              | 62644   | Name                    |
|--|-------------|-----------------|-------------|-------------------------|-----------|----------------|---------|-------------------------|
|  |             |                 |             |                         |           |                |         |                         |
| COMMUNITY/ AREA                            |             | SUBSCRIBER GROU | 0           | COMMUNITY/ AREA         |           | SUBSCRIBER GRO | 0P<br>0 | <b>9</b><br>Computation |
| CALL SIGN                                  | DSE         | CALL SIGN       | DSE         | CALL SIGN               | DSE       | CALL SIGN      | DSE     | of                      |
|  |             |                 |             |                         |           |                |         | Base Rate Fee           |
|  |             | _               |             |                         |           |                | ·····   | and<br>Syndicated       |
|  |             |                 |             |                         |           |                |         | Exclusivity             |
|  |             |                 |             |                         |           |                |         | Surcharge<br>for        |
|  |             |                 |             |                         |           | •              |         | Partially               |
|  |             |                 |             |                         |           |                |         | Distant                 |
|  |             |                 |             |                         |           |                |         | Stations                |
|  |             |                 |             |                         |           |                |         |                         |
|  |             |                 |             |                         |           |                |         |                         |
|  |             |                 |             |                         |           |                |         |                         |
|  |             |                 |             |                         |           |                |         |                         |
| Total DSEs                                 |             |                 | 0.00        | Total DSEs              |           |                | 0.00    |                         |
| Gross Receipts First Gr                    | oup         | \$              | 0.00        | Gross Receipts Seco     | ond Group | \$             | 0.00    |                         |
| Base Rate Fee First Gr                     | oup         | \$              | 0.00        | Base Rate Fee Seco      | ond Group | \$             | 0.00    |                         |
| -  | FTEENTH     | SUBSCRIBER GROU |             | 1                       |           | SUBSCRIBER GRO |         |                         |
| COMMUNITY/ AREA                            |             |                 | 0           | COMMUNITY/ AREA         | ۸<br>     |                |         |                         |
| CALL SIGN                                  | DSE         | CALL SIGN       | DSE         | CALL SIGN               | DSE       | CALL SIGN      | DSE     |                         |
|  |             |                 |             |                         |           |                |         |                         |
|  |             |                 |             |                         |           |                |         |                         |
|  |             |                 |             |                         |           |                |         |                         |
|  |             | -               |             |                         |           |                |         |                         |
|  |             |                 |             |                         |           |                |         |                         |
|  |             |                 |             |                         |           |                |         |                         |
|  |             |                 |             |                         |           |                |         |                         |
|  |             |                 |             |                         |           |                | ·····   |                         |
|  |             | -               |             |                         |           |                |         |                         |
|  |             |                 |             |                         |           |                |         |                         |
| Total DSEs                                 |             |                 | 0.00        | Total DSEs              |           | 11             | 0.00    |                         |
| Gross Receipts Third G                     | roup        | \$              | 0.00        | Gross Receipts Four     | th Group  | \$             | 0.00    |                         |
|  |             | ·               |             |                         |           | <del>.</del>   |         |                         |
| Base Rate Fee Third G                      | roup        | \$              | 0.00        | Base Rate Fee Four      | th Group  | \$             | 0.00    |                         |
| Base Rate Fee: Add the                     |             |                 | ber group a | as shown in the boxes a | above.    |                |         |                         |
| Enter here and in block                    | з, ine 1, s | pace L (page 7) |             |                         |           | \$             |         |                         |

## Nonpermitted 3.75 Stations

| LEGAL NAME OF OWNEF<br>Foothills Rural Tel     |          |                  | ·           |                         |            | 5                | 62644 | Name                      |
|--|----------|------------------|-------------|-------------------------|------------|------------------|-------|---------------------------|
| E  | BLOCK A: | COMPUTATION OF   | BASE RA     | TE FEES FOR EAC         | H SUBSCRI  | BER GROUP        |       |                           |
| ONE HUNDRED SEVE                               | INTEENTH | SUBSCRIBER GROUP |             | ONE HUNDRED             | EIGHTEENTH | SUBSCRIBER GROUP | )     | •                         |
| COMMUNITY/ AREA                                |          |                  | 0           | COMMUNITY/ AREA         |            |                  | 0     | <b>9</b><br>Computation   |
| CALL SIGN                                      | DSE      | CALL SIGN        | DSE         | CALL SIGN               | DSE        | CALL SIGN        | DSE   | of                        |
|  |          |                  |             |                         |            |                  |       | Base Rate Fee             |
|  |          |                  |             |                         |            |                  |       | and                       |
|  |          |                  |             |                         |            |                  |       | Syndicated<br>Exclusivity |
|  |          |                  |             |                         |            |                  |       | Surcharge                 |
|  |          |                  |             |                         |            |                  |       | for                       |
|  |          |                  |             |                         |            |                  |       | Partially                 |
|  |          |                  |             |                         |            |                  |       | Distant                   |
|  |          |                  |             |                         |            |                  |       | Stations                  |
|  |          |                  |             |                         |            |                  |       |                           |
|  |          |                  |             |                         |            |                  |       |                           |
|  |          |                  |             |                         |            |                  |       |                           |
|  |          |                  |             |                         |            |                  |       |                           |
|  |          |                  |             |                         |            |                  |       |                           |
| Total DSEs                                     |          |                  | 0.00        | Total DSEs              |            |                  | 0.00  |                           |
| Gross Receipts First Group \$ 0.00             |          |                  | 0.00        | Gross Receipts Seco     | ond Group  | \$               | 0.00  |                           |
| Base Rate Fee First Gr                         | oup      | \$               | 0.00        | Base Rate Fee Seco      | ond Group  | \$               | 0.00  |                           |
| ONE HUNDRED NI                                 | NTEENTH  | SUBSCRIBER GROU  | Р           | ONE HUNDRED             | TWENTIETH  | SUBSCRIBER GRO   | UP    |                           |
| COMMUNITY/ AREA                                |          |                  | 0           | COMMUNITY/ AREA         |            |                  | 0     |                           |
| CALL SIGN                                      | DSE      | CALL SIGN        | DSE         | CALL SIGN               | DSE        | CALL SIGN        | DSE   |                           |
|  |          |                  |             |                         |            |                  |       |                           |
|  |          |                  |             |                         |            |                  |       |                           |
|  |          |                  |             |                         |            |                  |       |                           |
|  |          |                  |             |                         |            |                  |       |                           |
|  |          |                  |             |                         |            |                  |       |                           |
|  |          |                  |             |                         |            |                  |       |                           |
|  |          |                  |             |                         | •••••      | ++               |       |                           |
|  |          |                  |             |                         |            |                  |       |                           |
|  |          |                  |             |                         |            |                  |       |                           |
|  |          |                  |             |                         |            |                  |       |                           |
|  |          |                  |             |                         |            |                  | ••••• |                           |
|  |          |                  |             |                         |            |                  |       |                           |
| Total DSEs                                     |          |                  | 0.00        | Total DSEs              |            |                  | 0.00  |                           |
| Gross Receipts Third G                         | roup     | \$               | 0.00        | Gross Receipts Four     | th Group   | \$               | 0.00  |                           |
| Base Rate Fee Third G                          | roup     | \$               | 0.00        | Base Rate Fee Four      | th Group   | \$               | 0.00  |                           |
| Base Rate Fee: Add the Enter here and in block |          |                  | ber group a | as shown in the boxes a | above.     | \$               |       |                           |

L

| LEGAL NAME OF OWNER OF CABLE SYSTEM:SYSTEM ID#Foothills Rural Telephone Cooperative Corp.62644 |                                    |                  |                |                       |            |                    |      |                      |  |
|--|------------------------------------|------------------|----------------|-----------------------|------------|--------------------|------|----------------------|--|
|  |                                    |                  |                | ATE FEES FOR EAG      |            |                    |      |                      |  |
| ONE HUNDRED T  |                                    | SUBSCRIBER GROU  | P<br>0         | ONE HUNDRED TW        | · 0        | 9                  |      |                      |  |
|  | A                                  |                  | U              |                       | :A         |                    | U    | Computation          |  |
| CALL SIGN  | DSE                                | CALL SIGN        | DSE            | CALL SIGN             | DSE        | CALL SIGN          | DSE  | of                   |  |
|  |                                    |                  |                |                       |            |                    |      | Base Rate Fee<br>and |  |
|  |                                    |                  |                |                       |            |                    |      | Syndicated           |  |
|  |                                    |                  |                |                       |            |                    |      | Exclusivity          |  |
|  |                                    |                  |                |                       |            |                    |      | Surcharge            |  |
|  |                                    |                  |                |                       |            |                    |      | for<br>Partially     |  |
|  |                                    |                  |                |                       |            |                    |      | Distant              |  |
|  |                                    |                  |                |                       |            |                    |      | Stations             |  |
|  |                                    |                  |                |                       |            |                    |      |                      |  |
|  |                                    |                  |                |                       |            |                    |      |                      |  |
|  |                                    |                  |                |                       |            | 1                  |      |                      |  |
|  |                                    |                  |                |                       |            |                    |      |                      |  |
| T ( ) DOF  |                                    | 1                | 0.00           |                       |            | 1                  | 0.00 |                      |  |
| Total DSEs   |                                    |                  | 0.00           | Total DSEs            |            | ·                  | 0.00 |                      |  |
| Gross Receipts Firs  | Gross Receipts First Group \$ 0.00 |                  |                |                       | cond Group | \$                 | 0.00 |                      |  |
| Base Rate Fee Firs   | t Group                            | \$               | 0.00           | Base Rate Fee Sec     | cond Group | \$                 | 0.00 |                      |  |
|  |                                    | SUBSCRIBER GROU  |                |                       |            | H SUBSCRIBER GROUP |      |                      |  |
| COMMUNITY/ ARE   | A                                  |                  | 0              | COMMUNITY/ ARE        | A          |                    | 0    |                      |  |
| CALL SIGN  | DSE                                | CALL SIGN        | DSE            | CALL SIGN             | DSE        | CALL SIGN          | DSE  |                      |  |
|  |                                    |                  |                |                       |            |                    |      |                      |  |
|  |                                    |                  |                |                       |            |                    |      |                      |  |
|  |                                    |                  |                |                       |            |                    |      |                      |  |
|  |                                    |                  | ·····          |                       |            |                    |      |                      |  |
|  |                                    |                  |                |                       | •••••      |                    |      |                      |  |
|  |                                    |                  |                |                       |            |                    |      |                      |  |
|  |                                    |                  |                |                       |            |                    |      |                      |  |
|  |                                    |                  | ····· .        |                       |            |                    |      |                      |  |
|  |                                    |                  |                |                       |            |                    |      |                      |  |
|  |                                    |                  |                |                       |            |                    |      |                      |  |
|  |                                    |                  |                |                       |            |                    |      |                      |  |
| Total DSEs   |                                    | 11               | 0.00           | Total DSEs            |            | 11                 | 0.00 |                      |  |
| Gross Receipts Thir  | d Group                            | \$               | 0.00           | Gross Receipts Fou    | urth Group | \$                 | 0.00 |                      |  |
|  |                                    |                  |                |                       | <b>-</b>   | ·                  |      |                      |  |
| Base Rate Fee Thir   | d Group                            | \$               | 0.00           | Base Rate Fee Fou     | urth Group | \$                 | 0.00 |                      |  |
|  |                                    |                  |                | 11                    |            |                    |      |                      |  |
| Base Rate Fee: Ad<br>Enter here and in bl  |                                    |                  | criber group a | as shown in the boxes | above.     | \$                 |      |                      |  |
|  |                                    | space L (page 1) |                |                       |            | Ψ<br>              |      |                      |  |

| LEGAL NAME OF OWNER<br>Foothills Rural Tel       |                                    |                  |              |                         |             | :                  | SYSTEM ID#<br>62644 | Name                    |
|--|------------------------------------|------------------|--------------|-------------------------|-------------|--------------------|---------------------|-------------------------|
| E  | BLOCK A:                           | COMPUTATION OF   | BASE RA      | TE FEES FOR EAC         | H SUBSCRI   | BER GROUP          |                     |                         |
| ONE HUNDRED TWE                                  | NTY-FIFTH                          | SUBSCRIBER GROUP |              | ONE HUNDRED T           | WENTY-SIXTH | I SUBSCRIBER GROUP | þ                   | •                       |
| COMMUNITY/ AREA                                  |                                    |                  | 0            | COMMUNITY/ AREA         | A           |                    | 0                   | <b>9</b><br>Computation |
| CALL SIGN  | DSE                                | CALL SIGN        | DSE          | CALL SIGN               | DSE         | CALL SIGN          | DSE                 | of                      |
|  |                                    |                  |              |                         |             |                    |                     | Base Rate Fee           |
|  |                                    |                  |              |                         |             |                    |                     | and                     |
|  |                                    |                  |              |                         |             |                    |                     | Syndicated              |
|  |                                    |                  |              |                         |             |                    |                     | Exclusivity             |
|  |                                    |                  |              |                         |             |                    |                     | Surcharge               |
|  |                                    |                  |              |                         |             |                    |                     | for<br>Derticilly       |
|  |                                    |                  |              |                         |             | ++                 |                     | Partially<br>Distant    |
|  |                                    |                  |              |                         |             |                    |                     | Stations                |
|  |                                    |                  |              |                         |             | •                  |                     |                         |
|  |                                    |                  |              |                         |             |                    |                     |                         |
|  |                                    |                  |              |                         |             |                    |                     |                         |
|  |                                    |                  |              |                         |             |                    |                     |                         |
|  |                                    |                  |              |                         |             |                    |                     |                         |
|  |                                    |                  |              |                         |             |                    |                     |                         |
| Total DSEs                                       |                                    |                  | 0.00         | Total DSEs              |             |                    | 0.00                |                         |
| Gross Receipts First Gr                          | Gross Receipts First Group \$ 0.00 |                  |              | Gross Receipts Seco     | ond Group   | \$                 | 0.00                |                         |
| Base Rate Fee First Gr                           | oup                                | \$               | 0.00         | Base Rate Fee Seco      | ond Group   | \$                 | 0.00                |                         |
| ONE HUNDRED TWENTY                               |                                    |                  |              |                         |             | I SUBSCRIBER GROUF |                     |                         |
| COMMUNITY/ AREA                                  |                                    | SUBSCRIBER GROOT | 0            | COMMUNITY/ AREA         |             |                    | 0                   |                         |
|  |                                    |                  |              |                         |             |                    |                     |                         |
| CALL SIGN  | DSE                                | CALL SIGN        | DSE          | CALL SIGN               | DSE         | CALL SIGN          | DSE                 |                         |
|  |                                    |                  |              |                         |             |                    |                     |                         |
|  |                                    |                  |              |                         |             | •                  |                     |                         |
|  |                                    |                  |              |                         |             | *                  |                     |                         |
|  |                                    | -                |              |                         |             |                    |                     |                         |
|  |                                    |                  |              |                         |             |                    |                     |                         |
|  |                                    |                  |              |                         |             |                    |                     |                         |
|  |                                    |                  |              |                         |             |                    |                     |                         |
|  |                                    |                  |              |                         |             |                    |                     |                         |
|  |                                    |                  |              |                         |             |                    |                     |                         |
|  |                                    |                  |              |                         |             | ++                 |                     |                         |
|  |                                    |                  |              |                         |             |                    |                     |                         |
|  |                                    |                  |              |                         |             | 1                  |                     |                         |
|  |                                    |                  |              |                         |             |                    |                     |                         |
| Total DSEs                                       |                                    |                  | 0.00         | Total DSEs              |             |                    | 0.00                |                         |
| Gross Receipts Third G                           | iroup                              | \$               | 0.00         | Gross Receipts Four     | rth Group   | \$                 | 0.00                |                         |
| Base Rate Fee Third G                            | roup                               | \$               | 0.00         | Base Rate Fee Four      | th Group    | \$                 | 0.00                |                         |
| Base Rate Fee: Add th<br>Enter here and in block |                                    |                  | iber group a | as shown in the boxes a | above.      | \$                 |                     |                         |

| LEGAL NAME OF OWNER<br>Foothills Rural Tele         |          |                  |             |                           |           | SY               | STEM ID#<br>62644 | Name                                   |
|---|----------|------------------|-------------|---------------------------|-----------|------------------|-------------------|--|
| В   | LOCK A:  | COMPUTATION OF   | BASE RA     | TE FEES FOR EACH          | SUBSCRI   | BER GROUP        |                   |  |
| ONE HUNDRED TWEN                                    | TY-NINTH | SUBSCRIBER GROUP |             | ONE HUNDRED               | THIRTIETH | SUBSCRIBER GROUP |                   | •                                      |
| COMMUNITY/ AREA                                     |          |                  | 0           | COMMUNITY/ AREA           |           |                  | 0                 | 9<br>Computation                       |
| CALL SIGN   | DSE      | CALL SIGN        | DSE         | CALL SIGN                 | DSE       | CALL SIGN        | DSE               | of                                     |
|   |          |                  |             |                           |           |                  |                   | Base Rate Fee<br>and                   |
|   |          |                  |             |                           |           |                  |                   | Syndicated<br>Exclusivity<br>Surcharge |
|   |          |                  |             |                           |           |                  |                   | for<br>Partially                       |
|   |          |                  |             |                           |           |                  |                   | Distant<br>Stations                    |
|   |          |                  |             |                           |           |                  |                   |  |
|   |          |                  |             |                           |           |                  |                   |  |
| Total DSEs  |          |                  | 0.00        | Total DSEs                |           |                  | 0.00              |  |
| Gross Receipts First Gro                            | oup      | \$               | 0.00        | Gross Receipts Second     | l Group   | \$               | 0.00              |  |
| Base Rate Fee First Gro                             | oup      | \$               | 0.00        | Base Rate Fee Second      | l Group   | \$               | 0.00              |  |
| ONE HUNDRED THIR                                    | TY-FIRST | SUBSCRIBER GROUP |             | ONE HUNDRED THIRT         | Y-SECOND  | SUBSCRIBER GROUP |                   |  |
| COMMUNITY/ AREA                                     |          |                  | 0           | COMMUNITY/ AREA           |           |                  | 0                 |  |
| CALL SIGN   | DSE      | CALL SIGN        | DSE         | CALL SIGN                 | DSE       | CALL SIGN        | DSE               |  |
|   |          |                  |             |                           |           |                  |                   |  |
|   |          |                  |             |                           |           |                  |                   |  |
|   |          |                  |             | ·                         |           |                  |                   |  |
|   |          |                  |             | ·                         |           |                  |                   |  |
|   |          |                  |             |                           |           |                  |                   |  |
|   |          |                  |             |                           |           |                  |                   |  |
| Total DSEs  |          |                  | 0.00        | Total DSEs                |           |                  | 0.00              |  |
| Gross Receipts Third Gr                             | oup      | \$               | 0.00        | Gross Receipts Fourth     | Group     | \$               | 0.00              |  |
| Base Rate Fee Third Gr                              | oup      | \$               | 0.00        | Base Rate Fee Fourth      | Group     | \$               | 0.00              |  |
| Base Rate Fee: Add the<br>Enter here and in block 3 |          |                  | ber group a | as shown in the boxes abo | ove.      | \$               |                   |  |

| LEGAL NAME OF OWNE<br>Foothills Rural Te         |           |                  |              |                       |             | ę                  | 62644 | Name              |
|--|-----------|------------------|--------------|-----------------------|-------------|--------------------|-------|-------------------|
| E  | BLOCK A:  | COMPUTATION OF   | BASE RA      | TE FEES FOR EAC       | HSUBSCR     | BER GROUP          |       |                   |
| ONE HUNDRED THIS                                 | RTY-THIRD | SUBSCRIBER GROUP |              | ONE HUNDRED TH        | HRTY-FOURTH | I SUBSCRIBER GROUP | >     | 0                 |
| COMMUNITY/ AREA                                  |           |                  | 0            | COMMUNITY/ ARE        | Α           |                    | 0     | 9                 |
| CALL SIGN  | DSE       | CALL SIGN        | DSE          | CALL SIGN             | DSE         | CALL SIGN          | DSE   | Computation<br>of |
|  | DOL       |                  | DOL          | ONLE GIGIN            | DOL         |                    | DOL   | Base Rate Fee     |
|  |           |                  |              |                       |             |                    |       | and               |
|  |           |                  |              |                       |             |                    |       | Syndicated        |
|  |           |                  |              |                       |             |                    |       | Exclusivity       |
|  |           |                  |              |                       |             |                    |       | Surcharge         |
|  |           |                  |              |                       |             |                    |       | for<br>Partially  |
|  |           |                  |              | •                     |             |                    |       | Distant           |
|  |           |                  |              |                       |             |                    |       | Stations          |
|  |           |                  |              |                       |             |                    |       |                   |
|  |           |                  |              |                       |             |                    |       |                   |
|  |           |                  |              |                       |             |                    |       |                   |
|  |           |                  |              |                       |             |                    |       |                   |
|  |           |                  |              | •                     |             |                    |       |                   |
| Total DSEs                                       | •         |                  | 0.00         | Total DSEs            |             |                    | 0.00  |                   |
| Gross Receipts First G                           | roup      | \$               | 0.00         | Gross Receipts Sec    | ond Group   | \$                 | 0.00  |                   |
| Base Rate Fee First G                            | roup      | \$               | 0.00         | Base Rate Fee Sec     | ond Group   | \$                 | 0.00  |                   |
| ONE HUNDRED THIF                                 | RTY-FIFTH | SUBSCRIBER GROU  | P            | ONE HUNDRED T         | HIRTY-SIXTH | I SUBSCRIBER GRO   | UP    |                   |
| COMMUNITY/ AREA                                  |           |                  | 0            | COMMUNITY/ ARE/       | ۹           |                    | 0     |                   |
| 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     | \$               | 0.00         | Gross Receipts Fou    | rth Group   | \$                 | 0.00  |                   |
| Base Rate Fee Third G                            | Group     | \$               | 0.00         | Base Rate Fee Fou     | rth Group   | \$                 | 0.00  |                   |
| Base Rate Fee: Add th<br>Enter here and in block |           |                  | iber group a | as shown in the boxes | above.      | \$                 |       |                   |

## Nonpermitted 3.75 Stations

| LEGAL NAME OF OWNER OF CABLE SYSTEM:       SYSTEM ID#         Foothills Rural Telephone Cooperative Corp.       62644 |               |                  |             |                          | Name      |                  |      |                         |
|---|---------------|------------------|-------------|--------------------------|-----------|------------------|------|-------------------------|
| В   | LOCK A:       | COMPUTATION OF   | BASE RA     | TE FEES FOR EACH         | I SUBSCRI | BER GROUP        |      |                         |
| ONE HUNDRED THIRTY-   |               |                  |             | H                        |           | SUBSCRIBER GROUP |      | -                       |
| COMMUNITY/ AREA   |               |                  | 0           | COMMUNITY/ AREA          |           |                  | 0    | <b>9</b><br>Computation |
| CALL SIGN   | DSE           | CALL SIGN        | DSE         | CALL SIGN                | DSE       | CALL SIGN        | DSE  | of                      |
|   | DOL           | ON LE CICIL      | DOL         | O, ILL CICIL             | DOL       | OF ILLE OF ON    | DOL  | Base Rate Fee           |
|   |               |                  |             |                          |           |                  |      | and                     |
|   |               |                  |             |                          |           |                  |      | Syndicated              |
|   |               |                  |             |                          |           |                  |      | Exclusivity             |
|   |               |                  |             |                          |           |                  |      | Surcharge               |
|   |               |                  |             |                          |           |                  |      | for                     |
|   |               |                  |             |                          |           |                  |      | Partially               |
|   |               |                  |             |                          |           |                  |      | Distant                 |
|   |               |                  |             |                          |           |                  |      | Stations                |
|   |               |                  |             |                          |           |                  |      |                         |
|   |               |                  |             |                          |           |                  |      |                         |
|   |               |                  |             |                          |           |                  |      |                         |
|   |               |                  |             |                          |           |                  |      |                         |
|   |               |                  |             |                          |           |                  |      |                         |
|   |               |                  |             |                          |           |                  |      |                         |
| Total DSEs  |               |                  | 0.00        | Total DSEs               |           |                  | 0.00 |                         |
| Gross Receipts First Gro  | oup           | \$               | 0.00        | Gross Receipts Secor     | nd Group  | \$               | 0.00 |                         |
| Base Rate Fee First Gro   | oup           | \$               | 0.00        | Base Rate Fee Secor      | nd Group  | \$               | 0.00 |                         |
| ONE HUNDRED THIRT   | Y-NINTH       | SUBSCRIBER GROUI | Ρ           | ONE HUNDRED              | FORTIETH  | SUBSCRIBER GROU  | JP   |                         |
| COMMUNITY/ AREA   |               |                  | 0           | COMMUNITY/ AREA          |           |                  | 0    |                         |
| CALL SIGN   | DSE           | CALL SIGN        | DSE         | CALL SIGN                | DSE       | CALL SIGN        | DSE  |                         |
|   | 502           | 0,120,011        | 501         |                          |           |                  | 502  |                         |
|   |               |                  |             |                          |           |                  |      |                         |
|   |               | -                |             |                          |           |                  |      |                         |
|   |               |                  |             |                          |           |                  |      |                         |
|   |               |                  |             |                          |           |                  |      |                         |
|   |               |                  |             |                          |           |                  |      |                         |
|   |               |                  |             |                          |           |                  |      |                         |
|   |               |                  |             |                          |           |                  |      |                         |
|   |               |                  |             |                          |           |                  |      |                         |
|   |               |                  |             |                          |           |                  |      |                         |
|   |               |                  |             |                          |           |                  | ···· |                         |
|   |               |                  |             |                          | •••       | •                |      |                         |
|   |               |                  |             |                          | •••       | ++               |      |                         |
|   |               |                  |             |                          |           | ++               |      |                         |
| Total DSEs  | 11            |                  | 0.00        | Total DSEs               |           |                  | 0.00 |                         |
|   |               |                  |             |                          | 0         |                  |      |                         |
| Gross Receipts Third G  | roup          | \$               | 0.00        | Gross Receipts Fourth    | n Group   | <u>\$</u>        | 0.00 |                         |
| Base Rate Fee Third G   | roup          | \$               | 0.00        | Base Rate Fee Fourth     | n Group   | \$               | 0.00 |                         |
| Base Rate Fee: Add the  |               |                  | ber group a | as shown in the boxes at | oove.     |                  |      |                         |
| Enter here and in block   | 3, line 1, sp | pace L (page 7)  |             |                          |           | \$               |      |                         |

L

| LEGAL NAME OF OWNE<br>Foothills Rural Te         |               |                  |             |                       |             | ę                | 62644 | Name              |
|--|---------------|------------------|-------------|-----------------------|-------------|------------------|-------|-------------------|
|  | BLOCK A:      | COMPUTATION OF   | BASE RA     | TE FEES FOR EAC       | CH SUBSCR   | BER GROUP        |       |                   |
| ONE HUNDRED FO                                   | RTY-FIRST     | SUBSCRIBER GROUP |             | ONE HUNDRED F         | ORTY-SECON  | SUBSCRIBER GROUP | >     | 0                 |
| COMMUNITY/ AREA                                  |               |                  | 0           | COMMUNITY/ ARE        | A           |                  | 0     | 9                 |
| CALL SIGN  | DSE           | CALL SIGN        | DSE         | CALL SIGN             | DSE         | CALL SIGN        | DSE   | Computation<br>of |
|  | DOL           |                  | DOL         |                       | DOL         |                  | DOL   | Base Rate Fee     |
|  |               |                  |             |                       |             |                  |       | and               |
|  |               |                  |             |                       |             |                  |       | Syndicated        |
|  |               |                  |             |                       |             |                  |       | Exclusivity       |
|  |               |                  |             |                       |             |                  |       | Surcharge         |
|  |               |                  |             |                       |             |                  |       | for<br>Partially  |
|  |               |                  |             |                       |             |                  |       | Distant           |
|  |               |                  |             |                       |             |                  |       | Stations          |
|  |               |                  |             |                       |             |                  |       |                   |
|  |               |                  |             |                       |             |                  |       |                   |
|  |               |                  |             |                       |             |                  |       |                   |
|  |               |                  |             |                       |             |                  |       |                   |
|  |               |                  |             |                       |             |                  |       |                   |
| Total DSEs                                       |               |                  | 0.00        | Total DSEs            |             |                  | 0.00  |                   |
| Gross Receipts First G                           | roup          | \$               | 0.00        | Gross Receipts Sec    | ond Group   | \$               | 0.00  |                   |
| Base Rate Fee First G                            | roup          | \$               | 0.00        | Base Rate Fee Sec     | ond Group   | \$               | 0.00  |                   |
| ONE HUNDRED FO                                   | RTY-THIRD     | SUBSCRIBER GROUP |             | ONE HUNDRED F         | ORTY-FOURTH | SUBSCRIBER GROUF | )     |                   |
| COMMUNITY/ AREA                                  |               |                  | 0           | COMMUNITY/ ARE        | Α           |                  | 0     |                   |
| CALL SIGN  | DSE           | CALL SIGN        | DSE         | CALL SIGN             | DSE         | CALL SIGN        | DSE   |                   |
|  |               |                  |             |                       |             |                  |       |                   |
|  |               |                  |             |                       |             |                  |       |                   |
|  |               |                  |             |                       |             |                  |       |                   |
|  |               |                  |             |                       |             |                  |       |                   |
|  |               |                  |             |                       |             |                  |       |                   |
|  |               |                  |             |                       |             |                  |       |                   |
|  |               |                  |             |                       |             |                  |       |                   |
|  |               |                  |             |                       |             |                  |       |                   |
|  | <mark></mark> |                  |             |                       |             |                  |       |                   |
|  | <mark></mark> |                  |             |                       |             |                  |       |                   |
|  | <mark></mark> |                  |             |                       |             | ++               |       |                   |
|  |               | ·                |             | ·                     |             |                  |       |                   |
| Total DSEs                                       |               |                  | 0.00        | Total DSEs            |             |                  | 0.00  |                   |
| Gross Receipts Third G                           | Group         | \$               | 0.00        | Gross Receipts Fou    | rth Group   | \$               | 0.00  |                   |
| Base Rate Fee Third G                            | Group         | \$               | 0.00        | Base Rate Fee Fou     | rth Group   | \$               | 0.00  |                   |
| Base Rate Fee: Add th<br>Enter here and in block |               |                  | ber group a | as shown in the boxes | above.      | \$               |       |                   |

| LEGAL NAME OF OWNER<br>Foothills Rural Tel |               |                  |                     |                          |            | S                | YSTEM ID#<br>62644 | Name          |
|--|---------------|------------------|---------------------|--------------------------|------------|------------------|--------------------|---------------|
| В  | LOCK A:       | COMPUTATION OF   | BASE RA             | ATE FEES FOR EACH        | SUBSCRI    | BER GROUP        |                    |               |
| ONE HUNDRED FOR                            | RTY-FIFTH     | SUBSCRIBER GROUP |                     | ONE HUNDRED FO           | ORTY-SIXTH | SUBSCRIBER GROUP |                    | •             |
| COMMUNITY/ AREA                            |               |                  | 0 COMMUNITY/ AREA 0 |                          |            | 0                | 9<br>Computation   |               |
| CALL SIGN                                  | DSE           | CALL SIGN        | DSE                 | CALL SIGN                | DSE        | CALL SIGN        | DSE                | of            |
|  | 202           |                  |                     |                          | 202        |                  |                    | Base Rate Fee |
|  |               |                  |                     |                          |            |                  |                    | and           |
|  |               |                  |                     |                          |            |                  |                    | Syndicated    |
|  |               |                  |                     |                          |            |                  |                    | Exclusivity   |
|  |               |                  |                     |                          |            |                  |                    | Surcharge     |
|  |               |                  |                     |                          |            |                  |                    | for           |
|  |               |                  |                     |                          |            |                  |                    | Partially     |
|  |               |                  |                     |                          |            |                  |                    | Distant       |
|  |               |                  |                     |                          |            |                  |                    | Stations      |
|  |               |                  |                     |                          |            |                  |                    |               |
|  |               |                  |                     |                          |            |                  |                    |               |
|  |               |                  |                     |                          |            |                  |                    |               |
|  |               |                  |                     |                          |            |                  |                    |               |
|  |               |                  |                     |                          |            |                  |                    |               |
|  |               |                  |                     |                          |            |                  |                    |               |
| Total DSEs                                 |               |                  | 0.00                | Total DSEs               |            |                  | 0.00               |               |
| Gross Receipts First Gro                   | oup           | \$               | 0.00                | Gross Receipts Second    | d Group    | \$               | 0.00               |               |
| Base Rate Fee First Gro                    | oup           | \$               | 0.00                | Base Rate Fee Second     | d Group    | \$               | 0.00               |               |
| ONE HUNDRED FORTY-                         | SEVENTH       | SUBSCRIBER GROUP |                     | ONE HUNDRED FOR          | RTY-EIGHTH | SUBSCRIBER GROUP |                    |               |
| COMMUNITY/ AREA                            |               |                  | 0                   | COMMUNITY/ AREA          |            |                  | 0                  |               |
| CALL SIGN                                  | DSE           | CALL SIGN        | DSE                 | CALL SIGN                | DSE        | CALL SIGN        | DSE                |               |
|  |               |                  |                     |                          |            |                  | ···                |               |
|  |               |                  |                     |                          | •          |                  |                    |               |
|  |               |                  |                     |                          |            |                  |                    |               |
|  |               |                  |                     |                          |            |                  |                    |               |
|  |               |                  |                     |                          |            |                  |                    |               |
|  |               |                  |                     |                          |            |                  |                    |               |
|  |               |                  |                     |                          |            |                  |                    |               |
|  |               |                  |                     |                          |            |                  |                    |               |
|  |               |                  |                     |                          |            |                  |                    |               |
|  |               |                  |                     |                          |            |                  |                    |               |
|  |               |                  |                     |                          |            |                  |                    |               |
|  |               |                  |                     |                          |            |                  |                    |               |
|  |               |                  |                     |                          |            |                  |                    |               |
|  |               |                  |                     |                          |            |                  |                    |               |
| Total DSEs                                 |               |                  | 0.00                | Total DSEs               |            |                  | 0.00               |               |
| Gross Receipts Third Gr                    | roup          | \$               | 0.00                | Gross Receipts Fourth    | Group      | \$               | 0.00               |               |
| Base Rate Fee Third Gr                     | roup          | \$               | 0.00                | Base Rate Fee Fourth     | Group      | \$               | 0.00               |               |
|  |               |                  |                     |                          |            |                  |                    |               |
|  |               |                  | ber group a         | as shown in the boxes ab | ove.       | ¢                |                    |               |
| Enter here and in block                    | o, iine 1, sp | bace L (page /)  |                     |                          |            | \$               |                    |               |

| LEGAL NAME OF OWNER OF CABLE SYSTEM:SYSTEM ID#Foothills Rural Telephone Cooperative Corp.62644 |             |                  |             |                           |            | Name            |      |                   |
|--|-------------|------------------|-------------|---------------------------|------------|-----------------|------|-------------------|
|  |             |                  |             | ATE FEES FOR EACH         | SUBSCRI    | BER GROUP       |      |                   |
| ONE HUNDRED FOR  | TY-NINTH    | SUBSCRIBER GROUI | P           | ONE HUNDRED               | D FIFTIETH | SUBSCRIBER GROU | JP   | 9                 |
| COMMUNITY/ AREA  |             |                  | 0           | COMMUNITY/ AREA           |            |                 | 0    |                   |
| CALL SIGN  | DSE         | CALL SIGN        | DSE         | CALL SIGN                 | DSE        | CALL SIGN       | DSE  | Computation<br>of |
|  | 202         |                  | 202         |                           | 202        |                 | 501  | Base Rate Fee     |
|  |             |                  |             |                           |            |                 |      | and               |
|  |             |                  |             |                           |            |                 |      | Syndicated        |
|  |             |                  |             |                           |            |                 |      | Exclusivity       |
|  |             |                  |             |                           |            |                 |      | Surcharge<br>for  |
|  |             |                  |             |                           |            | •               |      | Partially         |
|  |             |                  |             |                           |            |                 |      | Distant           |
|  |             |                  |             |                           |            |                 |      | Stations          |
|  |             |                  |             |                           |            |                 |      |                   |
|  |             |                  |             |                           |            |                 |      |                   |
|  |             |                  |             |                           |            | •               |      |                   |
|  |             |                  |             |                           |            | •               |      |                   |
|  |             |                  |             |                           |            |                 |      |                   |
| Total DSEs   |             |                  | 0.00        | Total DSEs                |            |                 | 0.00 |                   |
| Gross Receipts First Gr  | ουρ         | \$               | 0.00        | Gross Receipts Second     | d Group    | \$              | 0.00 |                   |
|  |             | ·                |             |                           | a 0.04p    | ·               |      |                   |
| Base Rate Fee First Gr   | oup         | \$               | 0.00        | Base Rate Fee Second      | d Group    | \$              | 0.00 |                   |
| ONE HUNDRED FIF  | TY-FIRST    | SUBSCRIBER GROUI | Ρ           | ONE HUNDRED FIFT          | Y-SECOND   | SUBSCRIBER GROU | JP   |                   |
| COMMUNITY/ AREA  |             |                  | 0           | COMMUNITY/ AREA           |            |                 | 0    |                   |
| CALL SIGN  | DSE         | CALL SIGN        | DSE         | CALL SIGN                 | DSE        | CALL SIGN       | DSE  |                   |
|  |             |                  |             |                           |            | •               |      |                   |
|  |             |                  |             |                           |            |                 |      |                   |
|  |             |                  |             |                           |            |                 |      |                   |
|  |             |                  |             |                           |            |                 |      |                   |
|  |             |                  |             |                           |            | ++              |      |                   |
|  |             |                  |             |                           |            | ++              |      |                   |
|  |             |                  |             |                           |            | ]               |      |                   |
|  |             |                  |             |                           |            |                 |      |                   |
|  |             |                  |             |                           |            |                 |      |                   |
|  |             |                  |             |                           |            |                 |      |                   |
|  |             |                  |             |                           |            | ******          |      |                   |
|  |             |                  |             |                           |            |                 |      |                   |
| Total DSEs   |             |                  | 0.00        | Total DSEs                |            |                 | 0.00 |                   |
| Gross Receipts Third G   | roup        | \$               | 0.00        | Gross Receipts Fourth     | Group      | \$              | 0.00 |                   |
|  |             |                  |             |                           |            |                 |      |                   |
| Base Rate Fee Third G  | roup        | \$               | 0.00        | Base Rate Fee Fourth      | Group      | \$              | 0.00 |                   |
|  |             |                  |             |                           |            |                 |      |                   |
| Base Rate Fee: Add the<br>Enter here and in block  |             |                  | ber group a | as shown in the boxes abo | ove.       | \$              |      |                   |
|  | 3, ine 1, s | bace L (page /)  |             |                           |            | \$              |      |                   |

| LEGAL NAME OF OWNER OF CABLE SYSTEM:     SYSTEM ID#       Foothills Rural Telephone Cooperative Corp.     62644 |              |                  |             |                          |                | Name           |       |                  |
|---|--------------|------------------|-------------|--------------------------|----------------|----------------|-------|------------------|
| E   | BLOCK A:     | COMPUTATION OF   | BASE RA     | ATE FEES FOR EACH        | SUBSCRI        | BER GROUP      |       |                  |
| ONE HUNDRED FIFT  | TY-THIRD     | SUBSCRIBER GROU  | P           | ONE HUNDRED FIFT         | Y-FOURTH       | SUBSCRIBER GRO | UP    | •                |
| COMMUNITY/ AREA   |              |                  | 0           | COMMUNITY/ AREA          |                |                | 0     | 9<br>Computation |
| CALL SIGN   | DSE          | CALL SIGN        | DSE         | CALL SIGN                | DSE            | CALL SIGN      | DSE   | of               |
|   | DOL          | ONEE OIOIN       | DOL         | ONEE CIGIN               | DOL            | ONLE CICIL     | DOL   | Base Rate Fee    |
|   |              |                  |             |                          |                |                |       | and              |
|   |              |                  |             |                          |                |                |       | Syndicated       |
|   |              |                  |             |                          |                |                |       | Exclusivity      |
|   |              |                  |             |                          |                |                |       | Surcharge        |
|   |              |                  |             |                          |                |                |       | for              |
|   |              |                  |             |                          |                |                |       | Partially        |
|   |              |                  |             |                          |                |                |       | Distant          |
|   |              |                  |             |                          |                |                |       | Stations         |
|   |              |                  |             |                          |                |                |       |                  |
|   |              |                  |             |                          |                |                |       |                  |
|   |              |                  |             |                          |                |                |       |                  |
|   |              |                  |             |                          |                |                |       |                  |
|   |              |                  |             |                          |                |                |       |                  |
|   |              |                  |             |                          |                |                |       |                  |
| Total DSEs  |              |                  | 0.00        | Total DSEs               |                |                | 0.00  |                  |
| Gross Receipts First Gr   | oup          | \$               | 0.00        | Gross Receipts Secon     | d Group        | \$             | 0.00  |                  |
|   |              |                  |             |                          |                |                |       |                  |
| Base Rate Fee First Gro   | oup          | \$               | 0.00        | Base Rate Fee Second     | d Group        | \$             | 0.00  |                  |
| ONE HUNDRED FIF   | TY-FIFTH     | SUBSCRIBER GROUI | Ρ           | ONE HUNDRED FI           | IFTY-SIXTH     | SUBSCRIBER GRO | UP    |                  |
| COMMUNITY/ AREA   |              |                  | 0           | COMMUNITY/ AREA          |                |                | 0     |                  |
| CALL SIGN   | DSE          | CALL SIGN        | DSE         | CALL SIGN                | DSE            | CALL SIGN      | DSE   |                  |
|   |              |                  |             |                          |                |                |       |                  |
|   |              |                  |             |                          |                |                | ····· |                  |
|   |              |                  |             |                          |                |                | ····· |                  |
|   |              |                  |             |                          |                |                | ····· |                  |
|   |              |                  |             |                          | <mark>.</mark> |                | ····· |                  |
|   |              |                  |             |                          |                |                |       |                  |
|   |              |                  |             |                          | <mark>.</mark> |                | ····· |                  |
|   |              |                  |             |                          | ··             |                |       |                  |
|   |              |                  | ······      |                          | •              |                |       |                  |
|   |              |                  |             |                          |                |                |       |                  |
|   |              |                  |             |                          |                |                |       |                  |
|   |              |                  |             |                          |                |                |       |                  |
|   |              |                  |             |                          |                |                |       |                  |
|   |              |                  |             |                          |                |                |       |                  |
| Total DSEs  |              |                  | 0.00        | Total DSEs               |                |                | 0.00  |                  |
| Gross Receipts Third G  | roup         | \$               | 0.00        | Gross Receipts Fourth    | Group          | \$             | 0.00  |                  |
|   |              |                  |             |                          |                |                |       |                  |
| Base Rate Fee Third G   | roup         | \$               | 0.00        | Base Rate Fee Fourth     | Group          | \$             | 0.00  |                  |
|   |              |                  |             |                          |                |                |       |                  |
|   |              |                  | ber group a | as shown in the boxes ab | ove.           | e              |       |                  |
| Enter here and in block   | ວ, iine 1, s | pace L (page /)  |             |                          |                | \$             |       |                  |

## Nonpermitted 3.75 Stations

| LEGAL NAME OF OWNER<br>Foothills Rural Tel       |          |                  |             |                       |              | \$                 | SYSTEM ID#<br>62644 | Name              |
|--|----------|------------------|-------------|-----------------------|--------------|--------------------|---------------------|-------------------|
| E  | BLOCK A: | COMPUTATION OF   | BASE RA     | TE FEES FOR EAC       | CH SUBSCRI   | BER GROUP          |                     |                   |
| ONE HUNDRED FIFTY                                | -SEVENTH | SUBSCRIBER GROUP |             | ONE HUNDRED           | FIFTY-EIGHTH | I SUBSCRIBER GROUF | þ                   | 0                 |
| COMMUNITY/ AREA                                  |          |                  | 0           | COMMUNITY/ ARE        | A            |                    | 0                   | 9                 |
| CALL SIGN  | DSE      | CALL SIGN        | DSE         | CALL SIGN             | DSE          | CALL SIGN          | DSE                 | Computation<br>of |
| CALL SIGN  | DGL      | CALL SIGN        | DGL         | CALL SIGN             | DSL          |                    | DSL                 | Base Rate Fee     |
|  |          |                  |             |                       |              |                    |                     | and               |
|  |          |                  |             |                       |              |                    |                     | Syndicated        |
|  |          |                  |             |                       |              |                    |                     | Exclusivity       |
|  |          |                  |             |                       |              |                    |                     | Surcharge         |
|  |          |                  |             |                       |              |                    |                     | for               |
|  |          |                  |             |                       |              |                    |                     | Partially         |
|  |          |                  |             |                       |              |                    |                     | Distant           |
|  |          |                  |             |                       |              |                    |                     | Stations          |
|  |          |                  |             |                       |              |                    | ·····               |                   |
|  |          |                  |             |                       |              |                    |                     |                   |
|  |          |                  |             |                       |              |                    | •••••               |                   |
|  |          |                  |             |                       |              |                    |                     |                   |
|  |          |                  |             |                       |              |                    |                     |                   |
| Total DSEs                                       | ·        |                  | 0.00        | Total DSEs            |              |                    | 0.00                |                   |
| Gross Receipts First Gr                          | oup      | \$               | 0.00        | Gross Receipts Sec    | ond Group    | \$                 | 0.00                |                   |
| Base Rate Fee First Gr                           | oup      | \$               | 0.00        | Base Rate Fee Sec     | ond Group    | \$                 | 0.00                |                   |
| ONE HUNDRED FIF                                  | TY-NINTH | SUBSCRIBER GROU  | Р           | ONE HUNDF             | RED SIXTIETH | SUBSCRIBER GRO     | UP                  |                   |
| COMMUNITY/ AREA                                  |          |                  | 0           | COMMUNITY/ ARE        | Α            |                    | 0                   |                   |
| CALL SIGN  | DSE      | CALL SIGN        | DSE         | CALL SIGN             | DSE          | CALL SIGN          | DSE                 |                   |
|  |          |                  |             |                       |              |                    |                     |                   |
|  |          |                  |             |                       |              | +                  |                     |                   |
|  |          |                  |             |                       |              |                    |                     |                   |
|  |          |                  |             | •                     |              |                    |                     |                   |
|  |          |                  |             |                       |              |                    |                     |                   |
|  |          |                  |             |                       |              |                    |                     |                   |
|  |          |                  |             |                       |              |                    |                     |                   |
|  |          |                  |             |                       |              |                    |                     |                   |
|  |          |                  |             |                       |              |                    |                     |                   |
|  |          |                  |             |                       |              | ++                 |                     |                   |
|  | ·        |                  |             |                       |              | ++                 |                     |                   |
|  |          |                  |             |                       |              |                    |                     |                   |
|  |          |                  |             |                       |              |                    |                     |                   |
| Total DSEs                                       |          |                  | 0.00        | Total DSEs            |              |                    | 0.00                |                   |
| Gross Receipts Third G                           | iroup    | \$               | 0.00        | Gross Receipts Fou    | rth Group    | \$                 | 0.00                |                   |
| Base Rate Fee Third G                            | roup     | \$               | 0.00        | Base Rate Fee Fou     | rth Group    | \$                 | 0.00                |                   |
| Base Rate Fee: Add th<br>Enter here and in block |          |                  | ber group a | as shown in the boxes | above.       | \$                 |                     |                   |

L

Name

EGAL NAME OF OWNER OF CABLE SYSTEM

Foothills Rural Telephone Cooperative Corp.

If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you must also compute a 9 Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined by section 76.5 of FCC rules in effect on June 24, 1981: Computation Second 50 major television market First 50 major television market of INSTRUCTIONS: **Base Rate Fee** and Step 1: In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block A, part 9 of Syndicated this schedule. Step 2: In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were classified as Exclusivity Surcharge Exempt DSEs in block C, part 7 of this schedule. If none enter zero. Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge. for Step 4: Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this Partially Distant schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show Stations your actual calculations on this form.

| FIRST SUBSCRIBER GROUP     SECOND SUBSCRIBER GROUP       Line 1: Enter the VHF DSEs  | Line 1: Enter the VHF DSEs<br>Line 2: Enter the Exempt DSEs<br>Line 3: Subtract line 2 from line 1<br>and enter here. This is the   |
|--|---|
| Line 2: Enter the Exempt DSEs       Line 2: Enter the Exempt DSEs         Line 3: Subtract line 2 from line 1       and enter here. This is the         total number of DSEs for       this subscriber group         subject to the surcharge       computation  | Line 2: Enter the Exempt DSEs<br>Line 3: Subtract line 2 from line 1<br>and enter here. This is the   |
| Line 3: Subtract line 2 from line 1         and enter here. This is the         total number of DSEs for         this subscriber group         subject to the surcharge         computation  | Line 3: Subtract line 2 from line 1<br>and enter here. This is the  |
| and enter here. This is the       and enter here. This is the         total number of DSEs for       total number of DSEs for         this subscriber group       subject to the surcharge         computation   | and enter here. This is the   |
| THIRD SUBSCRIBER GROUP       FOURTH SUBSCRIBER GROUP         Line 1: Enter the VHF DSEs       Line 1: Enter the VHF DSEs         Line 2: Enter the Exempt DSEs       Line 1: Enter the VHF DSEs         Line 3: Subtract line 2 from line 1       Line 3: Subtract line 2 from line 1         and enter here. This is the       Line 3: Subtract line 2 from line 1         and enter here. This is the       Line 3: Subtract line 2 from line 1         subject to the surcharge       computation | subject to the surcharge<br>computation   |
| Line 1: Enter the VHF DSEs   | Second Group  |
| Line 2: Enter the Exempt DSEs.       Line 2: Enter the Exempt DSEs.         Line 3: Subtract line 2 from line 1       and enter here. This is the         and enter here. This is the       total number of DSEs for         this subscriber group       subject to the surcharge         computation       -         SYNDICATED EXCLUSIVITY       SYNDICATED EXCLUSIVITY         SURCHARGE       Line 2: Enter the Exempt DSEs.   | FOURTH SUBSCRIBER GROUP   |
|  | Line 2: Enter the Exempt DSEs<br>Line 3: Subtract line 2 from line 1<br>and enter here. This is the<br>total number of DSEs for<br>this subscriber group<br>subject to the surcharge<br>computation |
| SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for e<br>in the boxes above. Enter here and in block 4, line 2 of space L (page  |   |

Name

0

LEGAL NAME OF OWNER OF CABLE SYSTEM:

Foothills Rural Telephone Cooperative Corp.

| 9             |   |  |  |  |  |  |  |  |  |
|---------------|---|--|--|--|--|--|--|--|--|
| 3             | Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined  |  |  |  |  |  |  |  |  |
|               | by section 76.5 of FCC rules in effect on June 24, 1981:  |  |  |  |  |  |  |  |  |
| Computation   |   |  |  |  |  |  |  |  |  |
| of            | ☐ First 50 major television market ☐ Second 50 major television market  |  |  |  |  |  |  |  |  |
| Base Rate Fee | INSTRUCTIONS:   |  |  |  |  |  |  |  |  |
| and           | Step 1: In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block A, part 9 of |  |  |  |  |  |  |  |  |
| Syndicated    | this schedule.  |  |  |  |  |  |  |  |  |
| Exclusivity   | Step 2: In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were classified as   |  |  |  |  |  |  |  |  |
| Surcharge     | Exempt DSEs in block C, part 7 of this schedule. If none enter zero.  |  |  |  |  |  |  |  |  |
| for           | Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge.                     |  |  |  |  |  |  |  |  |
| Partially     | Step 4: Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this     |  |  |  |  |  |  |  |  |
| Distant       | schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show        |  |  |  |  |  |  |  |  |
| Stations      | your actual calculations on this form.  |  |  |  |  |  |  |  |  |
|               |   |  |  |  |  |  |  |  |  |

| Line 1: Enter the VHF DSEs       Line 1: Enter the VHF DSEs         Line 2: Enter the Exempt DSEs       Line 2: Enter the Exempt DSEs         Line 3: Subtract line 2 from line 1       and enter here. This is the         total number of DSEs for       this subscriber group         subject to the surcharge       computation         computation | FIFTH SUBSCRIBER G  | ROUP                          | SIXTH SUBSCRIBE   | R GROUP |
|---|---|-------------------------------|---|---------|
| Line 3: Subtract line 2 from line 1<br>and enter here. This is the<br>total number of DSEs for<br>this subscriber group<br>subject to the surcharge<br>computation  | Line 1: Enter the VHF DSEs  |                               | Line 1: Enter the VHF DSEs  |         |
| Line 3: Subtract line 2 from line 1<br>and enter here. This is the<br>total number of DSEs for<br>this subscriber group<br>subject to the surcharge<br>computation  | Line 2: Enter the Exempt DSEs   |                               | Line 2: Enter the Exempt DSEs   |         |
| SURCHARGE       First Group   | and enter here. This is the<br>total number of DSEs for<br>this subscriber group<br>subject to the surcharge  |                               | Line 3: Subtract line 2 from line 1<br>and enter here. This is the<br>total number of DSEs for<br>this subscriber group<br>subject to the surcharge   |         |
| First Group       \$       Second Group       \$         SEVENTH SUBSCRIBER GROUP       EIGHTH SUBSCRIBER GROUP         Line 1: Enter the VHF DSEs  |   |                               |   |         |
| Line 1: Enter the VHF DSEs  |   | \$                            |   | \$      |
| Line 2: Enter the Exempt DSEs       Line 2: Enter the Exempt DSEs         Line 3: Subtract line 2 from line 1       and enter here. This is the         and enter here. This is the       total number of DSEs for         this subscriber group       subject to the surcharge         computation   | SEVENTH SUBSCRIBER  | GROUP                         | EIGHTH SUBSCRIBE  | R GROUP |
| SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown in the boxes above. Enter here and in block 4, line 2 of space L (page 7)  | Line 2: Enter the Exempt DSEs<br>Line 3: Subtract line 2 from line 1<br>and enter here. This is the<br>total number of DSEs for<br>this subscriber group<br>subject to the surcharge<br>computation | RGE: Add the surcharge for ea | Line 2: Enter the Exempt DSEs<br>Line 3: Subtract line 2 from line 1<br>and enter here. This is the<br>total number of DSEs for<br>this subscriber group<br>subject to the surcharge<br>computation |         |

Name

0

LEGAL NAME OF OWNER OF CABLE SYSTEM:

Foothills Rural Telephone Cooperative Corp.

| 9             | Surdicated Evaluation Surphases Indicate which mainstalevision market any nation of your cable over the located in conditioned      |  |  |  |  |  |  |
|---------------|---|--|--|--|--|--|--|
| •             | Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined  |  |  |  |  |  |  |
|               | by section 76.5 of FCC rules in effect on June 24, 1981:  |  |  |  |  |  |  |
| Computation   |   |  |  |  |  |  |  |
| of            | ☐ First 50 major television market ☐ Second 50 major television market  |  |  |  |  |  |  |
| Base Rate Fee | INSTRUCTIONS:   |  |  |  |  |  |  |
| and           | Step 1: In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block A, part 9 of |  |  |  |  |  |  |
| Syndicated    | this schedule.  |  |  |  |  |  |  |
| Exclusivity   | Step 2: In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were classified as   |  |  |  |  |  |  |
| Surcharge     | Exempt DSEs in block C, part 7 of this schedule. If none enter zero.  |  |  |  |  |  |  |
| for           | Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge.                     |  |  |  |  |  |  |
| Partially     | Step 4: Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this     |  |  |  |  |  |  |
| Distant       | schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show        |  |  |  |  |  |  |
| Stations      | your actual calculations on this form.  |  |  |  |  |  |  |
|               |   |  |  |  |  |  |  |

| NINTH SUBSCRIBER GROUP   | TENTH SUBSCRIBER GROUP   |
|--|--|
| Line 1: Enter the VHF DSEs   | Line 1: Enter the VHF DSEs   |
| Line 2: Enter the Exempt DSEs  | Line 2: Enter the Exempt DSEs  |
| Line 3: Subtract line 2 from line 1<br>and enter here. This is the<br>total number of DSEs for<br>this subscriber group<br>subject to the surcharge<br>computation | Line 3: Subtract line 2 from line 1<br>and enter here. This is the<br>total number of DSEs for<br>this subscriber group<br>subject to the surcharge<br>computation |
| SYNDICATED EXCLUSIVITY<br>SURCHARGE<br>First Group   | SYNDICATED EXCLUSIVITY<br>SURCHARGE<br>Second Group  |
| ELEVENTH SUBSCRIBER GROUP  | TWELVTH SUBSCRIBER GROUP   |
| Line 1: Enter the VHF DSEs   | Line 1: Enter the VHF DSEs   |
| in the boxes above. Enter here and in block 4, line 2 of space L (page   | \$   |

|  | LEGAL NAME OF OWNER OF CABLE SYSTEM:   | SYSTEM ID#   |  |
|--|--|--|--|
| Name   | Foothills Rural Telephone Cooperative Corp.  |  |  |
|  | BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP   |  |  |
| 9  | If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you must also compute a Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined   |  |  |
| Computation  | by section 76.5 of FCC rules in effect on June 24, 1981:   |  |  |
| of<br>Base Rate Fee  | First 50 major television market INSTRUCTIONS:   | Second 50 major television market  |  |
| and<br>Syndicated<br>Exclusivity<br>Surcharge<br>for<br>Partially<br>Distant<br>Stations | <ul> <li>In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block A, part 9 of this schedule.</li> <li>In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were classified as Exempt DSEs in block C, part 7 of this schedule. If none enter zero.</li> <li>In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge.</li> <li>Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show your actual calculations on this form.</li> </ul> |  |  |
|  |  |  |  |
|  | THIRTEENTH SUBSCRIBER GROUP  | FOURTEENTH SUBSCRIBER GROUP  |  |
|  | Line 1: Enter the VHF DSEs   | Line 1: Enter the VHF DSEs   |  |
|  | Line 2: Enter the Exempt DSEs  | Line 2: Enter the Exempt DSEs  |  |
|  | Line 3: Subtract line 2 from line 1<br>and enter here. This is the<br>total number of DSEs for<br>this subscriber group<br>subject to the surcharge<br>computation   | Line 3: Subtract line 2 from line 1<br>and enter here. This is the<br>total number of DSEs for<br>this subscriber group<br>subject to the surcharge<br>computation |  |
|  | SURCHARGE<br>First Group   | SURCHARGE<br>Second Group  |  |
|  | FIFTEENTH SUBSCRIBER GROUP   | SIXTEENTH SUBSCRIBER GROUP   |  |
|  | Line 1: Enter the VHF DSEs   | Line 1: Enter the VHF DSEs   |  |
|  | Line 2: Enter the Exempt DSEs  | Line 2: Enter the Exempt DSEs  |  |
|  | Line 3: Subtract line 2 from line 1<br>and enter here. This is the<br>total number of DSEs for<br>this subscriber group<br>subject to the surcharge<br>computation   | Line 3: Subtract line 2 from line 1<br>and enter here. This is the<br>total number of DSEs for<br>this subscriber group<br>subject to the surcharge<br>computation |  |
|  | SYNDICATED EXCLUSIVITY<br>SURCHARGE<br>Third Group   | SYNDICATED EXCLUSIVITY SURCHARGE Fourth Group  |  |
|  | SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for e<br>in the boxes above. Enter here and in block 4, line 2 of space L (page  |  |  |
|  |  |  |  |
|  |  |  |  |

|  | LEGAL NAME OF OWNER OF CABLE SYSTEM:   | SYSTEM ID#  |
|--|--|---|
| Name   | Foothills Rural Telephone Cooperative Corp.  | 62644   |
|  | BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIV  | /ITY SURCHARGE FOR EACH SUBSCRIBER GROUP  |
| 9  | If your cable system is located within a top 100 television market and the<br>Syndicated Exclusivity Surcharge. Indicate which major television market<br>by section 76.5 of FCC rules in effect on June 24, 1981:   |   |
| Computation<br>of                                    |  | ] Second 50 major television market   |
| Base Rate Fee  | INSTRUCTIONS:  |   |
| and<br>Syndicated<br>Exclusivity<br>Surcharge<br>for | <ul> <li>Step 1: In line 1, give the total DSEs by subscriber group for commerci this schedule.</li> <li>Step 2: In line 2, give the total number of DSEs by subscriber group for Exempt DSEs in block C, part 7 of this schedule. If none enter z</li> <li>Step 3: In line 3, subtract line 2 from line 1. This is the total number of I</li> </ul> | the VHF Grade B contour stations that were classified as<br>ero.<br>DSEs used to compute the surcharge.   |
| Partially<br>Distant<br>Stations                     | Step 4: Compute the surcharge for each subscriber group using the for schedule. In making this computation, use gross receipts figurer your actual calculations on this form.  |   |
|  | SEVENTEENTH SUBSCRIBER GROUP   | EIGHTEENTH SUBSCRIBER GROUP   |
|  | Line 1: Enter the VHF DSEs   | Line 1: Enter the VHF DSEs  |
|  | Line 2: Enter the Exempt DSEs  | Line 2: Enter the Exempt DSEs   |
|  | Line 2: Enter the Exempt DSEs<br>Line 3: Subtract line 2 from line 1<br>and enter here. This is the<br>total number of DSEs for<br>this subscriber group<br>subject to the surcharge<br>computation  | Line 2: Enter the Exempt DSES Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation |
|  | First Group  | Second Group  |
|  | NINEENTH SUBSCRIBER GROUP  | TWENTYTH SUBSCRIBER GROUP   |
|  | Line 1: Enter the VHF DSEs   | Line 1: Enter the VHF DSEs  |
|  | Line 2: Enter the Exempt DSEs  | Line 2: Enter the Exempt DSEs   |
|  | Line 3: Subtract line 2 from line 1<br>and enter here. This is the<br>total number of DSEs for<br>this subscriber group<br>subject to the surcharge<br>computation   | Line 3: Subtract line 2 from line 1<br>and enter here. This is the<br>total number of DSEs for<br>this subscriber group<br>subject to the surcharge<br>computation                |
|  | SYNDICATED EXCLUSIVITY SURCHARGE Third Group   | SYNDICATED EXCLUSIVITY SURCHARGE Fourth Group   |
|  | SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for eac<br>in the boxes above. Enter here and in block 4, line 2 of space L (page 7)   |   |
|  |  |   |
|  |  |   |

|                           | LEGAL NAME OF OWNER OF CABLE SYSTEM:   | SYSTEM ID#   |
|---------------------------|--|--|
| Name                      | Foothills Rural Telephone Cooperative Corp.  | 62644  |
|                           | BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP   |  |
| 9                         | If your cable system is located within a top 100 television market and the Syndicated Exclusivity Surcharge. Indicate which major television market by section 76.5 of FCC rules in effect on June 24, 1981: |  |
| Computation               | by section 76.5 of PCC fulles in effect on June 24, 1961.  |  |
| of<br>Base Rate Fee       | ☐ First 50 major television market INSTRUCTIONS:   | Second 50 major television market                              |
| and                       | Step 1: In line 1, give the total DSEs by subscriber group for commer  | cial VHF Grade B contour stations listed in block A, part 9 of |
| Syndicated<br>Exclusivity | this schedule.<br>Step 2: In line 2, give the total number of DSEs by subscriber group fi  | or the VHE Grade B contour stations, that were classified as   |
| Surcharge                 | Exempt DSEs in block C, part 7 of this schedule. If none enter   | zero.  |
| for<br>Partially          | Step 3: In line 3, subtract line 2 from line 1. This is the total number of<br>Step 4: Compute the surcharge for each subscriber group using the f   |  |
| Distant<br>Stations       |  | es applicable to the particular group. You do not need to show |
|                           | TWENTY-FIRST SUBSCRIBER GROUP  | TWENTY-SECOND SUBSCRIBER GROUP                                 |
|                           |  | TWENTT-SECOND SUBSCRIBER GROUP                                 |
|                           | Line 1: Enter the VHF DSEs   | Line 1: Enter the VHF DSEs                                     |
|                           | Line 2: Enter the Exempt DSEs  | Line 2: Enter the Exempt DSEs                                  |
|                           | Line 3: Subtract line 2 from line 1  | Line 3: Subtract line 2 from line 1                            |
|                           | and enter here. This is the<br>total number of DSEs for  | and enter here. This is the<br>total number of DSEs for        |
|                           | this subscriber group  | this subscriber group  |
|                           | subject to the surcharge computation   | subject to the surcharge                                       |
|                           | SYNDICATED EXCLUSIVITY   | SYNDICATED EXCLUSIVITY   |
|                           | SURCHARGE  | SURCHARGE  |
|                           | First Group  | Second Group   |
|                           | TWENTY-THIRD SUBSCRIBER GROUP  | TWENTY-FOURTH SUBSCRIBER GROUP                                 |
|                           | Line 1: Enter the VHF DSEs   | Line 1: Enter the VHF DSEs                                     |
|                           | Line 2: Enter the Exempt DSEs  | Line 2: Enter the Exempt DSEs                                  |
|                           | Line 3: Subtract line 2 from line 1  | Line 3: Subtract line 2 from line 1                            |
|                           | and enter here. This is the<br>total number of DSEs for  | and enter here. This is the<br>total number of DSEs for        |
|                           | this subscriber group  | this subscriber group  |
|                           | subject to the surcharge computation   | subject to the surcharge                                       |
|                           | SYNDICATED EXCLUSIVITY   | SYNDICATED EXCLUSIVITY   |
|                           | SURCHARGE  | SURCHARGE  |
|                           | Third Group  | Fourth Group   |
|                           | SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for ea<br>in the boxes above. Enter here and in block 4, line 2 of space L (page   |  |
|                           |  |  |
|                           |  |  |

| Name  |  | EM ID#<br>62644 |
|---|--|-----------------|
|   | BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP   |                 |
| <b>9</b><br>Computation<br>of<br>Base Rate Fee<br>and                             | If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you must also compute a Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined by section 76.5 of FCC rules in effect on June 24, 1981:  |                 |
| Syndicated<br>Exclusivity<br>Surcharge<br>for<br>Partially<br>Distant<br>Stations | <ul> <li>this schedule.</li> <li>Step 2: In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were classified as Exempt DSEs in block C, part 7 of this schedule. If none enter zero.</li> <li>Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge.</li> <li>Step 4: Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show your actual calculations on this form.</li> </ul> |                 |
|   | TWENTY-FIFTH SUBSCRIBER GROUP TWENTY-SIXTH SUBSCRIBER GROUP  |                 |
|   | Line 1: Enter the VHF DSEs   |                 |
|   | Line 2: Enter the Exempt DSEs Line 2: Enter the Exempt DSEs  |                 |
|   | Line 3: Subtract line 2 from line 1         and enter here. This is the         total number of DSEs for         this subscriber group         subject to the surcharge         computation  |                 |
|   | TWENTY-SEVENTH SUBSCRIBER GROUP TWENTY-EIGHTH SUBSCRIBER GROUP   |                 |
|   | Line 1: Enter the VHF DSEs   |                 |
|   | SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown in the boxes above. Enter here and in block 4, line 2 of space L (page 7)   |                 |

| Name                             | LEGAL NAME OF OWNER OF CABLE SYSTEM:<br>Foothills Rural Telephone Cooperative Corp.   | SYSTEM ID#<br>62644   |
|----------------------------------|---|---|
|                                  |   |   |
|                                  | BLOCK B: COMPUTATION OF SYNDICATED EXCLU  | JSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP   |
| 9                                | If your cable system is located within a top 100 television market and<br>Syndicated Exclusivity Surcharge. Indicate which major television m<br>by section 76.5 of FCC rules in effect on June 24, 1981: |   |
| Computation                      | by section 70.5 of FCC fulles in effect on June 24, 1961.   |   |
| of<br>Base Rate Fee              | First 50 major television market  | Second 50 major television market   |
| and                              | <b>Step 1:</b> In line 1, give the total DSEs by subscriber group for comm  | nercial VHF Grade B contour stations listed in block A, part 9 of   |
| Syndicated                       | this schedule.  |   |
| Exclusivity<br>Surcharge         | Step 2: In line 2, give the total number of DSEs by subscriber grou<br>Exempt DSEs in block C, part 7 of this schedule. If none en  | •   |
| for                              | Step 3: In line 3, subtract line 2 from line 1. This is the total number  | r of DSEs used to compute the surcharge.  |
| Partially<br>Distant<br>Stations | Step 4: Compute the surcharge for each subscriber group using th<br>schedule. In making this computation, use gross receipts fig<br>your actual calculations on this form.                                | e formula outlined in block D, section 3 or 4 of part 7 of this gures applicable to the particular group. You do not need to show |
|                                  |   |   |
|                                  | TWENTY-NINTH SUBSCRIBER GROUP   | THIRTIETH SUBSCRIBER GROUP  |
|                                  | Line 1: Enter the VHF DSEs  | Line 1: Enter the VHF DSEs  |
|                                  | Line 2: Enter the Exempt DSEs   | Line 2: Enter the Exempt DSEs   |
|                                  | Line 3: Subtract line 2 from line 1   | Line 3: Subtract line 2 from line 1   |
|                                  | and enter here. This is the<br>total number of DSEs for   | and enter here. This is the total number of DSEs for  |
|                                  | this subscriber group   | this subscriber group   |
|                                  | subject to the surcharge  | subject to the surcharge  |
|                                  | computation   | computation   |
|                                  | SYNDICATED EXCLUSIVITY  |   |
|                                  | SURCHARGE<br>First Group  | SURCHARGE<br>Second Group   |
|                                  |   |   |
|                                  | THIRTY-FIRST SUBSCRIBER GROUP   | THIRTY-SECOND SUBSCRIBER GROUP  |
|                                  | Line 1: Enter the VHF DSEs  | Line 1: Enter the VHF DSEs  |
|                                  | Line 2: Enter the Exempt DSEs   | Line 2: Enter the Exempt DSEs   |
|                                  | Line 3: Subtract line 2 from line 1   | Line 3: Subtract line 2 from line 1   |
|                                  | and enter here. This is the total number of DSEs for  | and enter here. This is the total number of DSEs for  |
|                                  | this subscriber group   | this subscriber group   |
|                                  | subject to the surcharge  | subject to the surcharge  |
|                                  |   |   |
|                                  | SYNDICATED EXCLUSIVITY SURCHARGE  | SYNDICATED EXCLUSIVITY SURCHARGE  |
|                                  | Third Group   | Fourth Group  |
|                                  | SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for<br>in the boxes above. Enter here and in block 4, line 2 of space L (pac  |   |
|                                  |   | ·······   |
|                                  |   |   |
|                                  |   |   |
|                                  |   |   |
|                                  |   |   |
|                                  |   |   |
|                                  |   |   |
|                                  |   |   |
|                                  |   |   |
|                                  |   |   |

| Name         Foothills Rural Tolephone Cooperative Corp.         622           9         BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP         If your cable system is located which major television market any portion of your cable system is located which major television market any portion of your cable system is located which major television market         Second 50 major television market         Image: Second 50 major television market         Second 50 major television market           and Syndicated         Exclusivity         Subscription of your cable system is located which major television market         Second 50 major television market         Second 50 major television market           Step 1: Inite J, give the total JDSE by subscriber group for commercial VHF Grade B contour stations that were classfied as torbeids.         Step 1: Inite J, give the total number of DSE is used to compute the surcharge.           Step 2: Inite J, give the total number of DSE is a durated any of the is schedule. If none enter zero.         Step 2: Inite J, give the total number of DSE is used to compute the surcharge.           Step 3: Inite J, give the total schedule DSE is subscriber group for the VHF Grade B contour stations that were classfield as torbeids.         Step 1: Inite J, give the total number of DSE is used to compute the surcharge.           Step 3: Inite J, give the total number of DSE is number of DSE is number of DSE is number of DSE is number of DSE is for the VHF DSEs.         Line 1: Enter the VHF DSEs.         Line 2: Enter the Exempt DSEs.         Line 2: Enter the Exempt DSEs.         Line 2: Enter the Exempt DSEs. |  | LEGAL NAME OF OWNER OF CABLE SYSTEM:  | SYSTEM ID#   |
|---|--|---|--|
| 9       If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you must also compute a Syndicated Exclusivity Surcharge Indicated exclusivity Surcharge television market         9       Computation 76.5 of PCC rules in effect on June 24, 1981:         9       Image: The State Fee and Syndicated Exclusivity Surcharge Television market         9       Step 1: In Itel 3; give the total DSEs by subscriber group for the VHF Grade B contour stations listed in block A, part 9 of this schedule.         Step 2: In Itel 2; give the total DSEs by subscriber group for the VHF Grade B contour stations listed in block A, part 9 of this schedule.         Step 3: In Itel 2; give the total number of DSEs by subscriber group for the VHF Grade B contour stations listed in block A, part 9 of this schedule.         Step 3: In Itel 3; subtract line 2; give the total number of DSEs up subscriber group for the VHF Grade B contour stations listed in block A, part 9 of this schedule.         Step 3: In Itel 3; subtract line 2; from line 1. This is the total number of DSEs or respits figures applicable to the surcharge.         Stations         THIRTY-THIRD SUBSCRIBER GROUP         Line 1: Enter the VHF DSEs         Line 2: Enter the VHF DSEs         Line 3: Subtract line 2 from line 1         and enthere. This is the         total number of DSEs for         this subscriber group         subject to the surcharge         computation         Strike Th   | Name   | Foothills Rural Telephone Cooperative Corp.   | 62644  |
| 9       If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you must also compute a Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined by section 76.5 of ECC rules in market         Base Rate Fee and Syndicated Exclusivity Surcharge for Partially Distant Stations       In 19, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block A, part 9 of this schedule.         Step 1: In in 2, give the total DSEs by subscriber group for the VHF Grade B contour stations listed in block A, part 9 of this schedule.       Step 3: In in 2, give the total DSEs by subscriber group for the VHF Grade B contour stations listed in block A, part 9 of this schedule.         Step 3: In in 2, give the total DSEs by subscriber group for the VHF Grade B contour stations listed in block A, part 9 of this schedule.       Step 3: In in 2, give the total nomber of DSEs used to compute the surcharge.         Step 3: In in 2, give the total computation, use gross receipts figures applicable to the surcharge.       Step 4: Compute the surcharge corporation, use gross receipts figures applicable to the surcharge.         Step 3: In in 2, subscriber group or corporate to use gross receipts figures applicable to the surcharge.       Line 1: Enter the VHF DSEs         Line 2: Enter the Exempt DSEs       Line 1: Enter the VHF DSEs       Line 2: Enter the Exempt DSEs         Line 3: Subtact line 2 from line 1 and entere. This is the total number of DSEs for this subscriber group subject to the surcharge computation                     |  | BLOCK B: COMPUTATION OF SYNDICATED EXCLUS   | SIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP   |
| Computation<br>of              Base Rise Fee<br>and<br>Syndicated<br>Exclusivity<br>Surcharge<br>or<br>Partially<br>Distant<br>Stations               If ist 50 major television market             Bec 2 is the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block A, part 9 of<br>this schedule. In marking the total number of DSEs by subscriber group for the VHF Grade B contour stations that were classified as<br>Exclusivity<br>Surp 31 in the 3 subtract the total number of DSEs by subscriber group on the VHF Grade B contour stations that were classified as<br>Exclusivity<br>Exernation to the surcharge for each subscriber group using the formula outlined in block 0, section 3 or 4 of part 7 of this<br>schedule. In marking this computation, use gross receipts figures applicable to the particular group. You do not need to show<br>your actual calculations on this form.                  THRTY-THIRD SUBSCRIBER GROUP               THRTY-FOURTH SUBSCRIBER GROUP                 Line 1: Enter the VHF DSEs              Line 2: Enter the Exempt DSEs or<br>this subscriber group<br>subcriber group<br>subcriter group<br>subcriber group<br>s   | 9  | If your cable system is located within a top 100 television market and t<br>Syndicated Exclusivity Surcharge. Indicate which major television mar   | he station is not exempt in Part 7, you must also compute a  |
| Base Rate Fee<br>and<br>Syndicated<br>Exclusivity         Image: The Turner of DSEs by subscriber group for commercial VHF Grade B contour stations listed in block A, part 9 of<br>this schedule.           Step 1: In the 1, give the total DSEs by subscriber group for the VHF Grade B contour stations listed in block A, part 9 of<br>this schedule.         Step 2: In the 1, give the total DSEs by subscriber group for the VHF Grade B contour stations listed in block A, part 9 of<br>this schedule.           Step 2: In the 2, give the total number of DSEs is used to compute the surcharge.         Step 3: In the 3, subtract line 2 form line 1. This is the total number of DSEs is<br>schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show<br>your actual calculations on this form.           THIRTY-THIRD SUBSCRIBER GROUP         THIRTY-FOURTH SUBSCRIBER GROUP           Line 1: Enter the VHF DSEs         Line 1: Enter the VHF DSEs           Line 2: Enter the Exempt DSEs for<br>this subscriber group<br>subject to the surcharge<br>computation  | -  |   | Second 50 major television market  |
| and<br>Syndicated<br>Exclusivity<br>Surcharge       Siep 1: In line 1, give the total DEEs by subscriber group for the VHF Grade B contour stations that were classified as<br>Exempt DEEs in block C, part 7 of this schedule. In making this computation, use gross receipts figures applicable to the surcharge.         Step 2: In line 3, subtract line 2 from line 1. This is the total number of DEEs used to compute the surcharge.         Step 3: In line 3, subtract line 2 from line 1. This is the total number of DEEs used to compute the surcharge.         Step 4: Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this<br>schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show<br>your actual calculations on this form.         Image: THIRTY-THIRD SUBSCRIBER GROUP       THIRTY-FOURTH SUBSCRIBER GROUP         Line 1: Enter the VHF DEEs       Line 1: Enter the VHF DEEs         Line 2: Enter the Exempt DSEs for<br>this subscriber group<br>subject to the surcharge<br>computation   |  |   |  |
| Line 1: Enter the VHF DSEs       Line 2: Enter the Exempt DSEs         Line 2: Enter the Exempt DSEs       Line 3: Subtract line 2 from line 1         and enter here. This is the       total number of DSEs for         this subscriber group       subject to the surcharge         computation  | and<br>Syndicated<br>Exclusivity<br>Surcharge<br>for<br>Partially<br>Distant | <ul> <li>Step 1: In line 1, give the total DSEs by subscriber group for commerthis schedule.</li> <li>Step 2: In line 2, give the total number of DSEs by subscriber group f Exempt DSEs in block C, part 7 of this schedule. If none enterstep 3: In line 3, subtract line 2 from line 1. This is the total number of Step 4: Compute the surcharge for each subscriber group using the schedule. In making this computation, use gross receipts figure</li> </ul> | for the VHF Grade B contour stations that were classified as<br>r zero.<br>If DSEs used to compute the surcharge.<br>formula outlined in block D, section 3 or 4 of part 7 of this |
| Line 1: Enter the VHF DSEs       Line 1: Enter the VHF DSEs         Line 2: Enter the Exempt DSEs       Line 3: Subtract line 2 from line 1         and enter here. This is the       total number of DSEs for         this subscriber group       subject to the surcharge         computation   |  |   |  |
| Line 2: Enter the Exempt DSEs       Line 2: Enter the Exempt DSEs         Line 3: Subtract line 2 from line 1<br>and enter here. This is the<br>total number of DSEs for<br>this subscriber group<br>subject to the surcharge<br>computation  |  |   |  |
| Line 3: Subtract line 2 from line 1<br>and enter here. This is the<br>total number of DSEs for<br>this subscriber group<br>subject to the surcharge<br>computation  |  | Line 1: Enter the VHF DSEs  | Line 1: Enter the VHF DSEs   |
| and enter here. This is the       and enter here. This is the         total number of DSEs for       this subscriber group         subject to the surcharge       computation         computation   |  | Line 2: Enter the Exempt DSEs   | Line 2: Enter the Exempt DSEs  |
| SYNDICATED EXCLUSIVITY       SYNDICATED EXCLUSIVITY         SURCHARGE       First Group   |  | and enter here. This is the<br>total number of DSEs for<br>this subscriber group<br>subject to the surcharge  | and enter here. This is the<br>total number of DSEs for<br>this subscriber group<br>subject to the surcharge   |
| Line 1: Enter the VHF DSEs  |  | SYNDICATED EXCLUSIVITY<br>SURCHARGE   | SYNDICATED EXCLUSIVITY SURCHARGE   |
| Line 2: Enter the Exempt DSEs         Line 3: Subtract line 2 from line 1         and enter here. This is the         total number of DSEs for         this subscriber group         subject to the surcharge         computation   |  | THIRTY-FIFTH SUBSCRIBER GROUP   | THIRTY-SIXTH SUBSCRIBER GROUP  |
| Line 3: Subtract line 2 from line 1         and enter here. This is the         total number of DSEs for         this subscriber group         subject to the surcharge         computation         SYNDICATED EXCLUSIVITY         SURCHARGE         Third Group         \$         SYNDICATED EXCLUSIVITY SURCHARGE:         Add the surcharge for each subscriber group as shown  |  | Line 1: Enter the VHF DSEs  | Line 1: Enter the VHF DSEs   |
| and enter here. This is the<br>total number of DSEs for<br>this subscriber group<br>subject to the surcharge<br>computation   |  | Line 2: Enter the Exempt DSEs   | Line 2: Enter the Exempt DSEs  |
| SYNDICATED EXCLUSIVITY       SYNDICATED EXCLUSIVITY         SURCHARGE       SURCHARGE         Third Group       Fourth Group         SYNDICATED EXCLUSIVITY       \$         SYNDICATED EXCLUSIVITY       \$  |  | and enter here. This is the<br>total number of DSEs for<br>this subscriber group<br>subject to the surcharge  | and enter here. This is the<br>total number of DSEs for<br>this subscriber group<br>subject to the surcharge   |
|   |  | SYNDICATED EXCLUSIVITY SURCHARGE  | SYNDICATED EXCLUSIVITY SURCHARGE   |
|   |  | SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for e   | ach subscriber group as shown  |

| Name  | LEGAL NAME OF OWNER OF CABLE SYSTEM:<br>Foothills Rural Telephone Cooperative Corp.   | SYSTEM ID#<br>62644   |
|---|---|---|
|   | BLOCK B: COMPUTATION OF SYNDICATED EXCLUSI  |   |
| 9   | If your cable system is located within a top 100 television market and the Syndicated Exclusivity Surcharge. Indicate which major television market   | e station is not exempt in Part 7, you must also compute a  |
| Computation<br>of   |   | Second 50 major television market   |
| Base Rate Fee<br>and<br>Syndicated<br>Exclusivity<br>Surcharge<br>for<br>Partially<br>Distant<br>Stations | <ul> <li>INSTRUCTIONS:</li> <li>Step 1: In line 1, give the total DSEs by subscriber group for commerce this schedule.</li> <li>Step 2: In line 2, give the total number of DSEs by subscriber group for Exempt DSEs in block C, part 7 of this schedule. If none enter 3:</li> <li>Step 3: In line 3, subtract line 2 from line 1. This is the total number of Step 4: Compute the surcharge for each subscriber group using the for schedule. In making this computation, use gross receipts figure your actual calculations on this form.</li> </ul> | r the VHF Grade B contour stations that were classified as<br>zero.<br>DSEs used to compute the surcharge.<br>rmula outlined in block D, section 3 or 4 of part 7 of this |
|   | THIRTY-SEVENTH SUBSCRIBER GROUP   | THIRTY-EIGHTH SUBSCRIBER GROUP  |
|   | Line 1: Enter the VHF DSEs  | Line 1: Enter the VHF DSEs  |
|   | Line 2: Enter the Exempt DSEs   | Line 2: Enter the Exempt DSEs   |
|   | Line 3: Subtract line 2 from line 1<br>and enter here. This is the<br>total number of DSEs for<br>this subscriber group<br>subject to the surcharge<br>computation  | Line 3: Subtract line 2 from line 1<br>and enter here. This is the<br>total number of DSEs for<br>this subscriber group<br>subject to the surcharge<br>computation        |
|   | SYNDICATED EXCLUSIVITY SURCHARGE First Group  | SYNDICATED EXCLUSIVITY SURCHARGE Second Group   |
|   | THIRTY-NINTH SUBSCRIBER GROUP   | FORTIETH SUBSCRIBER GROUP   |
|   | Line 1: Enter the VHF DSEs  | Line 1: Enter the VHF DSEs  |
|   | Line 2: Enter the Exempt DSEs   | Line 2: Enter the Exempt DSEs   |
|   | Line 3: Subtract line 2 from line 1<br>and enter here. This is the<br>total number of DSEs for<br>this subscriber group<br>subject to the surcharge<br>computation  | Line 3: Subtract line 2 from line 1<br>and enter here. This is the<br>total number of DSEs for<br>this subscriber group<br>subject to the surcharge<br>computation        |
|   | SYNDICATED EXCLUSIVITY SURCHARGE Third Group  | SYNDICATED EXCLUSIVITY SURCHARGE Fourth Group   |
|   | SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for ea<br>in the boxes above. Enter here and in block 4, line 2 of space L (page 7  | ch subscriber group as shown<br>)   |
|   |   |   |
|   |   |   |

|                           | LEGAL NAME OF OWNER OF CABLE SYSTEM:   | SYSTEM ID   |
|---------------------------|--|---|
| Name                      | Foothills Rural Telephone Cooperative Corp.  | 6264  |
|                           | BLOCK B: COMPUTATION OF SYNDICATED EXC   | CLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP                         |
| •                         | If your cable system is located within a top 100 television market   | and the station is not exempt in Part 7, you must also compute a      |
| 9                         |  | n market any portion of your cable system is located in as defined    |
| • • • •                   | by section 76.5 of FCC rules in effect on June 24, 1981:   |   |
| Computation<br>of         | First 50 major television market   | Second 50 major television market                                     |
| Base Rate Fee             | INSTRUCTIONS:  |   |
| and                       |  | mmercial VHF Grade B contour stations listed in block A, part 9 of    |
| Syndicated<br>Exclusivity | this schedule.<br><b>Step 2:</b> In line 2, give the total number of DSEs by subscriber gr   | roup for the VHF Grade B contour stations that were classified as     |
| Surcharge                 | Exempt DSEs in block C, part 7 of this schedule. If none   | enter zero.   |
| for<br>Partially          | Step 3: In line 3, subtract line 2 from line 1. This is the total num<br>Step 4: Compute the surcharge for each subscriber group using |   |
| Distant                   |  | s figures applicable to the particular group. You do not need to show |
| Stations                  | your actual calculations on this form.   |   |
|                           |  |   |
|                           |  |   |
|                           | FORTY-FIRST SUBSCRIBER GROUP   | FORTY-SECOND SUBSCRIBER GROUP   |
|                           | Line 1: Enter the VHF DSEs   | Line 1: Enter the VHF DSEs  |
|                           | Line 2: Enter the Exempt DSEs  | Line 2: Enter the Exempt DSEs   |
|                           | Line 3: Subtract line 2 from line 1  | Line 3: Subtract line 2 from line 1                                   |
|                           | and enter here. This is the  | and enter here. This is the   |
|                           | total number of DSEs for   | total number of DSEs for  |
|                           | this subscriber group<br>subject to the surcharge  | this subscriber group<br>subject to the surcharge                     |
|                           | computation  | computation   |
|                           | SYNDICATED EXCLUSIVITY   | SYNDICATED EXCLUSIVITY  |
|                           | SURCHARGE  | SURCHARGE   |
|                           | First Group  | Second Group \$   |
|                           |  |   |
|                           | FORTY-THIRD SUBSCRIBER GROUP   | FORTY-FOURTH SUBSCRIBER GROUP   |
|                           | Line 1: Enter the VHF DSEs   | Line 1: Enter the VHF DSEs  |
|                           | Line 2: Enter the Exempt DSEs  | Line 2: Enter the Exempt DSEs   |
|                           | Line 3: Subtract line 2 from line 1  | Line 3: Subtract line 2 from line 1                                   |
|                           | and enter here. This is the<br>total number of DSEs for  | and enter here. This is the<br>total number of DSEs for               |
|                           | this subscriber group  | this subscriber group   |
|                           | subject to the surcharge   | subject to the surcharge  |
|                           | computation  | computation   |
|                           | SYNDICATED EXCLUSIVITY   | SYNDICATED EXCLUSIVITY  |
|                           | SURCHARGE  | SURCHARGE   |
|                           | Third Group  | Fourth Group  |
|                           |  |   |
|                           | SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge  | e for each subscriber group as shown                                  |
|                           | in the boxes above. Enter here and in block 4, line 2 of space L (   |   |
|                           |  |   |
|                           |  |   |
|                           |  |   |
|                           |  |   |
|                           |  |   |
|                           |  |   |
|                           |  |   |
|                           |  |   |
|                           |  |   |
|                           |  |   |
|                           |  |   |

| Name  | LEGAL NAME OF OWNER OF CABLE SYSTEM:   | SYSTEM ID#  |
|---|--|---|
| Haille  | Foothills Rural Telephone Cooperative Corp.  | 62644   |
|   | BLOCK B: COMPUTATION OF SYNDICATED EXCLUS  | 6IVITY SURCHARGE FOR EACH SUBSCRIBER GROUP  |
| 9   | If your cable system is located within a top 100 television market and t<br>Syndicated Exclusivity Surcharge. Indicate which major television mar<br>by section 76.5 of FCC rules in effect on June 24, 1981:  |   |
| Computation   | by section 70.5 of 1 GG fulles in effect of suffer 24, 1301.   |   |
| of<br>Base Rate Fee   | First 50 major television market   | Second 50 major television market   |
| and<br>Syndicated<br>Exclusivity<br>Surcharge<br>for<br>Partially | <ul> <li>Step 1: In line 1, give the total DSEs by subscriber group for commentiation this schedule.</li> <li>Step 2: In line 2, give the total number of DSEs by subscriber group for Exempt DSEs in block C, part 7 of this schedule. If none enterent Step 3: In line 3, subtract line 2 from line 1. This is the total number of Step 4: Compute the surcharge for each subscriber group using the</li></ul> | for the VHF Grade B contour stations that were classified as<br>r zero.<br>If DSEs used to compute the surcharge. |
| Distant<br>Stations   | schedule. In making this computation, use gross receipts figu your actual calculations on this form.   | res applicable to the particular group. You do not need to show   |
|   | FORTY-FIFTH SUBSCRIBER GROUP   | FORTY-SIXTH SUBSCRIBER GROUP  |
|   | Line 1: Enter the VHF DSEs   | Line 1: Enter the VHF DSEs  |
|   | Line 2: Enter the Exempt DSEs  | Line 2: Enter the Exempt DSEs   |
|   | Line 3: Subtract line 2 from line 1<br>and enter here. This is the   | Line 3: Subtract line 2 from line 1<br>and enter here. This is the  |
|   | total number of DSEs for   | total number of DSEs for  |
|   | this subscriber group  | this subscriber group   |
|   | subject to the surcharge computation   | subject to the surcharge  |
|   | SYNDICATED EXCLUSIVITY   |   |
|   | SURCHARGE<br>First Group   | Second Group  |
|   | FORTY-SEVENTH SUBSCRIBER GROUP   | FORTY-EIGHTH SUBSCRIBER GROUP   |
|   | Line 1: Enter the VHF DSEs   | Line 1: Enter the VHF DSEs  |
|   | Line 2: Enter the Exempt DSEs  | Line 2: Enter the Exempt DSEs   |
|   | Line 3: Subtract line 2 from line 1<br>and enter here. This is the<br>total number of DSEs for   | Line 3: Subtract line 2 from line 1<br>and enter here. This is the<br>total number of DSEs for                    |
|   | this subscriber group<br>subject to the surcharge<br>computation   | this subscriber group<br>subject to the surcharge<br>computation  |
|   | SYNDICATED EXCLUSIVITY<br>SURCHARGE<br>Third Group   | SYNDICATED EXCLUSIVITY<br>SURCHARGE<br>Fourth Group   |
|   | SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for e<br>in the boxes above. Enter here and in block 4, line 2 of space L (page  |   |
|   |  |   |
|   |  |   |
|   |  |   |
|   |  |   |
|   |  |   |

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

| Name  | Foothills Rural Telephone Cooperative Corp.   | 62644  |
|---|---|--|
|   | BLOCK B: COMPUTATION OF SYNDICATED EXCLUS   | SIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP                       |
| 9   | If your cable system is located within a top 100 television market and<br>Syndicated Exclusivity Surcharge. Indicate which major television mar<br>by section 76.5 of FCC rules in effect on June 24, 1981:   |  |
| Computation<br>of   | 🗌 First 50 major television market  | Second 50 major television market                                |
| Base Rate Fee   | INSTRUCTIONS:   |  |
| and<br>Syndicated   | Step 1: In line 1, give the total DSEs by subscriber group for comme this schedule.   | ercial VHF Grade B contour stations listed in block A, part 9 of |
| Syndicated<br>Exclusivity<br>Surcharge<br>for<br>Partially<br>Distant<br>Stations | <ul> <li>Step 2: In line 2, give the total number of DSEs by subscriber group Exempt DSEs in block C, part 7 of this schedule. If none enter Step 3: In line 3, subtract line 2 from line 1. This is the total number of Step 4: Compute the surcharge for each subscriber group using the</li> </ul> | er zero.<br>of DSEs used to compute the surcharge.               |
|   | FORTY-NINTH SUBSCRIBER GROUP  | FIFTIETH SUBSCRIBER GROUP  |
|   | Line 1: Enter the VHF DSEs  | Line 1: Enter the VHF DSEs                                       |
|   | Line 2: Enter the Exempt DSEs   | Line 2: Enter the Exempt DSEs                                    |
|   | Line 3: Subtract line 2 from line 1   | Line 3: Subtract line 2 from line 1                              |
|   | and enter here. This is the<br>total number of DSEs for   | and enter here. This is the<br>total number of DSEs for          |
|   | this subscriber group   | this subscriber group  |
|   | subject to the surcharge  | subject to the surcharge   |
|   | computation   | computation  |
|   | SYNDICATED EXCLUSIVITY  | SYNDICATED EXCLUSIVITY   |
|   | SURCHARGE<br>First Group \$   | SURCHARGE  |
|   | First Group   | Second Group \$  |
|   | FIFTY-FIRST SUBSCRIBER GROUP  | FIFTY-SECOND SUBSCRIBER GROUP                                    |
|   | Line 1: Enter the VHF DSEs  | Line 1: Enter the VHF DSEs                                       |
|   | Line 2: Enter the Exempt DSEs   | Line 2: Enter the Exempt DSEs                                    |
|   | Line 3: Subtract line 2 from line 1   | Line 3: Subtract line 2 from line 1                              |
|   | and enter here. This is the<br>total number of DSEs for   | and enter here. This is the<br>total number of DSEs for          |
|   | this subscriber group   | this subscriber group  |
|   | subject to the surcharge  | subject to the surcharge   |
|   | computation   | computation  |
|   |   | SYNDICATED EXCLUSIVITY   |
|   | SURCHARGE<br>Third Group \$   | SURCHARGE<br>Fourth Group \$                                     |
|   |   |  |
|   | SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for e<br>in the boxes above. Enter here and in block 4, line 2 of space L (page   |  |
|   |   |  |
|   |   |  |
|   |   |  |
|   |   |  |
|   |   |  |
|   |   |  |
|   |   |  |
|   |   |  |
|   |   |  |

LEGAL NAME OF OWNER OF CABLE SYSTEM:

| Name  | Foothills Rural Telephone Cooperative Corp.  | 62644   |
|---|--|---|
|   | BLOCK B: COMPUTATION OF SYNDICATED EXCLUS  | SIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP                      |
| 9   | If your cable system is located within a top 100 television market and t<br>Syndicated Exclusivity Surcharge. Indicate which major television mar<br>by section 76.5 of FCC rules in effect on June 24, 1981:  |   |
| Computation<br>of   | First 50 major television market   | Second 50 major television market                               |
| Base Rate Fee   | INSTRUCTIONS:  |   |
| and   | Step 1: In line 1, give the total DSEs by subscriber group for commentation this schedule.   | rcial VHF Grade B contour stations listed in block A, part 9 of |
| Syndicated<br>Exclusivity<br>Surcharge<br>for<br>Partially<br>Distant<br>Stations | <ul> <li>Step 2: In line 2, give the total number of DSEs by subscriber group the Exempt DSEs in block C, part 7 of this schedule. If none enteres step 3: In line 3, subtract line 2 from line 1. This is the total number of Step 4: Compute the surcharge for each subscriber group using the subscriber group using th</li></ul> | r zero.<br>f DSEs used to compute the surcharge.                |
|   | FIFTY-THIRD SUBSCRIBER GROUP   | FIFTY-FOURTH SUBSCRIBER GROUP                                   |
|   |  |   |
|   | Line 1: Enter the VHF DSEs   | Line 1: Enter the VHF DSEs                                      |
|   | Line 2: Enter the Exempt DSEs  | Line 2: Enter the Exempt DSEs                                   |
|   | Line 3: Subtract line 2 from line 1  | Line 3: Subtract line 2 from line 1                             |
|   | and enter here. This is the<br>total number of DSEs for  | and enter here. This is the<br>total number of DSEs for         |
|   | this subscriber group  | this subscriber group   |
|   | subject to the surcharge   | subject to the surcharge  |
|   | computation  | computation   |
|   | SYNDICATED EXCLUSIVITY   | SYNDICATED EXCLUSIVITY  |
|   |  | Surcharge   |
|   | First Group  | Second Group \$   |
|   |  |   |
|   | FIFTY-FIFTH SUBSCRIBER GROUP   | FIFTY-SIXTH SUBSCRIBER GROUP                                    |
|   | Line 1: Enter the VHF DSEs   | Line 1: Enter the VHF DSEs                                      |
|   | Line 2: Enter the Exempt DSEs  | Line 2: Enter the Exempt DSEs                                   |
|   | Line 3: Subtract line 2 from line 1  | Line 3: Subtract line 2 from line 1                             |
|   | and enter here. This is the<br>total number of DSEs for  | and enter here. This is the<br>total number of DSEs for         |
|   | this subscriber group  | this subscriber group   |
|   | subject to the surcharge   | subject to the surcharge  |
|   | computation  | computation   |
|   |  | SYNDICATED EXCLUSIVITY  |
|   | SURCHARGE<br>Third Group   | SURCHARGE<br>Fourth Group \$                                    |
|   |  |   |
|   | SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for e<br>in the boxes above. Enter here and in block 4, line 2 of space L (page  |   |
|   |  |   |
|   |  |   |
|   |  |   |
|   |  |   |
|   |  |   |
|   |  |   |
|   |  |   |
|   |  |   |
|   | 1  |   |

|   | LEGAL NAME OF OWNER OF CABLE SYSTEM:   | SYSTEM ID#   |
|---|--|--|
| Name  | Foothills Rural Telephone Cooperative Corp.  | 62644  |
|   | BLOCK B: COMPUTATION OF SYNDICATED EXCLUS  | IVITY SURCHARGE FOR EACH SUBSCRIBER GROUP  |
| 9   | If your cable system is located within a top 100 television market and th<br>Syndicated Exclusivity Surcharge. Indicate which major television mark<br>by section 76.5 of FCC rules in effect on June 24, 1981:  | e station is not exempt in Part 7, you must also compute a   |
| Computation<br>of<br>Base Rate Fee<br>and   |  | ☐ Second 50 major television market<br>cial VHF Grade B contour stations listed in block A, part 9 of  |
| Syndicated<br>Exclusivity<br>Surcharge<br>for<br>Partially<br>Distant<br>Stations | <ul> <li>this schedule.</li> <li>Step 2: In line 2, give the total number of DSEs by subscriber group for Exempt DSEs in block C, part 7 of this schedule. If none enter Step 3: In line 3, subtract line 2 from line 1. This is the total number of Step 4: Compute the surcharge for each subscriber group using the first schedule. In making this computation, use gross receipts figure your actual calculations on this form.</li> </ul> | zero.<br>DSEs used to compute the surcharge.<br>ormula outlined in block D, section 3 or 4 of part 7 of this   |
|   | FIFTY-SEVENTH SUBSCRIBER GROUP   | FIFTY-EIGHTH SUBSCRIBER GROUP  |
|   |  |  |
|   | Line 1: Enter the VHF DSEs   | Line 1: Enter the VHF DSEs   |
|   | Line 2: Enter the Exempt DSEs  | Line 2: Enter the Exempt DSEs  |
|   | Line 3: Subtract line 2 from line 1<br>and enter here. This is the<br>total number of DSEs for<br>this subscriber group<br>subject to the surcharge<br>computation   | Line 3: Subtract line 2 from line 1<br>and enter here. This is the<br>total number of DSEs for<br>this subscriber group<br>subject to the surcharge<br>computation |
|   | SYNDICATED EXCLUSIVITY SURCHARGE First Group   | SYNDICATED EXCLUSIVITY SURCHARGE Second Group  |
|   | FIFTY-NINTH SUBSCRIBER GROUP   | SIXTIETH SUBSCRIBER GROUP  |
|   | Line 1: Enter the VHF DSEs   | Line 1: Enter the VHF DSEs   |
|   | Line 2: Enter the Exempt DSEs  | Line 2: Enter the Exempt DSEs  |
|   | Line 3: Subtract line 2 from line 1<br>and enter here. This is the<br>total number of DSEs for<br>this subscriber group<br>subject to the surcharge<br>computation   | Line 3: Subtract line 2 from line 1<br>and enter here. This is the<br>total number of DSEs for<br>this subscriber group<br>subject to the surcharge<br>computation |
|   | SYNDICATED EXCLUSIVITY SURCHARGE Third Group   | SYNDICATED EXCLUSIVITY<br>SURCHARGE<br>Fourth Group  |
|   | SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for ea<br>in the boxes above. Enter here and in block 4, line 2 of space L (page 7   |  |
|   |  |  |

| New - | LEGAL NAME OF OWNER OF CABLE SYSTEM:   | FORM SA3E. PAGE 20 SYSTEM ID:   |
|-------|--|---|
| Name  | Foothills Rural Telephone Cooperative Corp.  | 6264  |
|       | BLOCK B: COMPUTATION OF SYNDICATED E   | EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP   |
|       |  | ket and the station is not exempt in Part 7, you must also compute a sion market any portion of your cable system is located in as defined                      |
| n     | First 50 major television market   | Second 50 major television market   |
| •     | <ul> <li>INSTRUCTIONS:</li> <li>Step 1: In line 1, give the total DSEs by subscriber group for this schedule.</li> <li>Step 2: In line 2, give the total number of DSEs by subscribe Exempt DSEs in block C, part 7 of this schedule. If no Step 3: In line 3, subtract line 2 from line 1. This is the total n</li> </ul> | commercial VHF Grade B contour stations listed in block A, part 9 of<br>r group for the VHF Grade B contour stations that were classified as<br>one enter zero. |
|       | schedule. In making this computation, use gross rece<br>your actual calculations on this form.   | pipts figures applicable to the particular group. You do not need to show   |
|       | SIXTY-FIRST SUBSCRIBER GROUP   | SIXTY-SECOND SUBSCRIBER GROUP   |
|       | Line 1: Enter the VHF DSEs   | Line 1: Enter the VHF DSEs  |
|       | Line 2: Enter the Exempt DSEs  | Line 2: Enter the Exempt DSEs   |
|       | Line 3: Subtract line 2 from line 1<br>and enter here. This is the   | Line 3: Subtract line 2 from line 1<br>and enter here. This is the  |
|       | total number of DSEs for<br>this subscriber group  | total number of DSEs for<br>this subscriber group   |
|       | subject to the surcharge   | subject to the surcharge  |
|       | SYNDICATED EXCLUSIVITY SURCHARGE First Group   | computation   |
|       | SIXTY-THIRD SUBSCRIBER GROUP   | SIXTY-FOURTH SUBSCRIBER GROUP   |
|       | Line 1: Enter the VHF DSEs   | Line 1: Enter the VHF DSEs  |
|       | Line 2: Enter the Exempt DSEs  | Line 2: Enter the Exempt DSEs   |
|       | Line 3: Subtract line 2 from line 1  | Line 3: Subtract line 2 from line 1   |
|       | and enter here. This is the total number of DSEs for   | and enter here. This is the<br>total number of DSEs for   |
|       | this subscriber group<br>subject to the surcharge<br>computation   | this subscriber group<br>subject to the surcharge<br>computation  |
|       | SYNDICATED EXCLUSIVITY<br>SURCHARGE<br>Third Group   | SYNDICATED EXCLUSIVITY SURCHARGE Fourth Group   |
|       | SYNDICATED EXCLUSIVITY SURCHARGE: Add the surchar<br>in the boxes above. Enter here and in block 4, line 2 of space  |   |

|   | LEGAL NAME OF OWNER OF CABLE SYSTEM:  | FORM SA3E. PAGE 20<br>SYSTEM ID  |
|---|---|--|
| Name  | Foothills Rural Telephone Cooperative Corp.   | 6264   |
|   | BLOCK B: COMPUTATION OF SYNDICATED E  | XCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP   |
| 9   | If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you must also compute a Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined by section 76.5 of FCC rules in effect on June 24, 1981:   |  |
| omputation<br>of  | ☐ First 50 major television market  | Second 50 major television market  |
| se Rate Fee<br>and<br>Syndicated<br>Exclusivity<br>Surcharge<br>for<br>Partially<br>Distant<br>Stations | <ul> <li>INSTRUCTIONS:</li> <li>Step 1: In line 1, give the total DSEs by subscriber group for this schedule.</li> <li>Step 2: In line 2, give the total number of DSEs by subscriber Exempt DSEs in block C, part 7 of this schedule. If not Step 3: In line 3, subtract line 2 from line 1. This is the total number of Step 4: Compute the surcharge for each subscriber group us</li> </ul> | commercial VHF Grade B contour stations listed in block A, part 9 of<br>group for the VHF Grade B contour stations that were classified as<br>ne enter zero. |
|   | SIXTY-FIFTH SUBSCRIBER GROUP  | SIXTY-SIXTH SUBSCRIBER GROUP   |
|   | Line 1: Enter the VHF DSEs  | Line 1: Enter the VHF DSEs   |
|   | Line 2: Enter the Exempt DSEs   | Line 2: Enter the Exempt DSEs  |
|   | Line 3: Subtract line 2 from line 1<br>and enter here. This is the  | Line 3: Subtract line 2 from line 1<br>and enter here. This is the   |
|   | total number of DSEs for  | total number of DSEs for   |
|   | this subscriber group   | this subscriber group  |
|   | subject to the surcharge  | subject to the surcharge   |
|   |   | computation  |
|   | SYNDICATED EXCLUSIVITY SURCHARGE First Group  | SYNDICATED EXCLUSIVITY SURCHARGE Second Group  |
|   | SIXTY-SEVENTH SUBSCRIBER GROUP  | SIXTY-EIGHTH SUBSCRIBER GROUP  |
|   | Line 1: Enter the VHF DSEs  | Line 1: Enter the VHF DSEs   |
|   | Line 2: Enter the Exempt DSEs   | Line 2: Enter the Exempt DSEs  |
|   | Line 3: Subtract line 2 from line 1   | Line 3: Subtract line 2 from line 1  |
|   | and enter here. This is the<br>total number of DSEs for   | and enter here. This is the<br>total number of DSEs for  |
|   | this subscriber group   | this subscriber group  |
|   | subject to the surcharge  | subject to the surcharge   |
|   | SYNDICATED EXCLUSIVITY  | SYNDICATED EXCLUSIVITY   |
|   | SURCHARGE<br>Third Group  | SURCHARGE           Fourth Group   |
|   | SYNDICATED EXCLUSIVITY SURCHARGE: Add the surchar<br>in the boxes above. Enter here and in block 4, line 2 of space I   |  |

| Name   | LEGAL NAME OF OWNER OF CABLE SYSTEM:  | FORM SA3E. PAGE 2<br>SYSTEM ID  |
|--|---|---|
| Name   | Foothills Rural Telephone Cooperative Corp.   | 6264  |
|  | BLOCK B: COMPUTATION OF SYNDICATED E  | XCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP  |
| 9  |   | xet and the station is not exempt in Part 7, you must also compute a sion market any portion of your cable system is located in as defined                      |
| nputation<br>of  | ☐ First 50 major television market  | Second 50 major television market   |
| e Rate Fee<br>and<br>ndicated<br>clusivity<br>urcharge<br>for<br>Partially | <ul> <li>INSTRUCTIONS:</li> <li>Step 1: In line 1, give the total DSEs by subscriber group for this schedule.</li> <li>Step 2: In line 2, give the total number of DSEs by subscriber Exempt DSEs in block C, part 7 of this schedule. If no Step 3: In line 3, subtract line 2 from line 1. This is the total number of the schedule.</li> </ul> | commercial VHF Grade B contour stations listed in block A, part 9 of<br>r group for the VHF Grade B contour stations that were classified as<br>one enter zero. |
| Distant  |   | ipts figures applicable to the particular group. You do not need to show  |
|  | SIXTY-NINTH SUBSCRIBER GROUP  | SEVENTIETH SUBSCRIBER GROUP   |
|  | Line 1: Enter the VHF DSEs  | Line 1: Enter the VHF DSEs  |
|  | Line 2: Enter the Exempt DSEs   | Line 2: Enter the Exempt DSEs   |
|  | Line 3: Subtract line 2 from line 1<br>and enter here. This is the  | Line 3: Subtract line 2 from line 1<br>and enter here. This is the  |
|  | total number of DSEs for<br>this subscriber group   | total number of DSEs for<br>this subscriber group   |
|  | subject to the surcharge<br>computation   | subject to the surcharge  |
|  | SYNDICATED EXCLUSIVITY SURCHARGE First Group  | SYNDICATED EXCLUSIVITY SURCHARGE Second Group   |
|  | SEVENTY-FIRST SUBSCRIBER GROUP  | SEVENTY-SECOND SUBSCRIBER GROUP   |
|  | Line 1: Enter the VHF DSEs  | Line 1: Enter the VHF DSEs  |
|  | Line 2: Enter the Exempt DSEs   | Line 2: Enter the Exempt DSEs   |
|  | Line 3: Subtract line 2 from line 1<br>and enter here. This is the  | Line 3: Subtract line 2 from line 1<br>and enter here. This is the  |
|  | total number of DSEs for<br>this subscriber group<br>subject to the surcharge<br>computation  | total number of DSEs for<br>this subscriber group<br>subject to the surcharge<br>computation  |
|  | SYNDICATED EXCLUSIVITY SURCHARGE Third Group  | SYNDICATED EXCLUSIVITY SURCHARGE Fourth Group   |
|  |   | rge for each subscriber group as shown  |

|   | LEGAL NAME OF OWNER OF CABLE SYSTEM:  | FORM SA3E. PAGE 20.<br>SYSTEM ID#   |
|---|---|---|
| Name  | Foothills Rural Telephone Cooperative Corp.   | 62644   |
|   | BLOCK B: COMPUTATION OF SYNDICATED EXCLUS   | SIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP  |
| 9   | If your cable system is located within a top 100 television market and the Syndicated Exclusivity Surcharge. Indicate which major television market by section 76.5 of FCC rules in effect on June 24, 1981:  |   |
| Computation<br>of   | Eiret 50 maier television market  | Second 50 major television market   |
| Base Rate Fee<br>and<br>Syndicated<br>Exclusivity<br>Surcharge<br>for | <ul> <li>First 50 major television market</li> <li>INSTRUCTIONS:</li> <li>Step 1: In line 1, give the total DSEs by subscriber group for commer this schedule.</li> <li>Step 2: In line 2, give the total number of DSEs by subscriber group f Exempt DSEs in block C, part 7 of this schedule. If none enter</li> <li>Step 3: In line 3, subtract line 2 from line 1. This is the total number of Step 4: Compute the surpharea for each curboscies group using the formation of the surpharea for each curboscies group using the formation.</li> </ul> | rcial VHF Grade B contour stations listed in block A, part 9 of<br>for the VHF Grade B contour stations that were classified as<br>r zero.<br>f DSEs used to compute the surcharge. |
| Partially<br>Distant<br>Stations                                      | Step 4: Compute the surcharge for each subscriber group using the f<br>schedule. In making this computation, use gross receipts figur<br>your actual calculations on this form.   | res applicable to the particular group. You do not need to show   |
|   | SEVENTY-THIRD SUBSCRIBER GROUP  | SEVENTY-FOURTH SUBSCRIBER GROUP   |
|   | Line 1: Enter the VHF DSEs  | Line 1: Enter the VHF DSEs  |
|   | Line 2: Enter the Exempt DSEs   | Line 2: Enter the Exempt DSEs   |
|   | Line 3: Subtract line 2 from line 1<br>and enter here. This is the<br>total number of DSEs for  | Line 3: Subtract line 2 from line 1<br>and enter here. This is the<br>total number of DSEs for  |
|   | this subscriber group<br>subject to the surcharge<br>computation  | this subscriber group<br>subject to the surcharge<br>computation  |
|   | SYNDICATED EXCLUSIVITY<br>SURCHARGE<br>First Group  | SYNDICATED EXCLUSIVITY SURCHARGE Second Group   |
|   | SEVENTY-FIFTH SUBSCRIBER GROUP  | SEVENTY-SIXTH SUBSCRIBER GROUP  |
|   | Line 1: Enter the VHF DSEs  | Line 1: Enter the VHF DSEs  |
|   | Line 2: Enter the Exempt DSEs   | Line 2: Enter the Exempt DSEs   |
|   | Line 3: Subtract line 2 from line 1<br>and enter here. This is the<br>total number of DSEs for  | Line 3: Subtract line 2 from line 1<br>and enter here. This is the<br>total number of DSEs for  |
|   | this subscriber group<br>subject to the surcharge<br>computation  | this subscriber group<br>subject to the surcharge<br>computation  |
|   | SYNDICATED EXCLUSIVITY SURCHARGE Third Group  | SYNDICATED EXCLUSIVITY SURCHARGE Fourth Group   |
|   | SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each in the boxes above. Enter here and in block 4, line 2 of space L (page   |   |
|   |   |   |

|   | LEGAL NAME OF OWNER OF CABLE SYSTEM:  | FORM SA3E. PAGE 20.<br>SYSTEM ID#  |
|---|---|--|
| Name  | Foothills Rural Telephone Cooperative Corp.   | 62644  |
|   | BLOCK B: COMPUTATION OF SYNDICATED EXCLUS   | SIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP   |
| 9   | If your cable system is located within a top 100 television market and a<br>Syndicated Exclusivity Surcharge. Indicate which major television mar<br>by section 76.5 of FCC rules in effect on June 24, 1981: |  |
| Computation<br>of   | ☐ First 50 major television market  | ☐ Second 50 major television market  |
| Base Rate Fee<br>and       INSTRUCTIONS:         Syndicated       Step 1:       In line 1, give the total DSEs by subscriber group for com<br>this schedule.         Surcharge<br>for       Step 2:       In line 2, give the total number of DSEs by subscriber group<br>Exempt DSEs in block C, part 7 of this schedule. If none<br>Step 3:         Partially       Step 4:       Compute the surcharge for each subscriber group using |   | rcial VHF Grade B contour stations listed in block A, part 9 of<br>for the VHF Grade B contour stations that were classified as<br>r zero.<br>of DSEs used to compute the surcharge. |
|   | SEVENTY-SEVENTH SUBSCRIBER GROUP  | SEVENTY-EIGHTH SUBSCRIBER GROUP  |
|   | Line 1: Enter the VHF DSEs  | Line 1: Enter the VHF DSEs   |
|   | Line 1: Enter the Exempt DSEs   | Line 2: Enter the Exempt DSEs  |
|   | Line 3: Subtract line 2 from line 1   | Line 3: Subtract line 2 from line 1  |
|   | and enter here. This is the total number of DSEs for  | and enter here. This is the total number of DSEs for   |
|   | this subscriber group<br>subject to the surcharge<br>computation  | this subscriber group<br>subject to the surcharge<br>computation   |
|   | SYNDICATED EXCLUSIVITY SURCHARGE First Group  | SYNDICATED EXCLUSIVITY SURCHARGE Second Group  |
|   | SEVENTY-NINTH SUBSCRIBER GROUP  | EIGHTIETH SUBSCRIBER GROUP   |
|   | Line 1: Enter the VHF DSEs  | Line 1: Enter the VHF DSEs   |
|   | Line 2: Enter the Exempt DSEs<br>Line 3: Subtract line 2 from line 1<br>and enter here. This is the   | Line 2: Enter the Exempt DSEs<br>Line 3: Subtract line 2 from line 1<br>and enter here. This is the  |
|   | total number of DSEs for<br>this subscriber group<br>subject to the surcharge<br>computation  | total number of DSEs for<br>this subscriber group<br>subject to the surcharge<br>computation   |
|   | SYNDICATED EXCLUSIVITY<br>SURCHARGE<br>Third Group  | SYNDICATED EXCLUSIVITY SURCHARGE Fourth Group  |
|   | SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for e<br>in the boxes above. Enter here and in block 4, line 2 of space L (page   |  |
|   |   |  |

| Name                             |   | SYSTEM ID#   |  |
|----------------------------------|---|--|--|
|                                  | Foothills Rural Telephone Cooperative Corp.   | 62644  |  |
|                                  | BLOCK B: COMPUTATION OF SYNDICATED EXCLUS   | IVITY SURCHARGE FOR EACH SUBSCRIBER GROUP            |  |
| 9                                | If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you must also compute a<br>Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined<br>by section 76.5 of FCC rules in effect on June 24, 1981: |  |  |
| Computation                      |   |  |  |
| of<br>Base Rate Fee              | First 50 major television market  |  |  |
| and                              | INSTRUCTIONS:<br>Step 1: In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block A, part 9 of  |  |  |
| Syndicated                       | this schedule.  |  |  |
| Exclusivity<br>Surcharge         | <b>Step 2:</b> In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were classified as Exempt DSEs in block C, part 7 of this schedule. If none enter zero.   |  |  |
| for                              | Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge.   |  |  |
| Partially<br>Distant<br>Stations | Step 4: Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show your actual calculations on this form.                                   |  |  |
|                                  | EIGHTY-FIRST SUBSCRIBER GROUP   | EIGHTY-SECOND SUBSCRIBER GROUP                       |  |
|                                  |   |  |  |
|                                  | Line 1: Enter the VHF DSEs  | Line 1: Enter the VHF DSEs                           |  |
|                                  | Line 2: Enter the Exempt DSEs   | Line 2: Enter the Exempt DSEs                        |  |
|                                  | Line 3: Subtract line 2 from line 1   | Line 3: Subtract line 2 from line 1                  |  |
|                                  | and enter here. This is the<br>total number of DSEs for   | and enter here. This is the total number of DSEs for |  |
|                                  | this subscriber group   | this subscriber group                                |  |
|                                  | subject to the surcharge  | subject to the surcharge                             |  |
|                                  | computation   | computation  |  |
|                                  |   |  |  |
|                                  | SURCHARGE<br>First Group \$   | SURCHARGE<br>Second Group \$                         |  |
|                                  |   |  |  |
|                                  | EIGHTY-THIRD SUBSCRIBER GROUP   | EIGHTY-FOURTH SUBSCRIBER GROUP                       |  |
|                                  | Line 1: Enter the VHF DSEs  | Line 1: Enter the VHF DSEs                           |  |
|                                  | Line 2: Enter the Exempt DSEs   | Line 2: Enter the Exempt DSEs                        |  |
|                                  | Line 3: Subtract line 2 from line 1   | Line 3: Subtract line 2 from line 1                  |  |
|                                  | and enter here. This is the   | and enter here. This is the                          |  |
|                                  | total number of DSEs for<br>this subscriber group   | total number of DSEs for<br>this subscriber group    |  |
|                                  | subject to the surcharge  | subject to the surcharge                             |  |
|                                  | computation   | computation  |  |
|                                  |   |  |  |
|                                  | SURCHARGE<br>Third Group  | SURCHARGE<br>Fourth Group \$                         |  |
|                                  |   |  |  |
|                                  | SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for e<br>in the boxes above. Enter here and in block 4, line 2 of space L (page   |  |  |
|                                  |   |  |  |
|                                  |   |  |  |
|                                  |   |  |  |

|  | LEGAL NAME OF OWNER OF CABLE SYSTEM:  | SYSTEM ID#   |  |
|--|---|--|--|
| Name   | Foothills Rural Telephone Cooperative Corp.     62  |  |  |
|  | BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP  |  |  |
| 9  | If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you must also compute a Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined by section 76.5 of FCC rules in effect on June 24, 1981:   |  |  |
| Computation  | First 50 major talquision market  | Second 50 major talquisian market  |  |
| of<br>Base Rate Fee  | ☐ First 50 major television market INSTRUCTIONS:  | Second 50 major television market  |  |
| and<br>Syndicated<br>Exclusivity<br>Surcharge<br>for<br>Partially<br>Distant<br>Stations | Step 1: In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block A, part 9 of this schedule.         ated       Step 2: In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were classified as Exempt DSEs in block C, part 7 of this schedule. If none enter zero.         Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge.         Ily       Step 4: Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show |  |  |
|  |   |  |  |
|  | EIGHTY-FIFTH SUBSCRIBER GROUP   | EIGHTY-SIXTH SUBSCRIBER GROUP  |  |
|  | Line 1: Enter the VHF DSEs  | Line 1: Enter the VHF DSEs   |  |
|  | Line 2: Enter the Exempt DSEs   | Line 2: Enter the Exempt DSEs  |  |
|  | Line 3: Subtract line 2 from line 1<br>and enter here. This is the<br>total number of DSEs for<br>this subscriber group<br>subject to the surcharge<br>computation  | Line 3: Subtract line 2 from line 1<br>and enter here. This is the<br>total number of DSEs for<br>this subscriber group<br>subject to the surcharge<br>computation |  |
|  | SYNDICATED EXCLUSIVITY SURCHARGE First Group  | SYNDICATED EXCLUSIVITY SURCHARGE Second Group  |  |
|  | EIGHTY-SEVENTH SUBSCRIBER GROUP   | EIGHTY-EIGHTH SUBSCRIBER GROUP   |  |
|  | Line 1: Enter the VHF DSEs  | Line 1: Enter the VHF DSEs   |  |
|  | Line 2: Enter the Exempt DSEs   | Line 2: Enter the Exempt DSEs  |  |
|  | Line 3: Subtract line 2 from line 1<br>and enter here. This is the<br>total number of DSEs for<br>this subscriber group<br>subject to the surcharge<br>computation  | Line 3: Subtract line 2 from line 1<br>and enter here. This is the<br>total number of DSEs for<br>this subscriber group<br>subject to the surcharge<br>computation |  |
|  | SYNDICATED EXCLUSIVITY<br>SURCHARGE<br>Third Group  | SYNDICATED EXCLUSIVITY SURCHARGE Fourth Group  |  |
|  | SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for e<br>in the boxes above. Enter here and in block 4, line 2 of space L (page   |  |  |
|  |   |  |  |

LEGAL NAME OF OWNER OF CABLE SYSTEM:

| Name  | Foothills Rural Telephone Cooperative Corp. 626   |   |  |
|---|---|---|--|
|   | BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP  |   |  |
| 9<br>Computation  | If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you must also compute a Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined by section 76.5 of FCC rules in effect on June 24, 1981: |   |  |
| Computation<br>of   | First 50 major television market  | Second 50 major television market                 |  |
| Base Rate Fee<br>and<br>Syndicated<br>Exclusivity<br>Surcharge<br>for<br>Partially<br>Distant<br>Stations |   |   |  |
|   |   |   |  |
|   | EIGHTY-NINTH SUBSCRIBER GROUP   | NINETIETH SUBSCRIBER GROUP                        |  |
|   | Line 1: Enter the VHF DSEs  | Line 1: Enter the VHF DSEs                        |  |
|   | Line 2: Enter the Exempt DSEs   | Line 2: Enter the Exempt DSEs                     |  |
|   | Line 3: Subtract line 2 from line 1   | Line 3: Subtract line 2 from line 1               |  |
|   | and enter here. This is the<br>total number of DSEs for   | and enter here. This is the                       |  |
|   | this subscriber group   | total number of DSEs for<br>this subscriber group |  |
|   | subject to the surcharge  | subject to the surcharge                          |  |
|   | computation   | computation                                       |  |
|   | SYNDICATED EXCLUSIVITY SURCHARGE  | SYNDICATED EXCLUSIVITY<br>SURCHARGE               |  |
|   | First Group   | Second Group                                      |  |
|   | NINETY-FIRST SUBSCRIBER GROUP   | NINETY-SECOND SUBSCRIBER GROUP                    |  |
|   | Line 1: Enter the VHF DSEs  | Line 1: Enter the VHF DSEs                        |  |
|   | Line 2: Enter the Exempt DSEs   | Line 2: Enter the Exempt DSEs                     |  |
|   | Line 3: Subtract line 2 from line 1   | Line 3: Subtract line 2 from line 1               |  |
|   | and enter here. This is the   | and enter here. This is the                       |  |
|   | total number of DSEs for<br>this subscriber group   | total number of DSEs for<br>this subscriber group |  |
|   | subject to the surcharge  | subject to the surcharge                          |  |
|   | computation   | computation                                       |  |
|   | SYNDICATED EXCLUSIVITY  |   |  |
|   | SURCHARGE<br>Third Group  | SURCHARGE<br>Fourth Group                         |  |
|   |   |   |  |
|   | SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for ea<br>in the boxes above. Enter here and in block 4, line 2 of space L (page  | ach subscriber group as shown<br>7)               |  |
|   |   |   |  |
|   |   |   |  |
|   |   |   |  |
|   |   |   |  |
|   |   |   |  |
|   |   |   |  |
|   |   |   |  |
|   |   |   |  |
|   |   |   |  |

| Name                             | LEGAL NAME OF OWNER OF CABLE SYSTEM:  | SYSTEM ID#  |  |
|----------------------------------|---|---|--|
|                                  | Foothills Rural Telephone Cooperative Corp.   | 62644   |  |
|                                  | BLOCK B: COMPUTATION OF SYNDICATED EXCLU  | JSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP             |  |
| 9                                | If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you must also compute a<br>Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined<br>by section 76.5 of FCC rules in effect on June 24, 1981: |   |  |
| Computation                      | by section 76.5 of FCC rules in effect on June 24, 1961.  |   |  |
| of                               | ☐ First 50 major television market ☐ Second 50 major television market  |   |  |
| Base Rate Fee<br>and             | INSTRUCTIONS:<br>Step 1: In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block A, part 9 of  |   |  |
| Syndicated                       | this schedule.  |   |  |
| Exclusivity<br>Surcharge         | Step 2: In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were classified as   |   |  |
| for                              | Exempt DSEs in block C, part 7 of this schedule. If none enter zero.<br><b>Step 3:</b> In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge.  |   |  |
| Partially<br>Distant<br>Stations | Step 4: Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show your actual calculations on this form.                                   |   |  |
|                                  | NINETY-THIRD SUBSCRIBER GROUP   | NINETY-FOURTH SUBSCRIBER GROUP                          |  |
|                                  | Line 1: Enter the VHF DSEs  | Line 1: Enter the VHF DSEs                              |  |
|                                  | Line 2: Enter the Exempt DSEs   | Line 2: Enter the Exempt DSEs                           |  |
|                                  | Line 3: Subtract line 2 from line 1   | Line 3: Subtract line 2 from line 1                     |  |
|                                  | and enter here. This is the   | and enter here. This is the                             |  |
|                                  | total number of DSEs for<br>this subscriber group   | total number of DSEs for<br>this subscriber group       |  |
|                                  | subject to the surcharge  | subject to the surcharge                                |  |
|                                  | computation   | computation   |  |
|                                  | SYNDICATED EXCLUSIVITY  | SYNDICATED EXCLUSIVITY                                  |  |
|                                  | SURCHARGE   | SURCHARGE   |  |
|                                  | First Group   | Second Group  |  |
|                                  | NINETY-FIFTH SUBSCRIBER GROUP   | NINETY-SIXTH SUBSCRIBER GROUP                           |  |
|                                  | Line 1: Enter the VHF DSEs  | Line 1: Enter the VHF DSEs                              |  |
|                                  | Line 2: Enter the Exempt DSEs   | Line 2: Enter the Exempt DSEs                           |  |
|                                  | Line 3: Subtract line 2 from line 1   | Line 3: Subtract line 2 from line 1                     |  |
|                                  | and enter here. This is the total number of DSEs for  | and enter here. This is the<br>total number of DSEs for |  |
|                                  | this subscriber group   | this subscriber group                                   |  |
|                                  | subject to the surcharge  | subject to the surcharge                                |  |
|                                  | computation   |   |  |
|                                  | SYNDICATED EXCLUSIVITY SURCHARGE  | SYNDICATED EXCLUSIVITY SURCHARGE                        |  |
|                                  | Third Group \$  | Fourth Group  |  |
|                                  | SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for   |   |  |
|                                  | in the boxes above. Enter here and in block 4, line 2 of space L (pag   | ş   |  |
|                                  |   |   |  |
|                                  |   |   |  |
|                                  |   |   |  |
|                                  |   |   |  |
|                                  |   |   |  |
|                                  |   |   |  |
|                                  |   |   |  |
|                                  |   |   |  |

|   | LEGAL NAME OF OWNER OF CABLE SYSTEM:  | SYSTEM ID#   |  |
|---|---|--|--|
| Name  | Foothills Rural Telephone Cooperative Corp.         626   |  |  |
|   | BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP  |  |  |
| 9   | If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you must also compute a Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined by section 76.5 of FCC rules in effect on June 24, 1981:   |  |  |
| Computation<br>of   | First 50 major television market  |  |  |
| Base Rate Fee   | INSTRUCTIONS:   |  |  |
| and<br>Syndicated<br>Exclusivity<br>Surcharge<br>for<br>Partially | <ul> <li>Step 1: In line 1, give the total DSEs by subscriber group for commentiation this schedule.</li> <li>Step 2: In line 2, give the total number of DSEs by subscriber group for Exempt DSEs in block C, part 7 of this schedule. If none entered step 3: In line 3, subtract line 2 from line 1. This is the total number of Step 4: Compute the surcharge for each subscriber group using the</li></ul> | for the VHF Grade B contour stations that were classified as<br>r zero.<br>of DSEs used to compute the surcharge.<br>formula outlined in block D, section 3 or 4 of part 7 of this |  |
| Distant<br>Stations   | schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show your actual calculations on this form.   |  |  |
|   | NINETY-SEVENTH SUBSCRIBER GROUP   | NINETY-EIGHTH SUBSCRIBER GROUP   |  |
|   | Line 1: Enter the VHF DSEs  | Line 1: Enter the VHF DSEs   |  |
|   | Line 2: Enter the Exempt DSEs   | Line 2: Enter the Exempt DSEs  |  |
|   | Line 3: Subtract line 2 from line 1<br>and enter here. This is the<br>total number of DSEs for<br>this subscriber group<br>subject to the surcharge   | Line 3: Subtract line 2 from line 1<br>and enter here. This is the<br>total number of DSEs for<br>this subscriber group<br>subject to the surcharge                                |  |
|   |   |  |  |
|   | NINETY-NINTH SUBSCRIBER GROUP   | ONE HUNDREDTH SUBSCRIBER GROUP   |  |
|   | Line 1: Enter the VHF DSEs  | Line 1: Enter the VHF DSEs   |  |
|   | Line 2: Enter the Exempt DSEs   | Line 2: Enter the Exempt DSEs  |  |
|   | Line 3: Subtract line 2 from line 1<br>and enter here. This is the<br>total number of DSEs for<br>this subscriber group   | Line 3: Subtract line 2 from line 1<br>and enter here. This is the<br>total number of DSEs for<br>this subscriber group  |  |
|   | subject to the surcharge computation  | subject to the surcharge<br>computation  |  |
|   | SYNDICATED EXCLUSIVITY SURCHARGE Third Group  | SYNDICATED EXCLUSIVITY SURCHARGE Fourth Group  |  |
|   | SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for e<br>in the boxes above. Enter here and in block 4, line 2 of space L (page   |  |  |
|   |   |  |  |
|   |   |  |  |

|                           | LEGAL NAME OF OWNER OF CABLE SYSTEM:  | SYSTEM ID#                   |
|---------------------------|---|------------------------------|
| Name                      | Foothills Rural Telephone Cooperative Corp.   | 62644                        |
|                           | BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP  |                              |
| 9                         | If your cable system is located within a top 100 television market and the station is not exempt in Part 7, yo<br>Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system<br>by section 76.5 of FCC rules in effect on June 24, 1981: | -                            |
| Computation               | Eirst 50 major television market     Second 50 major television market  | kot                          |
| of<br>Base Rate Fee       | First 50 major television market     Second 50 major television market     INSTRUCTIONS:  | Ket                          |
| and                       | Step 1: In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations  | listed in block A, part 9 of |
| Syndicated<br>Exclusivity | this schedule. <b>Step 2:</b> In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour station  | s that were classified as    |
| Surcharge                 | Exempt DSEs in block C, part 7 of this schedule. If none enter zero.  |                              |
| for<br>Partially          | <ul> <li>Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surchar</li> <li>Step 4: Compute the surcharge for each subscriber group using the formula outlined in block D, section</li> </ul>  | -                            |
| Distant<br>Stations       | schedule. In making this computation, use gross receipts figures applicable to the particular group your actual calculations on this form.  |                              |
|                           | ONE HUNDERED FIRST SUBSCRIBER GROUP ONE HUNDERED SEC  | OND SUBSCRIBER GROUP         |
|                           |   |                              |
|                           | Line 1: Enter the VHF DSEs Line 1: Enter the VHF DSEs .   |                              |
|                           | Line 2: Enter the Exempt DSEs Line 2: Enter the Exempt DSE  | s                            |
|                           | Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line   |                              |
|                           | and enter here. This is the and enter here. This is total number of DSEs for total number of DSEs for   |                              |
|                           | this subscriber group this subscriber group   |                              |
|                           | subject to the surcharge subject to the surcharge   |                              |
|                           | computation   | ····· <u>·</u>               |
|                           | SYNDICATED EXCLUSIVITY     SYNDICATED EXCLUSIVITY       SURCHARGE     SURCHARGE       First Group     Second Group  | ····· <b>\$</b>              |
|                           |   |                              |
|                           | ONE HUNDERED THIRD SUBSCRIBER GROUP ONE HUNDERED FOL  | JRTH SUBSCRIBER GROUP        |
|                           | Line 1: Enter the VHF DSEs Line 1: Enter the VHF DSEs .   |                              |
|                           | Line 2: Enter the Exempt DSEs   |                              |
|                           | Line 3: Subtract line 2 from line 1<br>and enter here. This is the and enter here. This is the  |                              |
|                           | total number of DSEs for total number of DSEs for   |                              |
|                           | this subscriber group this subscriber group   |                              |
|                           | subject to the surcharge subject to the surcharge computation   |                              |
|                           | SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY   |                              |
|                           | SURCHARGE     SURCHARGE       Third Group     \$  | \$                           |
|                           | SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown<br>in the boxes above. Enter here and in block 4, line 2 of space L (page 7)   | <b>s</b>                     |

| LEGAL NAME OF OWNER OF CABLE SYSTEM:   | SYSTEM  |  |
|--|---|--|
| Foothills Rural Telephone Cooperative Corp.  | 626   |  |
| BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP   |   |  |
| If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you must also compute a Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined by section 76.5 of FCC rules in effect on June 24, 1981:  |   |  |
| First 50 major television market   | Second 50 major television market   |  |
| INSTRUCTIONS:  |   |  |
| and       Step 1: In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block A, part S         dicated       this schedule.         lusivity       Step 2: In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were classified         charge       Exempt DSEs in block C, part 7 of this schedule. If none enter zero.         for       Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge.         step 4: Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to a your actual calculations on this form. |   |  |
| ONE HUNDRED FIFTH SUBSCRIBER GROUP   | ONE HUNDRED SIXTH SUBSCRIBER GROUP  |  |
| Line 1: Enter the VHF DSEs   | Line 1: Enter the VHF DSEs  |  |
| Line 2: Enter the Exempt DSEs  | Line 2: Enter the Exempt DSEs   |  |
| Line 3: Subtract line 2 from line 1<br>and enter here. This is the<br>total number of DSEs for<br>this subscriber group<br>subject to the surcharge<br>computation   | Line 3: Subtract line 2 from line 1<br>and enter here. This is the<br>total number of DSEs for<br>this subscriber group<br>subject to the surcharge<br>computation  |  |
| SYNDICATED EXCLUSIVITY SURCHARGE First Group   | SYNDICATED EXCLUSIVITY SURCHARGE Second Group   |  |
| ONE HUNDRED SEVENTH SUBSCRIBER GROUP   | ONE HUNDRED EIGHTH SUBSCRIBER GROUP   |  |
| Line 1: Enter the VHF DSEs   | Line 1: Enter the VHF DSEs  |  |
| Line 2: Enter the Exempt DSEs  | Line 2: Enter the Exempt DSEs   |  |
| Line 3: Subtract line 2 from line 1<br>and enter here. This is the<br>total number of DSEs for<br>this subscriber group<br>subject to the surcharge  | Line 3: Subtract line 2 from line 1<br>and enter here. This is the<br>total number of DSEs for<br>this subscriber group<br>subject to the surcharge   |  |
| SYNDICATED EXCLUSIVITY SURCHARGE Third Group   | Computation SYNDICATED EXCLUSIVITY SURCHARGE Fourth Group \$  |  |
| SURCHARGE  | SURCHARGE<br>Fourth Group   |  |
|  | Foothills Rural Telephone Cooperative Corp.         BLOCK B: COMPUTATION OF SYNDICATED EXCLU         If your cable system is located within a top 100 television market and         Syndicated Exclusivity Surcharge. Indicate which major television market and         Indicate which major television market and         Indicate which major television market         INSTRUCTIONS:         Step 1: In line 1, give the total DSEs by subscriber group for comments this schedule.         Step 2: In line 2, give the total number of DSEs by subscriber group Exempt DSEs in block C, part 7 of this schedule. If none enter Step 3: In line 3, subtract line 2 from line 1. This is the total number of Step 4: Compute the surcharge for each subscriber group using the schedule. In making this computation, use gross receipts figure your actual calculations on this form.         ONE HUNDRED FIFTH SUBSCRIBER GROUP         Line 1: Enter the VHF DSEs         Line 2: Enter the Exempt DSEs for this subscriber group subject to the surcharge computation |  |

| Name Foothills Rural Telephone Cooperative Corp.   | 62644        |
|--|--------------|
|  | 02044        |
| BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCR   | RIBER GROUP  |
| 9 If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you must also c Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in a by section 76.5 of FCC rules in effect on June 24, 1981: | -            |
| Computation  |              |
| of First 50 major television market Second 50 major television market  |              |
| and Step 1: In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block A   | A, part 9 of |
| Syndicated         this schedule.           Exclusivity         Step 2:         In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were cl   | lassified as |
| Surcharge Exempt DSEs in block C, part 7 of this schedule. If none enter zero.   |              |
| for         Step 3:         In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge.           Partially         Step 4:         Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7                  | 7 of this    |
| Distant       schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not r         Stations       your actual calculations on this form.  |              |
| ONE HUNDRED NINTH SUBSCRIBER GROUP ONE HUNDRED TENTH SUBSCRI   | IBER GROUP   |
|  |              |
| Line 1: Enter the VHF DSEs   |              |
| Line 2: Enter the Exempt DSEs Line 2: Enter the Exempt DSEs  |              |
| Line 3: Subtract line 2 from line 1<br>and enter here. This is the and enter here. This is the   |              |
| total number of DSEs for total number of DSEs for  |              |
| this subscriber group this subscriber group  |              |
| subject to the surcharge subject to the surcharge  |              |
|  |              |
| SYNDICATED EXCLUSIVITY     SYNDICATED EXCLUSIVITY       SURCHARGE     SURCHARGE       First Group     \$   |              |
|  |              |
| ONE HUNDRED ELEVENTH SUBSCRIBER GROUP ONE HUNDRED TWELVTH SUBSCR   | RIBER GROUP  |
| Line 1: Enter the VHF DSEs   |              |
| Line 2: Enter the Exempt DSEs  |              |
| Line 3: Subtract line 2 from line 1<br>and enter here. This is the and enter here. This is the   |              |
| total number of DSEs for total number of DSEs for  |              |
| this subscriber group this subscriber group  |              |
| subject to the surcharge     subject to the surcharge       computation     -       computation     -  | -            |
| SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY  |              |
| SURCHARGE SURCHARGE  |              |
| Third Group  |              |
| SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown in the boxes above. Enter here and in block 4, line 2 of space L (page 7)   |              |
|  |              |
|  |              |
|  |              |
|  |              |
|  |              |
|  |              |

| Name                     | LEGAL NAME OF OWNER OF CABLE SYSTEM:   | SYSTEM ID#   |
|--------------------------|--|--|
|                          | Foothills Rural Telephone Cooperative Corp.  | 62644  |
|                          | BLOCK B: COMPUTATION OF SYNDICATED EXCLU   | SIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP                       |
| 9                        | If your cable system is located within a top 100 television market and<br>Syndicated Exclusivity Surcharge. Indicate which major television ma<br>by section 76.5 of FCC rules in effect on June 24, 1981: |  |
| Computation              |  |  |
| of<br>Base Rate Fee      | ☐ First 50 major television market INSTRUCTIONS:   | Second 50 major television market                                |
| and                      | <b>Step 1:</b> In line 1, give the total DSEs by subscriber group for comme  | ercial VHF Grade B contour stations listed in block A, part 9 of |
| Syndicated               | this schedule.   |  |
| Exclusivity<br>Surcharge | Step 2: In line 2, give the total number of DSEs by subscriber group<br>Exempt DSEs in block C, part 7 of this schedule. If none enter   |  |
| for                      | <b>Step 3:</b> In line 3, subtract line 2 from line 1. This is the total number  |  |
| Partially                | Step 4: Compute the surcharge for each subscriber group using the  | -  |
| Distant<br>Stations      | schedule. In making this computation, use gross receipts figure<br>your actual calculations on this form.  | ures applicable to the particular group. You do not need to show |
| Stations                 | your actual calculations on this form.   |  |
|                          |  |  |
|                          |  | 11   |
|                          | ONE HUNDRED THIRTEENTH SUBSCRIBER GROUP  | ONE HUNDRED FOURTEENTH SUBSCRIBER GROUP                          |
|                          | Line 1: Enter the VHF DSEs   | Line 1: Enter the VHF DSEs                                       |
|                          | Line 2: Enter the Exempt DSEs  | Line 2: Enter the Exempt DSEs                                    |
|                          | Line 3: Subtract line 2 from line 1  | Line 3: Subtract line 2 from line 1                              |
|                          | and enter here. This is the  | and enter here. This is the                                      |
|                          | total number of DSEs for<br>this subscriber group  | total number of DSEs for<br>this subscriber group                |
|                          | subject to the surcharge   | subject to the surcharge   |
|                          | computation  | computation  |
|                          | SYNDICATED EXCLUSIVITY   | SYNDICATED EXCLUSIVITY   |
|                          | SURCHARGE  | SURCHARGE  |
|                          | First Group  | Second Group \$  |
|                          |  |  |
|                          | ONE HUNDRED FIFTEENTH SUBSCRIBER GROUP   | ONE HUNDRED SIXTEENTH SUBSCRIBER GROUP                           |
|                          | Line 1: Enter the VHF DSEs   | Line 1: Enter the VHF DSEs                                       |
|                          | Line 2: Enter the Exempt DSEs.   | Line 2: Enter the Exempt DSEs                                    |
|                          | Line 3: Subtract line 2 from line 1  | Line 3: Subtract line 2 from line 1                              |
|                          | and enter here. This is the  | and enter here. This is the                                      |
|                          | total number of DSEs for   | total number of DSEs for   |
|                          | this subscriber group<br>subject to the surcharge  | this subscriber group<br>subject to the surcharge                |
|                          | computation  | computation  |
|                          | SYNDICATED EXCLUSIVITY   | SYNDICATED EXCLUSIVITY   |
|                          | SURCHARGE  | SURCHARGE  |
|                          | Third Group  | Fourth Group   |
|                          |  |  |
|                          |  |  |
|                          | SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for<br>in the boxes above. Enter here and in block 4, line 2 of space L (page  |  |
|                          |  |  |
|                          |  |  |
|                          |  |  |
|                          |  |  |
|                          |  |  |
|                          |  |  |
|                          |  |  |
|                          |  |  |
|                          |  |  |
|                          |  |  |
|                          |  |  |

| Name   | LEGAL NAME OF OWNER OF CABLE SYSTEM:   | SYSTEM ID#  |
|--|--|---|
| Name   | Foothills Rural Telephone Cooperative Corp.  | 62644   |
|  | BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP   |   |
| 9  | If your cable system is located within a top 100 television market and the Syndicated Exclusivity Surcharge. Indicate which major television marked by section 76.5 of FCC rules in effect on June 24, 1981: |   |
| Computation<br>of  | ☐ First 50 major television market   | Second 50 major television market   |
| Base Rate Fee<br>and   | INSTRUCTIONS:<br>Step 1: In line 1, give the total DSEs by subscriber group for commer   | cial VHE Grade B contour stations listed in block A part 0 of   |
| Syndicated         Exclusivity         Surcharge         for         Partially         Distant         Stations <b>Step 3:</b> In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge. <b>Step 4:</b> Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 <b>Step 4:</b> Compute |  | or the VHF Grade B contour stations that were classified as<br>zero.<br>DSEs used to compute the surcharge.<br>ormula outlined in block D, section 3 or 4 of part 7 of this |
|  |  |   |
|  | ONE HUNDRED SEVENTEENTH SUBSCRIBER GROUP   | ONE HUNDRED EIGHTEENTH SUBSCRIBER GROUP   |
|  | Line 1: Enter the VHF DSEs   | Line 1: Enter the VHF DSEs  |
|  | Line 2: Enter the Exempt DSEs  | Line 2: Enter the Exempt DSEs   |
|  | Line 3: Subtract line 2 from line 1<br>and enter here. This is the<br>total number of DSEs for<br>this subscriber group<br>subject to the surcharge<br>computation   | Line 3: Subtract line 2 from line 1<br>and enter here. This is the<br>total number of DSEs for<br>this subscriber group<br>subject to the surcharge<br>computation          |
|  | First Group  | Second Group  |
|  | Line 1: Enter the VHF DSEs   | Line 1: Enter the VHF DSEs  |
|  | Line 2: Enter the Exempt DSEs  | Line 2: Enter the Exempt DSEs   |
|  | Line 3: Subtract line 2 from line 1<br>and enter here. This is the<br>total number of DSEs for<br>this subscriber group<br>subject to the surcharge<br>computation   | Line 3: Subtract line 2 from line 1<br>and enter here. This is the<br>total number of DSEs for<br>this subscriber group<br>subject to the surcharge<br>computation          |
|  | SYNDICATED EXCLUSIVITY SURCHARGE Third Group   | SYNDICATED EXCLUSIVITY<br>SURCHARGE<br>Fourth Group   |
|  | SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each in the boxes above. Enter here and in block 4, line 2 of space L (page  |   |
|  |  |   |

|                                  | LEGAL NAME OF OWNER OF CABLE SYSTEM:   | SYSTEM   |
|----------------------------------|--|--|
| Name                             | Foothills Rural Telephone Cooperative Corp.       62   |  |
|                                  | BLOCK B: COMPUTATION OF SYNDICATED EXCL  | USIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP                        |
| 9                                | If your cable system is located within a top 100 television market an<br>Syndicated Exclusivity Surcharge. Indicate which major television m<br>by section 76.5 of FCC rules in effect on June 24, 1981: |  |
| Computation<br>of                | ☐ First 50 major television market   | Second 50 major television market                                  |
| ase Rate Fee                     | INSTRUCTIONS:  |  |
| and                              | Step 1: In line 1, give the total DSEs by subscriber group for comm  | nercial VHF Grade B contour stations listed in block A, part 9 of  |
| Syndicated<br>Exclusivity        | this schedule.<br><b>Step 2:</b> In line 2, give the total number of DSEs by subscriber grou   | p for the VHF Grade B contour stations that were classified as     |
| Surcharge                        | Exempt DSEs in block C, part 7 of this schedule. If none er  | -  |
| for                              | Step 3: In line 3, subtract line 2 from line 1. This is the total numbe  |  |
| Partially<br>Distant<br>Stations | Step 4: Compute the surcharge for each subscriber group using the schedule. In making this computation, use gross receipts fingura actual calculations on this form.                                     | gures applicable to the particular group. You do not need to show  |
|                                  | ONE HUNDRED TWENTY-FIRST SUBSCRIBER GROUP  | ONE HUNDRED TWENTY-SECOND SUBSCRIBER GROUP                         |
|                                  | Line 1: Enter the VHF DSEs   | Line 1: Enter the VHF DSEs   |
|                                  | Line 2: Enter the Exempt DSEs  | Line 2: Enter the Exempt DSEs                                      |
|                                  | Line 3: Subtract line 2 from line 1<br>and enter here. This is the   | Line 3: Subtract line 2 from line 1<br>and enter here. This is the |
|                                  | total number of DSEs for   | total number of DSEs for   |
|                                  | this subscriber group  | this subscriber group  |
|                                  | subject to the surcharge<br>computation  | subject to the surcharge<br>computation                            |
|                                  | SYNDICATED EXCLUSIVITY   | SYNDICATED EXCLUSIVITY   |
|                                  | SURCHARGE<br>First Group   | SURCHARGE<br>Second Group  |
|                                  | ONE HUNDRED TWENTY-THIRD SUBSCRIBER GROUP  | ONE HUNDRED TWENTY-FOURTH SUBSCRIBER GROUP                         |
|                                  | Line 1: Enter the VHF DSEs   | Line 1: Enter the VHF DSEs   |
|                                  | Line 2: Enter the Exempt DSEs  | Line 2: Enter the Exempt DSEs                                      |
|                                  | Line 3: Subtract line 2 from line 1  | Line 3: Subtract line 2 from line 1                                |
|                                  | and enter here. This is the<br>total number of DSEs for  | and enter here. This is the total number of DSEs for               |
|                                  | this subscriber group  | this subscriber group  |
|                                  | subject to the surcharge   | subject to the surcharge   |
|                                  | computation  | computation  |
|                                  |  |  |
|                                  | Third Group \$   | Fourth Group \$  |
|                                  | SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge fo<br>in the boxes above. Enter here and in block 4, line 2 of space L (page   |  |
|                                  | SURCHARGE<br>Third Group \$<br>SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge fo  | surcharge<br>Fourth Group \$                                       |

|  | LEGAL NAME OF OWNER OF CABLE SYSTEM:  | SYSTEM ID#   |
|--|---|--------------|
| Name   | Foothills Rural Telephone Cooperative Corp.   | 62644        |
|  | BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIB  | ER GROUP     |
| 9  | If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you must also con<br>Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as<br>by section 76.5 of FCC rules in effect on June 24, 1981: |              |
| Computation<br>of  | ☐ First 50 major television market ☐ Second 50 major television market  |              |
| Base Rate Fee  | INSTRUCTIONS:   |              |
| and<br>Syndicated<br>Exclusivity<br>Surcharge<br>for<br>Partially<br>Distant<br>Stations | Syndicated       this schedule.         Exclusivity       Step 2:         Surcharge       for         for       Step 3:         Partially       Step 4:         Distant       Schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need                      |              |
|  |   |              |
|  | ONE HUNDRED TWENTY-FIFTH SUBSCRIBER GROUP ONE HUNDRED TWENTY-SIXTH SUBSC  | RIBER GROUP  |
|  | Line 1: Enter the VHF DSEs Line 1: Enter the VHF DSEs   |              |
|  | Line 2: Enter the Exempt DSEs Line 2: Enter the Exempt DSEs   |              |
|  | Line 3: Subtract line 2 from line 1         and enter here. This is the         total number of DSEs for         this subscriber group         subject to the surcharge         computation   |              |
|  |   |              |
|  | ONE HUNDRED TWENTY-SEVENTH SUBSCRIBER GROUP ONE HUNDRED TWENTY-EIGHTH SUBSC   | CRIBER GROUP |
|  | Line 1: Enter the VHF DSEs       Line 1: Enter the VHF DSEs         Line 2: Enter the Exempt DSEs       Line 2: Enter the Exempt DSEs   |              |
|  | Line 3: Subtract line 2 from line 1       and enter here. This is the         total number of DSEs for       total number of DSEs for         this subscriber group       subject to the surcharge         computation       -  |              |
|  | SYNDICATED EXCLUSIVITY         SURCHARGE         Third Group         \$    Syndicated Exclusivity Surcharge Fourth Group        \$  |              |
|  | SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown in the boxes above. Enter here and in block 4, line 2 of space L (page 7)         \$   |              |
|  |   |              |

|                     | LEGAL NAME OF OWNER OF CABLE SYSTEM:   | SYSTEM ID#   |
|---------------------|--|--|
| Name                | Foothills Rural Telephone Cooperative Corp.         6264   |  |
|                     | BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP   |  |
| 9                   | If your cable system is located within a top 100 television market and<br>Syndicated Exclusivity Surcharge. Indicate which major television ma<br>by section 76.5 of FCC rules in effect on June 24, 1981: |  |
| Computation<br>of   | ☐ First 50 major television market   | Second 50 major television market                                |
| Base Rate Fee       | INSTRUCTIONS:  |  |
| and<br>Syndicated   | Step 1: In line 1, give the total DSEs by subscriber group for commet<br>this schedule.  | ercial VHF Grade B contour stations listed in block A, part 9 of |
| Exclusivity         | Step 2: In line 2, give the total number of DSEs by subscriber group   | for the VHF Grade B contour stations that were classified as     |
| Surcharge<br>for    | Exempt DSEs in block C, part 7 of this schedule. If none enter<br>Step 3: In line 3, subtract line 2 from line 1. This is the total number   |  |
| Partially           | <b>Step 4:</b> Compute the surcharge for each subscriber group using the   | -  |
| Distant<br>Stations |  |  |
|                     | ONE HUNDRED TWENTY-NINTH SUBSCRIBER GROUP  | ONE HUNDRED THIRTIETH SUBSCRIBER GROUP                           |
|                     | Line 1: Enter the VHF DSEs   | Line 1: Enter the VHF DSEs                                       |
|                     | Line 2: Enter the Exempt DSEs  | Line 2: Enter the Exempt DSEs                                    |
|                     | Line 3: Subtract line 2 from line 1  | Line 3: Subtract line 2 from line 1                              |
|                     | and enter here. This is the  | and enter here. This is the                                      |
|                     | total number of DSEs for<br>this subscriber group  | total number of DSEs for<br>this subscriber group                |
|                     | subject to the surcharge   | subject to the surcharge   |
|                     | computation  | computation  |
|                     | SYNDICATED EXCLUSIVITY<br>SURCHARGE<br>First Group   | SYNDICATED EXCLUSIVITY SURCHARGE Second Group                    |
|                     | ONE HUNDRED THIRTY-FIRST SUBSCRIBER GROUP  | ONE HUNDRED THIRTY-SECOND SUBSCRIBER GROUP                       |
|                     | Line 1: Enter the VHF DSEs   | Line 1: Enter the VHF DSEs                                       |
|                     | Line 2: Enter the Exempt DSEs.   | Line 2: Enter the Exempt DSEs                                    |
|                     | Line 3: Subtract line 2 from line 1  | Line 3: Subtract line 2 from line 1                              |
|                     | and enter here. This is the<br>total number of DSEs for  | and enter here. This is the<br>total number of DSEs for          |
|                     | this subscriber group  | this subscriber group  |
|                     | subject to the surcharge computation   | subject to the surcharge computation                             |
|                     | SYNDICATED EXCLUSIVITY SURCHARGE   | SYNDICATED EXCLUSIVITY SURCHARGE                                 |
|                     | Third Group  | Fourth Group   |
|                     | SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for<br>in the boxes above. Enter here and in block 4, line 2 of space L (page  |  |
|                     |  |  |
|                     |  |  |
|                     |  |  |
|                     |  |  |
|                     |  |  |

| ystem is located within a top 100 television market and<br>cclusivity Surcharge. Indicate which major television ma<br>5 of FCC rules in effect on June 24, 1981:<br>First 50 major television market<br>NS:<br>le 1, give the total DSEs by subscriber group for comme<br>chedule.<br>e 2, give the total number of DSEs by subscriber group<br>npt DSEs in block C, part 7 of this schedule. If none enter<br>e 3, subtract line 2 from line 1. This is the total number of<br>pute the surcharge for each subscriber group using the   | of DSEs used to compute the surcharge.         formula outlined in block D, section 3 or 4 of part 7 of this         ures applicable to the particular group. You do not need to show         ONE HUNDRED THIRTY-FOURTH SUBSCRIBER GROUP         Line 1: Enter the VHF DSEs         Line 2: Enter the Exempt DSEs         Line 3: Subtract line 2 from line 1  |
|---|--|
| ystem is located within a top 100 television market and<br>cclusivity Surcharge. Indicate which major television ma<br>5 of FCC rules in effect on June 24, 1981:<br>First 50 major television market<br>NS:<br>le 1, give the total DSEs by subscriber group for comme<br>chedule.<br>e 2, give the total number of DSEs by subscriber group<br>npt DSEs in block C, part 7 of this schedule. If none enter<br>e 3, subtract line 2 from line 1. This is the total number of<br>pute the surcharge for each subscriber group using the<br>dule. In making this computation, use gross receipts figure<br>actual calculations on this form.<br>NDRED THIRTY-THIRD SUBSCRIBER GROUP<br>the VHF DSEs<br>the Exempt DSEs<br>act line 2 from line 1<br>tter here. This is the | the station is not exempt in Part 7, you must also compute a rket any portion of your cable system is located in as defined  Second 50 major television market  rrcial VHF Grade B contour stations listed in block A, part 9 of for the VHF Grade B contour stations that were classified as er zero. of DSEs used to compute the surcharge. formula outlined in block D, section 3 or 4 of part 7 of this ures applicable to the particular group. You do not need to show  ONE HUNDRED THIRTY-FOURTH SUBSCRIBER GROUP Line 1: Enter the VHF DSEs Line 2: Enter the Exempt DSEs Line 3: Subtract line 2 from line 1  |
| clusivity Surcharge. Indicate which major television mains         5 of FCC rules in effect on June 24, 1981:   | Image: construction of your cable system is located in as defined         Image: construction of your cable system is located in as defined         Image: construction of your cable system is located in as defined         Image: construction of your cable system is located in as defined         Image: construction of your cable system is located in as defined         Image: construction of your cable system is located in as defined         Image: construction of your cable system is located in as defined         Image: construction of your cable system is located in block A, part 9 of         Image: construction of your stations that were classified as a structure of the part of the surcharge.         Image: construction of your cable system is located to your of the part of the particular group. You do not need to show         Image: construction of the part of the part of the part of the particular group. You do not need to show         Image: construction of the part |
| First 50 major television market  SS:  e 1, give the total DSEs by subscriber group for comme<br>chedule. e 2, give the total number of DSEs by subscriber group<br>upt DSEs in block C, part 7 of this schedule. If none enter<br>e 3, subtract line 2 from line 1. This is the total number of<br>pute the surcharge for each subscriber group using the<br>dule. In making this computation, use gross receipts figure<br>actual calculations on this form.  NDRED THIRTY-THIRD SUBSCRIBER GROUP the VHF DSEs the Exempt DSEs the Exempt DSEs act line 2 from line 1<br>ther here. This is the   | Arrial VHF Grade B contour stations listed in block A, part 9 of         for the VHF Grade B contour stations that were classified as er zero.         of DSEs used to compute the surcharge.         formula outlined in block D, section 3 or 4 of part 7 of this         irres applicable to the particular group. You do not need to show         ONE HUNDRED THIRTY-FOURTH SUBSCRIBER GROUP         Line 1: Enter the VHF DSEs         Line 2: Enter the Exempt DSEs         Line 3: Subtract line 2 from line 1  |
| NS:<br>e 1, give the total DSEs by subscriber group for comme<br>chedule.<br>e 2, give the total number of DSEs by subscriber group<br>npt DSEs in block C, part 7 of this schedule. If none enter<br>e 3, subtract line 2 from line 1. This is the total number of<br>pute the surcharge for each subscriber group using the<br>dule. In making this computation, use gross receipts figure<br>actual calculations on this form.<br>NDRED THIRTY-THIRD SUBSCRIBER GROUP<br>the VHF DSEs<br>the Exempt DSEs<br>act line 2 from line 1<br>tter here. This is the   | Arrial VHF Grade B contour stations listed in block A, part 9 of         for the VHF Grade B contour stations that were classified as er zero.         of DSEs used to compute the surcharge.         formula outlined in block D, section 3 or 4 of part 7 of this         irres applicable to the particular group. You do not need to show         ONE HUNDRED THIRTY-FOURTH SUBSCRIBER GROUP         Line 1: Enter the VHF DSEs         Line 2: Enter the Exempt DSEs         Line 3: Subtract line 2 from line 1  |
| e 1, give the total DSEs by subscriber group for comme<br>chedule.<br>e 2, give the total number of DSEs by subscriber group<br>npt DSEs in block C, part 7 of this schedule. If none ente<br>e 3, subtract line 2 from line 1. This is the total number<br>pute the surcharge for each subscriber group using the<br>dule. In making this computation, use gross receipts figu-<br>actual calculations on this form.<br>NDRED THIRTY-THIRD SUBSCRIBER GROUP<br>the VHF DSEs<br>the Exempt DSEs<br>act line 2 from line 1<br>tter here. This is the   | for the VHF Grade B contour stations that were classified as<br>er zero.<br>of DSEs used to compute the surcharge.<br>formula outlined in block D, section 3 or 4 of part 7 of this<br>irres applicable to the particular group. You do not need to show<br>ONE HUNDRED THIRTY-FOURTH SUBSCRIBER GROUP<br>Line 1: Enter the VHF DSEs<br>Line 2: Enter the Exempt DSEs<br>Line 3: Subtract line 2 from line 1   |
| chedule.<br>e 2, give the total number of DSEs by subscriber group<br>npt DSEs in block C, part 7 of this schedule. If none enter<br>e 3, subtract line 2 from line 1. This is the total number<br>pute the surcharge for each subscriber group using the<br>dule. In making this computation, use gross receipts figure<br>actual calculations on this form.<br>NDRED THIRTY-THIRD SUBSCRIBER GROUP<br>the VHF DSEs<br>the Exempt DSEs<br>act line 2 from line 1<br>ther here. This is the   | for the VHF Grade B contour stations that were classified as<br>er zero.<br>of DSEs used to compute the surcharge.<br>formula outlined in block D, section 3 or 4 of part 7 of this<br>irres applicable to the particular group. You do not need to show<br>ONE HUNDRED THIRTY-FOURTH SUBSCRIBER GROUP<br>Line 1: Enter the VHF DSEs<br>Line 2: Enter the Exempt DSEs<br>Line 3: Subtract line 2 from line 1   |
| npt DSEs in block C, part 7 of this schedule. If none entree 3, subtract line 2 from line 1. This is the total number of pute the surcharge for each subscriber group using the dule. In making this computation, use gross receipts figure actual calculations on this form.         NDRED THIRTY-THIRD SUBSCRIBER GROUP         the VHF DSEs         the Exempt DSEs         act line 2 from line 1         there. This is the  | er zero.         of DSEs used to compute the surcharge.         formula outlined in block D, section 3 or 4 of part 7 of this         ures applicable to the particular group. You do not need to show         ONE HUNDRED THIRTY-FOURTH SUBSCRIBER GROUP         Line 1: Enter the VHF DSEs         Line 2: Enter the Exempt DSEs         Line 3: Subtract line 2 from line 1   |
| e 3, subtract line 2 from line 1. This is the total number of pute the surcharge for each subscriber group using the dule. In making this computation, use gross receipts figuractual calculations on this form.          NDRED THIRTY-THIRD SUBSCRIBER GROUP         the VHF DSEs         the Exempt DSEs         act line 2 from line 1         there. This is the  | of DSEs used to compute the surcharge.         formula outlined in block D, section 3 or 4 of part 7 of this         ures applicable to the particular group. You do not need to show         ONE HUNDRED THIRTY-FOURTH SUBSCRIBER GROUP         Line 1: Enter the VHF DSEs         Line 2: Enter the Exempt DSEs         Line 3: Subtract line 2 from line 1  |
| pute the surcharge for each subscriber group using the dule. In making this computation, use gross receipts figure actual calculations on this form.          NDRED THIRTY-THIRD SUBSCRIBER GROUP         the VHF DSEs         the Exempt DSEs         act line 2 from line 1         there. This is the  | formula outlined in block D, section 3 or 4 of part 7 of this         ires applicable to the particular group. You do not need to show         ONE HUNDRED THIRTY-FOURTH SUBSCRIBER GROUP         Line 1: Enter the VHF DSEs         Line 2: Enter the Exempt DSEs         Line 3: Subtract line 2 from line 1   |
| Actual calculations on this form.   | ONE HUNDRED THIRTY-FOURTH SUBSCRIBER GROUP Line 1: Enter the VHF DSEs Line 2: Enter the Exempt DSEs Line 3: Subtract line 2 from line 1  |
| NDRED THIRTY-THIRD SUBSCRIBER GROUP the VHF DSEs the Exempt DSEs act line 2 from line 1 ther here. This is the  | Line 1: Enter the VHF DSEs   |
| the VHF DSEs<br>the Exempt DSEs<br>act line 2 from line 1<br>tter here. This is the   | Line 1: Enter the VHF DSEs   |
| the VHF DSEs<br>the Exempt DSEs<br>act line 2 from line 1<br>tter here. This is the   | Line 1: Enter the VHF DSEs   |
| the VHF DSEs<br>the Exempt DSEs<br>act line 2 from line 1<br>tter here. This is the   | Line 1: Enter the VHF DSEs   |
| the Exempt DSEs   | Line 2: Enter the Exempt DSEs<br>Line 3: Subtract line 2 from line 1   |
| act line 2 from line 1<br>ter here. This is the   | Line 3: Subtract line 2 from line 1  |
| ter here. This is the   |  |
|   |  |
| umper of DSEs for   | and enter here. This is the  |
| bscriber group  | total number of DSEs for<br>this subscriber group  |
| t to the surcharge  | subject to the surcharge   |
| itation   | computation  |
|   | SYNDICATED EXCLUSIVITY   |
|   | SURCHARGE  |
| sroup   | Second Group \$  |
|   |  |
| NDRED THIRTY-FIFTH SUBSCRIBER GROUP   | ONE HUNDRED THIRTY-SIXTH SUBSCRIBER GROUP  |
| the VHF DSEs  | Line 1: Enter the VHF DSEs   |
| the Exempt DSEs   | Line 2: Enter the Exempt DSEs  |
|   | Line 3: Subtract line 2 from line 1<br>and enter here. This is the   |
|   | total number of DSEs for   |
| bscriber group  | this subscriber group  |
| 0   | subject to the surcharge   |
| tation  | computation  |
|   | SYNDICATED EXCLUSIVITY   |
|   | SURCHARGE<br>Fourth Group  |
| sroup   | Fourth Group   |
|   | JNDRED THIRTY-FIFTH SUBSCRIBER GROUP         the VHF DSEs  |

|                                  | LEGAL NAME OF OWNER OF CABLE SYSTEM:  | SYSTEM ID#  |
|----------------------------------|---|---|
| Name                             | Foothills Rural Telephone Cooperative Corp.   | 62644   |
|                                  | BLOCK B: COMPUTATION OF SYNDICATED EXCLUS   | SIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP                      |
| 9                                | If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you must also compute a Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined                              |   |
| Computation                      | by section 76.5 of FCC rules in effect on June 24, 1981:  |   |
| of<br>Dece Data Fac              | First 50 major television market  | Second 50 major television market                               |
| Base Rate Fee<br>and             | INSTRUCTIONS:<br>Step 1: In line 1, give the total DSEs by subscriber group for comme   | rcial VHF Grade B contour stations listed in block A, part 9 of |
| Syndicated                       | this schedule.  |   |
| Exclusivity<br>Surcharge         | Step 2: In line 2, give the total number of DSEs by subscriber group<br>Exempt DSEs in block C, part 7 of this schedule. If none enter  |   |
| for                              | Step 3: In line 3, subtract line 2 from line 1. This is the total number of   | of DSEs used to compute the surcharge.                          |
| Partially<br>Distant<br>Stations | Step 4: Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show your actual calculations on this form. |   |
|                                  | ONE HUNDRED THIRTY-SEVENTH SUBSCRIBER GROUP   | ONE HUNDRED THIRTY-EIGHTH SUBSCRIBER GROUP                      |
|                                  | Line 1: Enter the VHF DSEs  | Line 1: Enter the VHF DSEs                                      |
|                                  | Line 2: Enter the Exempt DSEs   | Line 2: Enter the Exempt DSEs                                   |
|                                  | Line 3: Subtract line 2 from line 1   | Line 3: Subtract line 2 from line 1                             |
|                                  | and enter here. This is the total number of DSEs for  | and enter here. This is the<br>total number of DSEs for         |
|                                  | this subscriber group   | this subscriber group   |
|                                  | subject to the surcharge  | subject to the surcharge  |
|                                  | computation   | computation   |
|                                  | SYNDICATED EXCLUSIVITY SURCHARGE  | SYNDICATED EXCLUSIVITY SURCHARGE                                |
|                                  | First Group   | Second Group  |
|                                  |   |   |
|                                  | ONE HUNDRED THIRTY-NINTH SUBSCRIBER GROUP   | ONE HUNDRED FORTIETH SUBSCRIBER GROUP                           |
|                                  | Line 1: Enter the VHF DSEs  | Line 1: Enter the VHF DSEs                                      |
|                                  | Line 2: Enter the Exempt DSEs   | Line 2: Enter the Exempt DSEs                                   |
|                                  | Line 3: Subtract line 2 from line 1   | Line 3: Subtract line 2 from line 1                             |
|                                  | and enter here. This is the<br>total number of DSEs for   | and enter here. This is the<br>total number of DSEs for         |
|                                  | this subscriber group   | this subscriber group   |
|                                  | subject to the surcharge computation  | subject to the surcharge  |
|                                  |   |   |
|                                  | SYNDICATED EXCLUSIVITY SURCHARGE  | SYNDICATED EXCLUSIVITY SURCHARGE                                |
|                                  | Third Group   | Fourth Group  |
|                                  | SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for e<br>in the boxes above. Enter here and in block 4, line 2 of space L (page   |   |
|                                  |   |   |
|                                  |   |   |

|                                  | LEGAL NAME OF OWNER OF CABLE SYSTEM:  | SYSTEM ID#  |
|----------------------------------|---|---|
| Name                             | Foothills Rural Telephone Cooperative Corp.   | 62644   |
|                                  | BLOCK B: COMPUTATION OF SYNDICATED EXCLU  | SIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP                                    |
| 9                                | If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you must also compute a Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined by section 76.5 of FCC rules in effect on June 24, 1981: |   |
| Computation                      |   |   |
| of<br>Base Rate Fee              | First 50 major television market INSTRUCTIONS:  | Second 50 major television market   |
| and<br>Syndicated<br>Exclusivity | <ul> <li>Step 1: In line 1, give the total DSEs by subscriber group for comme this schedule.</li> <li>Step 2: In line 2, give the total number of DSEs by subscriber group</li> </ul>   |   |
| Surcharge<br>for<br>Partially    | Exempt DSEs in block C, part 7 of this schedule. If none enter<br><b>Step 3:</b> In line 3, subtract line 2 from line 1. This is the total number of<br><b>Step 4:</b> Compute the surcharge for each subscriber group using the  | er zero.<br>of DSEs used to compute the surcharge.                            |
| Distant<br>Stations              |   | ires applicable to the particular group. You do not need to show              |
|                                  | ONE HUNDRED FORTY-FIRST SUBSCRIBER GROUP  | ONE HUNDRED FORTY-SECOND SUBSCRIBER GROUP                                     |
|                                  | Line 1: Enter the VHF DSEs  | Line 1: Enter the VHF DSEs  |
|                                  | Line 2: Enter the Exempt DSEs   | Line 2: Enter the Exempt DSEs   |
|                                  | Line 3: Subtract line 2 from line 1<br>and enter here. This is the  | Line 3: Subtract line 2 from line 1<br>and enter here. This is the            |
|                                  | total number of DSEs for<br>this subscriber group<br>subject to the surcharge   | total number of DSEs for<br>this subscriber group<br>subject to the surcharge |
|                                  | computation   | computation   |
|                                  | First Group   | Second Group \$   |
|                                  | ONE HUNDRED FORTY-THIRD SUBSCRIBER GROUP  | ONE HUNDRED FORTY-FOURTH SUBSCRIBER GROUP                                     |
|                                  | Line 1: Enter the VHF DSEs  | Line 1: Enter the VHF DSEs  |
|                                  | Line 2: Enter the Exempt DSEs   | Line 2: Enter the Exempt DSEs   |
|                                  | Line 3: Subtract line 2 from line 1<br>and enter here. This is the  | Line 3: Subtract line 2 from line 1<br>and enter here. This is the            |
|                                  | total number of DSEs for<br>this subscriber group   | total number of DSEs for<br>this subscriber group                             |
|                                  | subject to the surcharge  | subject to the surcharge<br>computation                                       |
|                                  | SYNDICATED EXCLUSIVITY SURCHARGE Third Group  | SYNDICATED EXCLUSIVITY SURCHARGE Fourth Group                                 |
|                                  | SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for e<br>in the boxes above. Enter here and in block 4, line 2 of space L (page   |   |
|                                  |   |   |
|                                  |   |   |
|                                  |   |   |
|                                  |   |   |

|   | LEGAL NAME OF OWNER OF CABLE SYSTEM:   | FORM SA3E. PAGE 20.<br>SYSTEM ID#   |
|---|--|---|
| Name  | Foothills Rural Telephone Cooperative Corp.  | 62644   |
|   | BLOCK B: COMPUTATION OF SYNDICATED EXCLU   | SIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP  |
| 9   | If your cable system is located within a top 100 television market and<br>Syndicated Exclusivity Surcharge. Indicate which major television mar<br>by section 76.5 of FCC rules in effect on June 24, 1981:  |   |
| Computation<br>of   | First 50 major television market   | Second 50 major television market   |
| Base Rate Fee<br>and<br>Syndicated<br>Exclusivity<br>Surcharge<br>for<br>Partially<br>Distant<br>Stations | <ul> <li>INSTRUCTIONS:</li> <li>Step 1: In line 1, give the total DSEs by subscriber group for commethis schedule.</li> <li>Step 2: In line 2, give the total number of DSEs by subscriber group Exempt DSEs in block C, part 7 of this schedule. If none enterestep 3: In line 3, subtract line 2 from line 1. This is the total number of Step 4: Compute the surcharge for each subscriber group using the</li> </ul> | for the VHF Grade B contour stations listed in block A, part 9 of<br>for the VHF Grade B contour stations that were classified as<br>er zero.<br>of DSEs used to compute the surcharge. |
|   | ONE HUNDRED FORTY-FIFTH SUBSCRIBER GROUP   | ONE HUNDRED FORTY-SIXTH SUBSCRIBER GROUP  |
|   | Line 1: Enter the VHF DSEs   | Line 1: Enter the VHF DSEs  |
|   | Line 2: Enter the Exempt DSEs  | Line 2: Enter the Exempt DSEs   |
|   | Line 3: Subtract line 2 from line 1<br>and enter here. This is the<br>total number of DSEs for<br>this subscriber group<br>subject to the surcharge<br>computation   | Line 3: Subtract line 2 from line 1<br>and enter here. This is the<br>total number of DSEs for<br>this subscriber group<br>subject to the surcharge<br>computation                      |
|   | ONE HUNDRED FORTY-SEVENTH SUBSCRIBER GROUP   | ONE HUNDRED FORTY-EIGHTH SUBSCRIBER GROUP   |
|   | Line 1: Enter the VHF DSEs   | Line 1: Enter the VHF DSEs Line 2: Enter the Exempt DSEs  |
|   | Line 3: Subtract line 2 from line 1<br>and enter here. This is the<br>total number of DSEs for<br>this subscriber group<br>subject to the surcharge<br>computation   | Line 2: Einer the Exchipt Boes Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation      |
|   | SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for e<br>in the boxes above. Enter here and in block 4, line 2 of space L (page  |   |
|   |  |   |

|   | LEGAL NAME OF OWNER OF CABLE SYSTEM:   | SYSTEM ID#  |
|---|--|---|
| Name  | Foothills Rural Telephone Cooperative Corp.       62644  |   |
|   | BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP   |   |
| 9<br>Computation<br>of<br>Base Rate Fee<br>and  | If your cable system is located within a top 100 television market and<br>Syndicated Exclusivity Surcharge. Indicate which major television ma<br>by section 76.5 of FCC rules in effect on June 24, 1981:<br>First 50 major television market<br>INSTRUCTIONS:<br>Step 1: In line 1, give the total DSEs by subscriber group for comm | I the station is not exempt in Part 7, you must also compute a arket any portion of your cable system is located in as defined  |
| Syndicated<br>Exclusivity<br>Surcharge<br>for<br>Partially<br>Distant<br>StationsStep 2:In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour state<br>Exempt DSEs in block C, part 7 of this schedule. If none enter zero.for<br>Partially<br>Distant<br>StationsStep 3:In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the sur<br>Step 4:Compute the surcharge for each subscriber group using the formula outlined in block D, secti<br>schedule. In making this computation, use gross receipts figures applicable to the particular gr<br>your actual calculations on this form. |  | ter zero.<br>of DSEs used to compute the surcharge.<br>e formula outlined in block D, section 3 or 4 of part 7 of this  |
|   | ONE HUNDRED FORTY-NINTH SUBSCRIBER GROUP   | ONE HUNDRED FIFTIETH SUBSCRIBER GROUP   |
|   | Line 1: Enter the VHF DSEs   | Line 1: Enter the VHF DSEs  |
|   |  |   |
|   | Line 2: Enter the Exempt DSEs         Line 3: Subtract line 2 from line 1         and enter here. This is the         total number of DSEs for         this subscriber group         subject to the surcharge         computation  | Line 2: Enter the Exempt DSEs         Line 3: Subtract line 2 from line 1         and enter here. This is the         total number of DSEs for         this subscriber group         subject to the surcharge         computation |
|   | SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for<br>in the boxes above. Enter here and in block 4, line 2 of space L (page  |   |

|  | LEGAL NAME OF OWNER OF CABLE SYSTEM:   | SYSTEM ID#  |
|--|--|---|
| Name   | Foothills Rural Telephone Cooperative Corp.  | 62644   |
|  | BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP   |   |
| 9  | If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you must also compute a Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined   |   |
| Computation  | by section 76.5 of FCC rules in effect on June 24, 1981:   |   |
| of<br>Base Rate Fee                                  | First 50 major television market   | Second 50 major television market   |
| and<br>Syndicated<br>Exclusivity<br>Surcharge<br>for | <ul> <li>Step 1: In line 1, give the total DSEs by subscriber group for commutis schedule.</li> <li>Step 2: In line 2, give the total number of DSEs by subscriber group Exempt DSEs in block C, part 7 of this schedule. If none end to the schedule in the state of the schedule. If none end to the schedule is the total number of the schedule. If none end to the schedule is the total number of the schedule is the total number of the schedule.</li> </ul> | up for the VHF Grade B contour stations that were classified as nter zero.  |
| Partially<br>Distant<br>Stations                     | Step 4: Compute the surcharge for each subscriber group using t  |   |
|  | ONE HUNDRED FIFTY-THIRD SUBSCRIBER GROUP   | ONE HUNDRED FIFTY-FOURTH SUBSCRIBER GROUP   |
|  | Line 1: Enter the VHF DSEs   | Line 1: Enter the VHF DSEs  |
|  | Line 2: Enter the Exempt DSEs  | Line 2: Enter the Exempt DSEs   |
|  | Line 3: Subtract line 2 from line 1<br>and enter here. This is the<br>total number of DSEs for<br>this subscriber group<br>subject to the surcharge  | Line 3: Subtract line 2 from line 1<br>and enter here. This is the<br>total number of DSEs for<br>this subscriber group<br>subject to the surcharge |
|  | SUPPER TO the subcharge  | SYNDICATED EXCLUSIVITY SURCHARGE Second Group   |
|  |  |   |
|  | ONE HUNDRED FIFTY-FIFTH SUBSCRIBER GROUP   | ONE HUNDRED FIFTY-SIXTH SUBSCRIBER GROUP  |
|  | Line 1: Enter the VHF DSEs   | Line 1: Enter the VHF DSEs  |
|  | Line 3: Subtract line 2 from line 1  | Line 3: Subtract line 2 from line 1   |
|  | and enter here. This is the<br>total number of DSEs for<br>this subscriber group   | and enter here. This is the<br>total number of DSEs for<br>this subscriber group  |
|  | subject to the surcharge<br>computation  | subject to the surcharge<br>computation   |
|  | SYNDICATED EXCLUSIVITY SURCHARGE Third Group   | SYNDICATED EXCLUSIVITY SURCHARGE Fourth Group   |
|  | SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for<br>in the boxes above. Enter here and in block 4, line 2 of space L (pa  |   |
|  |  |   |
|  |  |   |
|  |  |   |
|  |  |   |

|  | LEGAL NAME OF OWNER OF CABLE SYSTEM:   | SYSTEM ID#   |
|--|--|--|
| Name   | Foothills Rural Telephone Cooperative Corp.         62644  |  |
|  | BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP   |  |
| 9<br>Computation<br>of<br>Base Rate Fee  | If your cable system is located within a top 100 television market and Syndicated Exclusivity Surcharge. Indicate which major television market by section 76.5 of FCC rules in effect on June 24, 1981:   |  |
| and<br>Syndicated<br>Exclusivity<br>Surcharge<br>for<br>Partially<br>Distant<br>Stations | And       Step 1:       In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block A, part 9 of this schedule.         Step 2:       In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were classified as Exempt DSEs in block C, part 7 of this schedule. If none enter zero.         Step 3:       In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge.         Step 4:       Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show |  |
|  | ONE HUNDRED FIFTY-SEVENTH SUBSCRIBER GROUP   | ONE HUNDRED FIFTY-EIGHTH SUBSCRIBER GROUP  |
|  | Line 1: Enter the VHF DSEs   | Line 1: Enter the VHF DSEs   |
|  | Line 2: Enter the Exempt DSEs  | Line 2: Enter the Exempt DSEs  |
|  | Line 3: Subtract line 2 from line 1<br>and enter here. This is the<br>total number of DSEs for<br>this subscriber group<br>subject to the surcharge<br>computation   | Line 3: Subtract line 2 from line 1<br>and enter here. This is the<br>total number of DSEs for<br>this subscriber group<br>subject to the surcharge<br>computation   |
|  |  |  |
|  | ONE HUNDRED FIFTY-NINTH SUBSCRIBER GROUP   | ONE HUNDRED SIXTIETH SUBSCRIBER GROUP  |
|  | Line 1: Enter the VHF DSEs<br>Line 2: Enter the Exempt DSEs<br>Line 3: Subtract line 2 from line 1<br>and enter here. This is the<br>total number of DSEs for<br>this subscriber group<br>subject to the surcharge   | Line 1: Enter the VHF DSEs<br>Line 2: Enter the Exempt DSEs<br>Line 3: Subtract line 2 from line 1<br>and enter here. This is the<br>total number of DSEs for<br>this subscriber group<br>subject to the surcharge |
|  | computation  | computation SYNDICATED EXCLUSIVITY SURCHARGE Fourth Group  |
|  | SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for e<br>in the boxes above. Enter here and in block 4, line 2 of space L (page  |  |
|  |  |  |

| C                                   | Ca<br>Wo    | ble<br>rksheet        | Total amount of remittance    | Number of SAs rec'd         | Initials        |
|-------------------------------------|-------------|-----------------------|-------------------------------|-----------------------------|-----------------|
|                                     |             |                       | Date of remittance            | -<br>Check DEFT             | ☐ FILING FEES   |
| Cable ID #                          |             |                       |                               |                             | Amount Initials |
| Examined by                         |             | Reviewed by           | Date examination<br>completed | Allocation number           |                 |
| Space A<br>Accounting<br>Period     |             |                       |                               |                             |                 |
|                                     | □Janua      | ary 1 - June 30, 2017 | C                             | ]July 1 - December 31, 2017 |                 |
|                                     | Lette       | r sent                | C                             | Information received        |                 |
|                                     |             |                       | E                             | Phone call/Date/Contact     |                 |
| Space B<br>Owner                    |             |                       |                               |                             |                 |
|                                     | Letter sent |                       | E                             | Information received        |                 |
|                                     |             | pted                  | C                             | Phone call/Date/Contact     |                 |
| Space D<br>Area Served              |             |                       |                               |                             |                 |
|                                     | Letter sent |                       | C                             | Information received        |                 |
|                                     |             | pted                  | C                             | Phone call/Date/Contact     |                 |
| Space E<br>Secondary<br>Transission |             |                       |                               |                             |                 |
| Service<br>Subscribers:             | Letter sent |                       | Ľ                             | Information received        |                 |
| and Rates                           |             | pted                  | C                             | Phone call/Date/Contact     |                 |
| Space G<br>Primary<br>Transmitters: |             |                       |                               |                             |                 |
| Television                          | Lette       | r sent                | C                             | Information received        |                 |
|                                     |             | pted                  | [                             | Phone call/Date/Contact     |                 |
| Space H<br>Primary<br>Transmitters: |             |                       |                               |                             |                 |
| Radio                               |             | pted                  | [                             | Phone call/Date/Contact     |                 |

|                       |                          | Space I<br>Substitute<br>Carriage                  |
|-----------------------|--------------------------|--|
| Letter sent           | □Information received    |  |
| Accepted              | Phone call/Date/Contact  |  |
|                       |                          | Space J<br>Part-time<br>Carriage Log<br>(SA3 only) |
| ☑Letter sent          |                          |  |
|                       | Phone call/Date/Contact  |  |
|                       |                          | Space K<br>Gross Receipts                          |
| Letter sent           | Information received     |  |
| Letter sent           | Phone call/Date/Contact  |  |
|                       |                          | Space L<br>Copyright Filing<br>and Royalty Fe      |
| Royalty Fee should be | Refund request to fiscal |  |
| Letter sent           | □Information received    |  |
| Accepted              | Phoe call/Date/Contact   |  |
|                       |                          | Space M<br>Channels                                |
| Letter sent           | □Information received    |  |
| Accepted              | Phone call/Date/Contact  |  |
|                       |                          | Space O<br>Certification                           |
| Letter sent           | Information received     |  |
| Accepted              | Phone call/Date/Contact  |  |
|                       |                          | Space P<br>Statement of<br>Gross Receipts          |
| Letter sent           | □Information received    |  |
| Accepted              | Phone call/Date/Contact  |  |
|                       |                          | Space Q<br>Interest<br>Assessment                  |
| Letter sent           | □Info/add'I fee received |  |
| Accepted              | Phone call/Date/Contact  |  |