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:

### coplicsoa@copyright.gov

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

Α ACCOUNTING PERIOD COVERED BY THIS STATEMENT: 2022/1 Accounting Period Instructions Β Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corpo-Owner rate title of the subsidiary, not that of the parent corporation. List any other name or names under which the owner conducts the business of the cable system. If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entire accounting period. 63438 Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division. LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM Mt. Vernon Telephone Company, LLC 6343820221 63438 2022/1 525 Junction Rd Madison, WI 53717-2152 INSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these С names already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B. System IDENTIFICATION OF CABLE SYSTEM: 1 TDS Telecom, Inc. MAILING ADDRESS OF CABLE SYSTEM: 2 (Number, street, rural route, apartment, or suite number) City, town, state, zip code) D Instructions: For complete space D instructions, see page 1b. Identify only the frst community served below and relist on page 1b with all communities. Area Served CITY OR TOWN STATE wı Verona First Community Below is a sample for reporting communities if you report multiple channel line-ups in Space G CITY OR TOWN (SAMPLE) STATE CH LINE UP SUB GRP# Alda MD Α Sample Alliance MD в 2 Gering MD в 3 Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Offce to collect the personally identifying information (PII) requested on this form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the 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 suffciency of the fling, a determination that would be made by a court of law.

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AMOUNT

ALLOCATION NUMBER

DATE RECEIVED

08/19/22

# STATEMENT OF ACCOUNT

for Secondary Transmissions by Cable Systems (Long Form)

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

| LEGAL NAME OF OWNER OF CABLE SYSTEM:   |                                    |                    | SYSTEM ID# |  |  |  |  |  |
|--|------------------------------------|--------------------|------------|--|--|--|--|--|
| Mt. Vernon Telephone Company, LLC  |                                    |                    | 63438      |  |  |  |  |  |
| <b>Instructions:</b> List each separate community served by the cable system. A "community" is the same as a "community unit" as defined 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 of system identification hereafter known as the "first community." Please use it as the first community on all future filings.<br><b>Note:</b> Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses |                                    |                    |            |  |  |  |  |  |
| below the identified city or town.   | below the identified city or town. |                    |            |  |  |  |  |  |
| If all communities receive the same complement of television broadcast stations (i.e. all communities with the channel line-up "A" in the appropriate column below or leave on a partially distant or partially permitted basis in the DSE Schedule, associate eac designated by a number (based on your reporting from Part 9).   | e the column blank. I              | f you report any s | tations    |  |  |  |  |  |
| When reporting the carriage of television broadcast stations on a community-by-com<br>channel line-up designated by an alpha-letter(s) (based on your Space G reporting)<br>(based on your reporting from Part 9 of the DSE Schedule) in the appropriate colum   | and a subscriber gro               |                    |            |  |  |  |  |  |
| CITY OR TOWN   | STATE                              | CH LINE UP         | SUB GRP#   |  |  |  |  |  |
| Verona   | WI                                 | AA                 |            | First                                      |  |  |  |  |
| New Glarus   | WI                                 | AA                 |            | Community                                  |  |  |  |  |
| Fitchburg  | WI                                 | AA                 |            |  |  |  |  |  |
|  |                                    |                    |            | See instructions for                       |  |  |  |  |
|  |                                    |                    |            | additional information on alphabetization. |  |  |  |  |
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|  |                                    |                    |            | Add rows as necessary.                     |  |  |  |  |
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| N                             | LEGAL NAME OF OWNER OF CABLE SYSTEM:   |  |         |                              |            |             |                   |                    |       |                           | YSTE  | M ID |
|-------------------------------|--|--|---------|------------------------------|------------|-------------|-------------------|--------------------|-------|---------------------------|-------|------|
| Name                          | Mt. Vernon Telephone C   | Company, L   | LC      |                              |            |             |                   |                    |       |                           | 6     | 343  |
|                               | SECONDARY TRANSMISSION   |  | UBSCE   |                              | ۲ <i>L</i> | ATES        |                   |                    |       |                           |       |      |
| E                             | In General: The information in s   |  |         | -                            |            | -           | ry transmission   | servi              | ce of | the cable                 |       |      |
|                               | system, that is, the retransmissi  |  |         |                              |            |             |                   |                    |       |                           |       |      |
| Secondary                     | about other services (including particular about other services (including particular about the services (including par |  |         |                              |            |             |                   | those              | exis  | sting on the              |       |      |
| Transmission<br>Service: Sub- | Number of Subscribers: Bot   |  |         |                              |            |             |                   | able s             | vster | n, broken                 |       |      |
| scribers and                  | down by categories of secondar   | •  |         |                              |            |             |                   |                    |       |                           |       |      |
| 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).   |  |         |                              |            |             |                   |                    |       |                           |       |      |
|                               | 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.  |  |         |                              |            |             |                   |                    |       |                           |       |      |
|                               | <b>Block 1:</b> 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   |  |         |                              |            |             |                   |                    |       |                           |       |      |
|                               | that applies to your system. <b>Note:</b> Where an individual or organization is receiving service that fails under different categories, that person or entity should be counted as a subscriber in each applicable category. Example: a residential  |  |         |                              |            |             |                   |                    |       |                           |       |      |
|                               | subscriber who pays extra for cable service to additional sets would be included in the count under "Service to the  |  |         |                              |            |             |                   |                    |       |                           |       |      |
|                               | first set" and would be counted once again under "Service to additional set(s)."   |  |         |                              |            |             |                   |                    |       |                           |       |      |
|                               | <b>Block 2:</b> 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.  |  |         |                              | - 1        |             |                   |                    |       |                           |       |      |
|                               | BLC  | DCK 1<br>NO. OF  | :       |                              | -          |             |                   | В                  | LOC   | K 2<br>NO. OF             | 1     |      |
|                               | CATEGORY OF SERVICE  | SUBSCRIB   |         | RATE                         |            | CATE        | GORY OF SE        | RVIC               |       | SUBSCRIBERS               | RA    | ΛTE  |
|                               | Residential:   |  |         |                              |            |             |                   |                    |       |                           |       |      |
|                               | Service to first set   |  |         | \$25/mo                      |            |             |                   |                    |       |                           |       |      |
|                               | Service to additional set(s)   |  |         |                              |            |             |                   |                    |       |                           |       |      |
|                               | • FM radio (if separate rate)<br>Motel, hotel  |  |         |                              |            |             |                   |                    |       |                           |       |      |
|                               | Commercial   |  | 18      | \$64/mo                      | •          |             |                   |                    |       |                           |       |      |
|                               | Converter  |  |         |                              | •          |             |                   |                    |       |                           |       |      |
|                               | Residential  |  | 2,534   | \$6/Mo.                      |            |             |                   |                    |       |                           |       |      |
|                               | Non-residential  |  |         |                              |            |             |                   |                    |       |                           |       |      |
|                               |  |  |         |                              |            | _           |                   |                    |       |                           |       |      |
|                               | SERVICES OTHER THAN SEC<br>In General: Space F calls for ra  |  |         |                              |            |             | all your cable sy | (stom <sup>1</sup> | s s 0 | vices that were           |       |      |
| F                             | not covered in space E, that is,   |  | ,       |                              |            | •           | • •               |                    |       |                           |       |      |
|                               | service for a single fee. There a  |  |         |                              |            |             | •                 |                    | -     |                           |       |      |
| Services                      | furnished at cost or (2) services  |  |         |                              |            |             |                   |                    |       |                           |       |      |
| Other Than<br>Secondary       | amount of the charge and the up  |  | susuali | y billed. If any             | ra         | ites are ci | narged on a va    | riable             | per-  | program basis,            |       |      |
| Transmissions:                |  | enter only the letters "PP" in the rate column.<br>Block 1: Give the standard rate charged by the cable system for each of the applicable services listed. |         |                              |            |             |                   |                    |       |                           |       |      |
| Rates                         | -  | Block 2: List any services that your cable system furnished or offered during the accounting period that were not  |         |                              |            |             |                   |                    |       |                           |       |      |
|                               | listed in block 1 and for which a brief (two- or three-word) descri  |  | -       |                              | bli        | shed. List  | these other se    | rvices             | in th | ne form of a              |       |      |
|                               |  |  |         |                              |            |             |                   |                    |       |                           |       |      |
|                               | CATEGORY OF SERVICE  | BLO  |         |                              |            | //05        | RATE              | C 4 7              |       | BLOCK 2<br>DRY OF SERVICE |       | TE   |
|                               | Continuing Services:   | RATE   |         | GORY OF SEI<br>ation: Non-re |            |             | RAIE              | CAI                | EGC   | DRT OF SERVICE            | - rv- |      |
|                               | -  | \$8.00-\$15.00   |         | otel, hotel                  |            | aciitiai    |                   |                    |       |                           |       |      |
|                               | • Pay cable—add'l channel  | hainninin hannin inninin   |         | mmercial                     |            |             | \$0 - \$50.00     |                    |       |                           |       |      |
|                               | Fire protection  |  | •Pa     | y cable                      |            |             |                   |                    |       |                           |       |      |
|                               | <ul> <li>Burglar protection</li> </ul>   |  |         | y cable-add'l c              | h          | annel       |                   |                    |       |                           |       |      |
|                               | Installation: Residential  | A. A   |         | e protection                 |            |             |                   |                    |       |                           |       |      |
|                               | First set     \$0-\$50.00     •Burglar protectio   |  |         |                              |            |             |                   |                    |       |                           |       |      |
|                               | Additional set(s)     EM radio (if soparate rate)  | \$0-\$50.00  |         |                              |            |             | \$0 \$25 00       |                    |       |                           |       |      |
|                               | <ul> <li>FM radio (if separate rate)</li> <li>Converter</li> </ul>   |  |         | connect<br>sconnect          |            |             | \$0-\$25.00       |                    |       |                           |       |      |
|                               | Converter  |  |         | itlet relocation             |            |             | 19.98-39.96       |                    |       |                           |       |      |
|                               |  |  |         | ove to new add               | re         | 200         |                   |                    |       |                           |       |      |
|                               |  |  | 1010    |                              |            | .33         |                   |                    |       |                           |       |      |

| FORM SA3E. PAGE 3.  |  |  |   |   | OVOTEM  | 104   |
|---|--|--|---|---|---|---|
|   |  |  | ~   |   | SYSTEM<br>634   | Name  |
| Mt. Vernon Te   | -  |  | •   |   | 034   | 130   |
| PRIMARY TRANSMIT  | TERS: TELEVISIO  | NC   |   |   |   |   |
| carried by your cable<br>FCC rules and regula<br>76.59(d)(2) and (4), 7<br>substitute program be<br><b>Substitute Basis</b><br>basis under specifc F<br>• Do not list the static<br>station was carried<br>• List the station here<br>basis. For further<br>in the paper SA3 f<br><b>Column 1:</b> List ea  | system during t<br>ations in effect o<br>76.61(e)(2) and (<br>asis, as explaine<br><b>Stations:</b> With<br>FCC rules, regula<br>on here in space<br>d only on a subs<br>a, and also in spa<br>information cond<br>form.<br>ach station's call   | he accountine<br>n June 24, 19<br>(4), or 76.63 (<br>ed in the next<br>respect to an<br>ations, or autil<br>G—but do lis<br>titute basis<br>ace I, if the st<br>cerning substi-<br>sign. Do not  | g period except<br>081, permitting to<br>261, permitting to<br>261, paragraph<br>y distant station<br>horizations<br>st it in space I (t<br>ation was carrie<br>itute basis station<br>report origination   | (1) stations carri<br>the carriage of ce<br>61(e)(2) and (4))]<br>ns carried by your<br>the Special Stater<br>ed both on a subs<br>ons, see page (v)<br>on program servic                   | as and low power television stations)<br>ed only on a part-time basis under<br>rtain network programs [section:<br>and (2) certain stations carried on a<br>cable system on a substitute program<br>nent and Program Log)—if the<br>titute basis and also on some othe<br>of the general instructions located<br>we such as HBO, ESPN, etc. Identify  | G<br>Primary<br>Transmitters:<br>Television |
|   |  |  | •   | •   | ation. For example, report multi<br>ch stream separately; for example   |   |
| WETA-simulcast).  |  |  | ·   | ,   | ation for broadcasting over-the-air ir  |   |
| •   | •  |  | nannel 4 in Was   | hington, D.C. Thi   | s may be different from the channe  |   |
| educational station, b<br>(for independent mul<br>For the meaning of th<br><b>Column 4:</b> If the s<br>planation of local ser<br><b>Column 5:</b> If you   | te in each case to<br>by entering the let<br>ticast), "E" (for n<br>nese terms, see<br>station is outside<br>vice area, see p<br>have entered "Y<br>the distant state  | whether the s<br>etter "N" (for r<br>oncommercia<br>page (v) of th<br>the local ser<br>age (v) of the<br>es" in column<br>on during the  | network), "N-M"<br>al educational),<br>ne general instru-<br>vice area, (i.e. '<br>general instruct<br>n 4, you must co<br>accounting per   | (for network mult<br>or "E-M" (for non-<br>uctions located in<br>"distant"), enter "><br>tions located in the<br>propert column 5<br>riod. Indicate by e                                    | Yes". If not, enter "No". For an ex<br>ne paper SA3 form<br>, stating the basis on which you<br>ntering "LAC" if your cable syster  |   |
| For the retransmis<br>of a written agreemen<br>the cable system and<br>tion "E" (exempt). Fo<br>explanation of these<br><b>Column 6:</b> Give th<br>FCC. For Mexican or<br><b>Note:</b> If you are utiliz   | ssion of a distant<br>nt entered into o<br>l a primary trans<br>r simulcasts, als<br>three categories<br>he location of ea<br>Canadian static<br>ing multiple cha  | t multicast str<br>n or before Ju-<br>mitter or an a<br>o enter "E". If<br>s, see page (v<br>ich station. Fe<br>ons, if any, giv<br>nnel line-ups,<br>CHANN  | eam that is not<br>une 30, 2009, b<br>association repr<br>f you carried the<br>c) of the general<br>or U.S. stations<br>we the name of<br>, use a separate<br>EL LINE-UP  | subject to a royal<br>between a cable s<br>resenting the prime<br>channel on any<br>l instructions loca<br>, list the commun<br>the community wi<br>e space G for eac                       | ty payment because it is the subjec<br>ystem or an association representin<br>ary transmitter, enter the designa<br>other basis, enter "O." For a furthe<br>ted in the paper SA3 form<br>ty to which the station is licensed by the<br>th which the station is identifec  |   |
| For the retransmis<br>of a written agreement<br>the cable system and<br>tion "E" (exempt). Fo<br>explanation of these<br><b>Column 6:</b> Give the<br>FCC. For Mexican or   | ssion of a distant<br>nt entered into o<br>a primary trans<br>r simulcasts, als<br>three categories<br>he location of ea<br>Canadian static  | t multicast str<br>n or before Ju<br>mitter or an a<br>o enter "E". If<br>s, see page (v<br>uch station. Fo<br>ons, if any, giv<br>nnel line-ups,  | eam that is not<br>une 30, 2009, b<br>association repr<br>f you carried the<br>/) of the general<br>or U.S. stations<br>we the name of<br>, use a separate<br>EL LINE-UP<br>4. DISTANT?<br>(Yes or No)  | subject to a royal<br>between a cable s<br>esenting the prime<br>channel on any<br>l instructions loca<br>, list the community with<br>e space G for eace<br>AA                             | ty payment because it is the subjec<br>ystem or an association representin<br>ary transmitter, enter the designa<br>other basis, enter "O." For a furthe<br>ted in the paper SA3 form<br>ty to which the station is licensed by the<br>th which the station is identified<br>h channel line-up.   |   |
| For the retransmis<br>of a written agreement<br>the cable system and<br>tion "E" (exempt). Fo<br>explanation of these<br><b>Column 6:</b> Give the<br>FCC. For Mexican or<br><b>Note:</b> If you are utiliz   | ssion of a distant<br>nt entered into o<br>l a primary trans<br>r simulcasts, als<br>three categories<br>he location of ea<br>Canadian static<br>ing multiple cha<br>2. B'CAST<br>CHANNEL<br>NUMBER  | t multicast str<br>n or before Ju-<br>mitter or an a<br>o enter "E". If<br>s, see page (v<br>ich station. Fo<br>ons, if any, giv<br>nnel line-ups,<br><b>CHANN</b><br>3. TYPE<br>OF<br>STATION   | eam that is not<br>une 30, 2009, b<br>association repr<br>f you carried the<br>t) of the general<br>or U.S. stations<br>we the name of<br>, use a separate<br><b>EL LINE-UP</b><br>4. DISTANT?<br>(Yes or No)   | subject to a royal<br>between a cable s<br>esenting the prime<br>channel on any<br>l instructions loca<br>, list the community will<br>be space G for each<br>AA<br>5. BASIS OF<br>CARRIAGE | ty payment because it is the subjec<br>ystem or an association representin<br>ary transmitter, enter the designa<br>other basis, enter "O." For a furthe<br>ted in the paper SA3 form<br>ty to which the station is licensed by the<br>th which the station is identifec<br>h channel line-up.  |   |
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| LEGAL NAME OF OV  | WNER OF CABLE SY   | STEM:           |                      |                     | SYSTEM ID#  | Name                       |
|---|--------------------|-----------------|----------------------|---------------------|---|----------------------------|
| Mt. Vernon Te   | elephone Con       | npany, LLC      |                      |                     | 63438   | 1401116                    |
| PRIMARY TRANSMIT  | TERS: TELEVISI     | ON              |                      |                     |   |                            |
| carried by your cable   | e system during t  | the accounting  | g period except      | (1) stations carrie | s and low power television stations)<br>ed only on a part-time basis under<br>tain network programs [section: | G                          |
| 76.59(d)(2) and (4),  | 76.61(e)(2) and    | (4), or 76.63 ( | referring to 76.6    |                     | and (2) certain stations carried on a   | Primary                    |
| substitute program b<br>Substitute Basis                        |                    |                 |                      | s carried by your   | cable system on a substitute progran  | Transmitters<br>Television |
| basis under specifc   | FCC rules, regula  | ations, or aut  | horizations          |                     |   | relevision                 |
| <ul> <li>Do not list the station station was carried</li> </ul> |                    |                 | st it in space I (tl | he Special Staten   | nent and Program Log)—if the  |                            |
|   | •                  |                 | ation was carrie     | d both on a subst   | itute basis and also on some othe   |                            |
|   |                    | cerning substi  | itute basis static   | ons, see page (v)   | of the general instructions located   |                            |
| in the paper SA3<br>Column 1: List e                            |                    | sign. Do not    | report originatio    | on program servic   | es such as HBO, ESPN, etc. Identify   |                            |
|   |                    |                 | •                    | •                   | ation. For example, report multi  |                            |
| WETA-simulcast).  | TA-2 . Simulcast   | streams mus     | a be reported in     | column 1 (list eac  | ch stream separately; for example   |                            |
|   |                    |                 | -                    |                     | tion for broadcasting over-the-air in   |                            |
| its community of lice<br>on which your cable                    |                    |                 | iannei 4 in Was      | nington, D.C. This  | s may be different from the channe  |                            |
| Column 3: Indica  | ate in each case   | whether the s   |                      |                     | ependent station, or a noncommercia   |                            |
|   |                    | •               | ,                    |                     | cast), "I" (for independent), "I-M<br>commercial educational multicast)                                       |                            |
| For the meaning of t  | these terms, see   | page (v) of th  | ne general instru    | ictions located in  | the paper SA3 form  |                            |
| Column 4: If the<br>planation of local se                       |                    |                 | •                    | ,                   | es". If not, enter "No". For an ex  |                            |
|   |                    | 0 ( )           | •                    |                     | stating the basis on which you  |                            |
| •   |                    | -               | • ·                  | •                   | ntering "LAC" if your cable syster  |                            |
| carried the distant st<br>For the retransmi                     | •                  |                 |                      |                     | capacity<br>by payment because it is the subjec   |                            |
| of a written agreeme  | ent entered into o | on or before J  | une 30, 2009, b      | etween a cable sy   | stem or an association representin  |                            |
| •   |                    |                 | •                    | <b>U</b> .          | ary transmitter, enter the designa other basis, enter "O." For a furthe                                       |                            |
| · · · /   |                    |                 |                      |                     | ed in the paper SA3 form  |                            |
|   |                    |                 |                      |                     | ty to which the station is licensed by the  |                            |
| Note: If you are utilized                                       |                    |                 |                      | •                   | h which the station is identifec<br>n channel line-up.  |                            |
| -   |                    | CHANN           | EL LINE-UP           | AA (cont)           | ·   |                            |
| 1. CALL   | 2. B'CAST          | 3. TYPE         | 4. DISTANT?          | 5. BASIS OF         | 6. LOCATION OF STATION  |                            |
| SIGN  | CHANNEL            | OF              | (Yes or No)          | CARRIAGE            |   |                            |
|   | NUMBER             | STATION         |                      | (If Distant)        |   |                            |
| WHA   | 21.1               | E               | No                   |                     |   |                            |
| WHA-DT2   | 24.2               |                 |                      |                     | Madison, WI   |                            |
| WHA-DT3   | 21.2               | E-M             | No                   |                     | Madison, WI<br>Madison, WI  |                            |
|   | 21.2               | E-M<br>E-M      |                      |                     |   |                            |
|   |                    |                 | No                   |                     | Madison, WI   |                            |
|   | 21.3               | E-M             | No<br>No             |                     | Madison, WI<br>Madison, WI  |                            |
| WHA-DT4   | 21.3<br>21.4       | E-M<br>E-M      | No<br>No<br>No       |                     | Madison, WI<br>Madison, WI<br>Madison, WI   |                            |
| WHA-DT4   | 21.3<br>21.4       | E-M<br>E-M      | No<br>No<br>No       |                     | Madison, WI<br>Madison, WI<br>Madison, WI   |                            |
| WHA-DT4   | 21.3<br>21.4       | E-M<br>E-M      | No<br>No<br>No       |                     | Madison, WI<br>Madison, WI<br>Madison, WI   |                            |
| WHA-DT4   | 21.3<br>21.4       | E-M<br>E-M      | No<br>No<br>No       |                     | Madison, WI<br>Madison, WI<br>Madison, WI   |                            |
| WHA-DT4   | 21.3<br>21.4       | E-M<br>E-M      | No<br>No<br>No       |                     | Madison, WI<br>Madison, WI<br>Madison, WI   |                            |
| WHA-DT4   | 21.3<br>21.4       | E-M<br>E-M      | No<br>No<br>No       |                     | Madison, WI<br>Madison, WI<br>Madison, WI   |                            |
| WHA-DT4   | 21.3<br>21.4       | E-M<br>E-M      | No<br>No<br>No       |                     | Madison, WI<br>Madison, WI<br>Madison, WI   |                            |
| WHA-DT4   | 21.3<br>21.4       | E-M<br>E-M      | No<br>No<br>No       |                     | Madison, WI<br>Madison, WI<br>Madison, WI   |                            |
| WHA-DT4   | 21.3<br>21.4       | E-M<br>E-M      | No<br>No<br>No       |                     | Madison, WI<br>Madison, WI<br>Madison, WI   |                            |
| WHA-DT4   | 21.3<br>21.4       | E-M<br>E-M      | No<br>No<br>No       |                     | Madison, WI<br>Madison, WI<br>Madison, WI   |                            |
| WHA-DT4   | 21.3<br>21.4       | E-M<br>E-M      | No<br>No<br>No       |                     | Madison, WI<br>Madison, WI<br>Madison, WI   |                            |
| WHA-DT4   | 21.3<br>21.4       | E-M<br>E-M      | No<br>No<br>No       |                     | Madison, WI<br>Madison, WI<br>Madison, WI   |                            |
| WHA-DT4   | 21.3<br>21.4       | E-M<br>E-M      | No<br>No<br>No       |                     | Madison, WI<br>Madison, WI<br>Madison, WI   |                            |

| Name                                   | LEGAL NAME OF <b>Mt. Vernon</b>   |                 |           |  |           |          |          | SYSTEM ID#<br>63438 |  |
|--|---|-----------------|-----------|--|-----------|----------|----------|---------------------|--|
| 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.</li> <li>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 2: State whether the station is AM or FM.</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> </ul> |                 |           |  |           |          |          |                     |  |
|  | Column 4: (   | Give the statio | n's locat | k mark in the "S/D" column.<br>ion (the community to which the<br>the community with which the |           |          | CC or, i | n the case of       |  |
|  |   |                 |           | ·  |           |          |          |                     |  |
|  | CALL SIGN   | AM or FM        | S/D       | LOCATION OF STATION  | CALL SIGN | AM or FM | S/D      | LOCATION OF STATION |  |
|  | N/A   |                 |           |  |           |          |          |                     |  |
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| FORM SA3E. PAGE 5. ACCOUNTING PERIOD: 202   |                       |                           |                              |                     |                                |                     | PERIOD: 2022/1          |  |
|---|-----------------------|---------------------------|------------------------------|---------------------|--------------------------------|---------------------|-------------------------|--|
| LEGAL NAME OF OWNER OF<br>Mt. Vernon Telephone  |                       |                           |                              |                     |                                | SYSTEM ID#<br>63438 | Name                    |  |
| SUBSTITUTE CARRIAGI   | E: SPECIA             |                           | NT AND PROGRAM LOO           | 3                   |                                |                     |                         |  |
| In General: In space I, ident<br>substitute basis during the a<br>explanation of the programm<br>form.  | ccounting pe          | eriod, under spe          | ecific present and former FC | C rules, regu       | lations, or authorizati        | ons. For a further  | Substitute<br>Carriage: |  |
| <ul> <li>1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE</li> <li>During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program</li> </ul>  |                       |                           |                              |                     |                                |                     |                         |  |
| broadcast by a distant station? Yes XNo Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must complete the program log in block 2.   |                       |                           |                              |                     |                                |                     |                         |  |
| <ul> <li>2. LOG OF SUBSTITUTE PROGRAMS</li> <li>In General: List each substitute program on a separate line. Use abbreviations wherever possible, if their meaning is clear. If you need more space, please attach additional pages.</li> <li>Column 1: Give the title of every nonnetwork television program (substitute program) that, during the accounting period, was broadcast by a distant station and that your cable system substituted for the programming of another station under certain FCC rules, regulations, or authorizations. See page (vi) of the general instructions located in the paper SA3 form for futher information. Do not use general categories like "movies", or "basketball". List specific program titles, for example, "I Love Lucy" or "NBA Basketball: 76ers vs. Bulls."</li> <li>Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No."</li> <li>Column 3: Give the call sign of the station broadcasting the substitute program.</li> <li>Column 4: Give the broadcast 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> <li>Column 5: Give the month and day when your system carried the substitute program. Use numerals, with the month first. Example: for May 7 give "5/7."</li> <li>Column 6: State the times when the substitute program was carried by your cable system. List the times accurately to the nearest five minutes. Example: a program carried by a system from 6:01:15 p.m. to 6:28:30 p.m. should be stated as "6:00-6:30 p.m."</li> <li>Column 7: Enter the letter "R" if the listed program was substituted for programming that your system was required to delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" if the listed pro gram was substituted for programming that your system and regulations in effect on October 19, 1976.</li> </ul> |                       |                           |                              |                     |                                |                     |                         |  |
| s   | UBSTITUT              | E PROGRAM                 |                              |                     | EN SUBSTITUTE<br>IAGE OCCURRED | 7. REASON<br>FOR    |                         |  |
| 1. TITLE OF PROGRAM   | 2. LIVE?<br>Yes or No | 3. STATION'S<br>CALL SIGN | 4. STATION'S LOCATION        | 5. MONTH<br>AND DAY | 6. TIMES<br>FROM — 1           | DELETION            |                         |  |
| <u>N/A</u>  |                       |                           |                              |                     |                                |                     |                         |  |
|   |                       |                           |                              |                     |                                |                     |                         |  |
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|   |                       |                           |                              |                     |                                |                     |                         |  |
|   |                       |                           |                              |                     |                                |                     |                         |  |

| Name                              | LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID#   |             |                        |             |  |  |       |             |               |  |
|-----------------------------------|---|-------------|------------------------|-------------|--|--|-------|-------------|---------------|--|
| Name                              | Mt. Vernon 1  | Telephone C | ompany, LLC            |             |  |  |       |             | 63438         |  |
| J<br>Part-Time<br>Carriage<br>Log | PART-TIME CARRIAGE LOG<br>In General: This space ties in with column 5 of space G. If you listed a station's basis of carriage as "LAC" for part-<br>time carriage due to lack of activated channel capacity, you are required to complete this log giving the total dates and<br>hours your system carried that station. If you need more space, please attach additional pages.<br>Column 1 (Call sign): Give the call sign of every distant station whose basis of carriage you identified by "LAC" in<br>column 5 of space G.<br>Column 2 (Dates and hours of carriage): For each station, list the dates and hours when part-time carriage oc-<br>curred during the accounting period.<br>• Give the month and day when the carriage occurred. Use numerals, with the month first. Example: for April 10 give<br>"4/10."<br>• State the starting and ending times of carriage to the nearest quarter hour. In any case where carriage ran to the end of the<br>television station's broadcast day, you may give an approximate ending hour, followed by the abbreviation<br>"app." Example: "12:30 a.m.– 3:15 a.m. app."<br>• You may group together any dates when the hours of carriage were the same. Example: "5/10-5/14, 6:00 p.m.–<br>12:00 p.m."<br>DATES AND HOURS OF PART-TIME CARRIAGE |             |                        |             |  |  |       |             |               |  |
|                                   |   |             | DATE                   | S AND HOURS |  |  | RIAGE |             |               |  |
|                                   | CALL SIGN   | WHEN        | WHEN CARRIAGE OCCURRED |             |  |  | WHEN  | CARRIAGE OC |               |  |
|                                   |   | DATE        | HOL<br>FROM            | TO          |  |  | DATE  | FROM        | DURS<br>TO    |  |
|                                   | N/A   |             | -                      | -           |  |  |       |             | _             |  |
|                                   |   |             |                        |             |  |  |       |             | _             |  |
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| FORM   | SA3E. PAGE 7.   |                            |  |  |  |  |  |  |  |
|--|---|----------------------------|--|--|--|--|--|--|--|
| LEGA   | L NAME OF OWNER OF CABLE SYSTEM:  | SYSTEM ID#                 | Name   |  |  |  |  |  |  |
| Mt.  | Vernon Telephone Company, LLC   | 63438                      |  |  |  |  |  |  |  |
| Inst<br>all a<br>(as i<br>page   | DSS RECEIPTS<br>ructions: The figure you give in this space determines the form you fle and the amount<br>mounts (gross receipts) paid to your cable system by subscribers for the system's secon<br>dentifed in space E) during the accounting period. For a further explanation of how to co<br>e (vii) of the general instructions.<br>Gross receipts from subscribers for secondary transmission service(s)<br>during the accounting period.<br>ORTANT: You must complete a statement in space P concerning gross receipts. | ndary 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 k 3 below.  | entered on line 1 of       |  |  |  |  |  |  |  |
| ► If pa<br>3 be  | rt 6 of the DSE schedule was completed, the amount from line 7 of block C should be en<br>low.  | ntered on line 2 in block  |  |  |  |  |  |  |  |
|  | rt 7 or part 9, block B, of the DSE schedule was completed, the surcharge amount shou<br>block 4 below.   | ld be entered on line      |  |  |  |  |  |  |  |
|  | <b>MINIMUM FEE:</b> All cable systems with semiannual gross receipts of \$527,600 or more least the minimum fee, regardless of whether they carried any distant stations. This fee 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  |                            |  |  |  |  |  |  |  |
|  | Enter the result here.  | \$ 7,583.36                |  |  |  |  |  |  |  |
|  | This is your minimum fee.   | Ψ 1,303.30                 |  |  |  |  |  |  |  |
| Block<br>2   | DISTANT TELEVISION STATIONS CARRIED: Your answer here must agree with the space G. If, in space G, you identifed any stations as "distant" by stating "Yes" in column "Yes" in this block.         • Did your cable system carry any distant television stations during the accounting perio         Yes—Complete the DSE schedule.    No—Leave block 3 below blank and   | n 4, you must check<br>bd? |  |  |  |  |  |  |  |
| Block<br>3   | Line 1. BASE RATE FEE: Enter the base rate fee from either part 8, section 3 or 4, or part 9, block A of the DSE schedule. If none, enter zero  | \$-                        |  |  |  |  |  |  |  |
|  | Line 2. <b>3.75 Fee:</b> Enter the total fee from line 7, block C, part 6 of the DSE schedule. If none, enter zero  | 0.00                       |  |  |  |  |  |  |  |
|  | Line 3. Add lines 1 and 2 and enter here  | \$ -                       |  |  |  |  |  |  |  |
| Block<br>4   | 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   | \$ 7,583.36                | Cable systems  |  |  |  |  |  |  |
|  | Line 2. SYNDICATED EXCLUSIVITY SURCHARGE: Enter the fee from either part 7<br>(block D, section 3 or 4) or part 9 (block B) of the DSE schedule. If none, enter<br>zero.  | 0.00                       | submitting<br>additional<br>deposits under           |  |  |  |  |  |  |
|  | Line 3. Line 3. INTEREST CHARGE: Enter the amount from line 4, space Q, page 9 (Interest Worksheet)   | 0.00                       | Section 111(d)(7)<br>should contact<br>the Licensing |  |  |  |  |  |  |
|  | Line 4. FILING FEE  | \$ 725.00                  | additional fees.<br>Division for the<br>appropriate  |  |  |  |  |  |  |
|  | TOTAL ROYALTY AND FILING FEES DUE FOR ACCOUNTING PERIOD.         Add Lines 1, 2 and 3 of block 4 and enter total here   | \$ 8,308.36                | form for<br>submitting the<br>additional fees.       |  |  |  |  |  |  |
|  | EFT Trace # or TRANSACTION ID #   |                            |  |  |  |  |  |  |  |
|  | Remit this amount via <i>electronic payment</i> payable to Register of Copyrights. (S general instructions located in the paper SA3 form and the Excel instructions ta  |                            |  |  |  |  |  |  |  |

### ACCOUNTING PERIOD: 2022/1

| ACCOUNTING PERIO                           | 1  |                 |                              |   |   | FORM SA3E                 |                  |
|--|--|-----------------|------------------------------|---|---|---------------------------|------------------|
| Name                                       | LEGAL NAME OF OWNER OF CABI  |                 | / LLC                        |   |   | SYS                       | TEM ID#<br>63438 |
| M  | CHANNELS<br>Instructions: You must gi  | give (1) the    | number of channels o         | -   | em carried television broadcas<br>during the accounting period.   | st stations               |                  |
| Channels                                   | 1. Enter the total number of system carried television   |                 |                              |   |   | 23                        | ]                |
|  | <ol> <li>Enter the total number of<br/>on which the cable syste<br/>and nonbroadcast servic</li> </ol> | em carried      | television broadcast s       |   |   | 154                       | ]                |
| N<br>Individual to                         | INDIVIDUAL TO BE CON<br>we can contact about this  |                 |                              | MATION IS NEEDED: (   | Identify an individual  |                           |                  |
| Be Contacted<br>for Further<br>Information | Name Mitchell Ma   | aier            |                              |   | Telephon  | e (608) 886-8210          |                  |
|  | Address 525 Junctio<br>(Number, street, ru<br>Madison, W   | rural route, ap | artment, or suite number)    |   |   |                           |                  |
|  | (City, town, state, z  | zip)            | dstelecom.com                |   | Fax (optional)  |                           |                  |
| 0  | CERTIFICATION (This state  | tement of a     | ccount must be certife       | ed and signed in accore   | dance with Copyright Office re  | gulations.)               |                  |
| Certifcation                               | • I, the undersigned, hereby   | y certify that  | (Check one, but only c       | one, of the boxes.)   |   |                           |                  |
|  | (Owner other than corp   | poration or     | <b>partnership)</b> I am the | e owner of the cable syst   | tem as identifed in line 1 of spac  | e B; or                   |                  |
|  |  |                 |                              | <ul> <li>) I am the duly authorize<br/>ration or partnership; or</li> </ul> | ed agent of the owner of the cab  | le system as identified   |                  |
|  | (Officer or partner) I ar<br>in line 1 of space B.   |                 | r (if a corporation) or a    | partner (if a partnership   | ) of the legal entity identifed as c  | owner of the cable system |                  |
|  | I have examined the stater<br>are true, complete, and corr<br>[18 U.S.C., Section 1001(19)             | rrect to the b  |                              |   | that all statements of fact contain<br>and are made in good faith.  | ned herein                |                  |
|  |  | X /s/ S         | Sharon V. Tisdale            |   |   |                           |                  |
|  | (e.g.  | j., /s/ John S  | mith). Before entering t     | the first forward slash of t  | nature to certify this statement.<br>he /s/ signature, place your cursc<br>Il avoid enabling Excel's Lotus co |                           |                  |
|  | Тур  | oed or print    | ed name: Sharon              | ı V. Tisdale  |   |                           |                  |
|  | Title  |                 | stant Treasurer              | orporation or partnership)  |   |                           |                  |
|  | Date   | te: Augus       | st 18, 2022                  |   |   |                           |                  |
| -  |  |                 |                              |   | the personally identifying informa or trace an individual, such as na   |                           |                  |

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 telephoi 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 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 t completed record of statements of account, and it may affect the legal sufficiency of the filing, a determination that would be made by a court of lav

| FORM | SA3F | PAGE9. |
|------|------|--------|
|      |      |        |

| Mt. Vernon Te  | wner of cable system:<br>elephone Company, LLC  | SYSTEM ID#<br>63438          | Name                                      |
|--|---|------------------------------|---|
| The Satellite F<br>lowing sentend<br>"In dete<br>service   | STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS<br>Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the fol-<br>nce:<br>termining the total number of subscribers and the gross amounts paid to the cable system for the basic<br>e of providing secondary transmissions of primary broadcast transmitters, the system shall not include su<br>rs and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." | ıb-                          | P<br>Special<br>Statement                 |
| paper SA3 for<br>During the acc  | rmation on when to exclude these amounts, see the note on page (vii) of the general instructions in the<br>rm.<br>counting period did the cable system exclude any amounts of gross receipts for secondary transmissions<br>flite carriers to satellite dish owners?  | 5                            | Concerning<br>Gross Receipts<br>Exclusion |
| YES. Ente  | er the total here and list the satellite carrier(s) below   |                              |   |
| Name<br>Mailing Address  | Name       Mailing Address  |                              |   |
| INTEREST   | ASSESSMENTS   |                              |   |
|  | nplete this worksheet for those royalty payments submitted as a result of a late payment or underpaymer   | nt                           | •   |
|  | nation of interest assessment, see page (viii) of the general instructions in the paper SA3 form.   |                              | Q   |
| For an explana   |   |                              | Q<br>Interest<br>Assessment               |
| For an explana   | the amount of late payment or underpayment  |                              | Interest                                  |
| For an explana   | Action of interest assessment, see page (viii) of the general instructions in the paper SA3 form.  the amount of late payment or underpayment   | days                         | Interest                                  |
| For an explana<br>Line 1 Enter<br>Line 2 Multip<br>Line 3 Multip   | Action of interest assessment, see page (viii) of the general instructions in the paper SA3 form.   | days<br>274                  | Interest                                  |
| For an explana<br>Line 1 Enter 1<br>Line 2 Multip<br>Line 3 Multip<br>Line 4 Multip  | Action of interest assessment, see page (viii) of the general instructions in the paper SA3 form.   | days<br>274<br>charge)       | Interest                                  |
| For an explana<br>Line 1 Enter<br>Line 2 Multip<br>Line 3 Multip<br>Line 4 Multip<br>* To view t<br>contact t  | Action of interest assessment, see page (viii) of the general instructions in the paper SA3 form.  The amount of late payment or underpayment   | days<br>274<br>charge)       | Interest                                  |
| For an explana<br>Line 1 Enter<br>Line 2 Multip<br>Line 3 Multip<br>Line 4 Multip<br>* To view t<br>contact t<br>** This is th<br>NOTE: If you a   | Action of interest assessment, see page (viii) of the general instructions in the paper SA3 form.  The amount of late payment or underpayment   | days<br>274<br>charge)<br>se | Interest                                  |
| For an explana<br>Line 1 Enter 1<br>Line 2 Multip<br>Line 3 Multip<br>Line 4 Multip<br>* To view t<br>contact t<br>** This is the<br>NOTE: If you a<br>please list below                               | Anation of interest assessment, see page (viii) of the general instructions in the paper SA3 form.  The amount of late payment or underpayment  | days<br>274<br>charge)<br>se | Interest                                  |
| For an explana<br>Line 1 Enter 1<br>Line 2 Multip<br>Line 3 Multip<br>Line 4 Multip<br>* To view t<br>contact t<br>** This is the<br>NOTE: If you a<br>please list belo<br>filing.                     | The amount of interest assessment, see page (viii) of the general instructions in the paper SA3 form.  The amount of late payment or underpayment   | days<br>274<br>charge)<br>se | Interest                                  |
| For an explana<br>Line 1 Enter 1<br>Line 2 Multip<br>Line 3 Multip<br>Line 4 Multip<br>* To view t<br>contact t<br>** This is the<br>NOTE: If you a<br>please list belo<br>filing.<br>Owner<br>Address | Anation of interest assessment, see page (viii) of the general instructions in the paper SA3 form.  the amount of late payment or underpayment  | days<br>274<br>charge)<br>se | Interest                                  |

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 filing, a determination that would be made by a court of law.

# INSTRUCTIONS FOR DSE SCHEDULE WHAT IS A "DSE"

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

### FORMULAS FOR COMPUTING A STATION'S DSE

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

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

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

| • Independent: its type-value is             | 1.00 |
|--|------|
| Network: its type-value is                   | 0.25 |
| Noncommercial educational: its type-value is | 0.25 |

Note that local stations are not counted at all in computing DSEs.

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

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

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

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

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

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

#### TOTAL OF DSEs

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

#### THE ROYALTY FEE

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

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

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

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

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

1) A station actually carried within any portion of a cable system prior to June 25, 1981, pursuant to the former FCC rules.

2) A station first carried after June 24, 1981, which could have been carried under FCC rules in effect on June 24, 1981, if such carriage would not have exceeded the market quota imposed for the importation of distant stations under those rules.

3) A station of the same type substituted for a carried network, noncommercial educational, or regular independent station for which a quota was or would have been imposed under FCC rules (47 CFR 76.59 (b),(c), 76.61 (b),(c),(d), and 767.63 (a) [referring to 76.61 (b),(d)]) in effect on June 24, 1981.

4) A station carried pursuant to an individual waiver granted between April 16, 1976, and June 25, 1981, under the FCC rules and regulations in effect on April 15, 1976.

5) In the case of a station carried prior to June 25, 1981, on a part-time and/or substitute basis only, that fraction of the current DSE represented by prior carriage.

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

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

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

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

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

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

# DSE SCHEDULE. PAGE 11.

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

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

 If none of the stations were partially distant, calculate your base rate fee according to the following rates—for the system's permitted DSEs as reported in block B, part 6 or from part 5, whichever is applicable. First DSE
 1.064% of gross receipts

Each of the second, third, and fourth DSEs 0.701% of gross receipts The fifth and each additional DSE 0.330% of gross receipts

PARTIALLY DISTANT STATIONS—PART 9 OF THE DSE SCHEDULE • If any of the stations were partially distant:

1. Divide all of your subscribers into subscriber groups depending on their location. A particular subscriber group consists of all subscribers who are distant with respect to exactly the same complement of stations.

 Identify the communities/areas represented by each subscriber group.
 For each subscriber group, calculate the total number of DSEs of that group's complement of stations.

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

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

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

5. Calculate a separate base rate fee for each subscriber group, using (1) the rates given above; (2) the total number of DSEs for that group's complement of stations; and (3) the amount of gross receipts attributable to that group.

 $\ensuremath{6}\xspace.$  Add together the base rate fees for each subscriber group to determine the system's total base rate fee.

7. If any portion of the cable system is located in whole or in part within a major television market, you may also need to complete part 9, block B of the Schedule to determine the Syndicated Exclusivity Surcharge.

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

**Rounding Off DSEs.** In computing DSEs on the DSE schedule, you may round off to no less than the third decimal point. If you round off a DSE in any case, you must round off DSEs throughout the schedule as follows: • When the fourth decimal point is 1, 2, 3, or 4, the third decimal remains

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

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

# EXAMPLE:

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

Distant Stations Carried Identification of Subscriber Groups In most cases under current FCC STATION DSE CITY OUTSIDE LOCAL GROSS RECEIPTS A (independent) SERVICE AREA OF FROM SUBSCRIBERS rules, all of Fairvale would be within 1.0 Santa Rosa Stations A, B, C, D ,E the local service area of both stations B (independent) 1.0 \$310,000.00 0.083 Stations A and C 100.000.00 C (part-time) Rapid City A and C and all of Rapid City and Bo-D (part-time) 0.139 Bodega Bay Stations A and C 70.000.00 dega Bay would be within the local service areas of stations B, D, and E. E (network) 0.25 Fairvale Stations B, D, and E 120,000.00 TOTAL DSEs TOTAL GROSS RECEIPTS \$600.000.00 2.472 Minimum Fee Total Gross Receipts \$600,000.00 Santa Rosa Stations A and C x .01064 35 mile zone \$6,384.00 First Subscriber Group Second Subscriber Group Third Subscriber Group (Santa Rosa) (Rapid City and Bodega Bay) (Fairvale) Fairvale Gross receipts \$310,000.00 Gross receipts \$170,000.00 Gross receipts \$120,000.00 DSEs DSEs Rapid City 2.472 DSFs 1.083 1.389 Base rate fee \$6,497.20 Base rate fee \$1,907.71 Base rate fee \$1,604.03 \$310,000 x .01064 x 1.0 = 3,298.40 \$170,000 x .01064 x 1.0 = 1,808.80 \$120,000 x .01064 x 1.0 = 1,276.80 Bodega \$310,000 x .00701 x 1.472 = 3,198.80 \$170,000 x .00701 x .083 = 98.91 \$120,000 x .00701 x .389 = 327.23 Bav \$6,497.20 Base rate fee \$1,907.71 \$1,604.03 Base rate fee Base rate fee Stations B. D.

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

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

and E

35 mile zone 🗸

### ACCOUNTING PERIOD: 2022/1

## DSE SCHEDULE. PAGE 11. (CONTINUED)

| 4   | LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID#  |             |                      |      |           |       |  |  |  |  |  |
|---|--|-------------|----------------------|------|-----------|-------|--|--|--|--|--|
| 1   | Mt. Vernon Telephone C   | ompany, LLO | C                    |      |           | 63438 |  |  |  |  |  |
|   | SUM OF DSEs OF CATEGOR<br>• Add the DSEs of each station<br>Enter the sum here and in line   |             |                      | 0.00 |           |       |  |  |  |  |  |
| <b>2</b><br>Computation<br>of DSEs for            | Instructions:<br>In the column headed "Call Sign": list the call signs of all distant stations identified by the letter "O" in column 5<br>of space G (page 3).<br>In the column headed "DSE": for each independent station, give the DSE as "1.0"; for each network or noncom-<br>mercial educational station, give the DSE as ".25." |             |                      |      |           |       |  |  |  |  |  |
| Category "O"                                      |  |             | CATEGORY "O" STATION |      |           |       |  |  |  |  |  |
| Stations  | CALL SIGN  | DSE         | CALL SIGN            | DSE  | CALL SIGN | DSE   |  |  |  |  |  |
| Add rows as necessary.                            |  |             |                      |      |           |       |  |  |  |  |  |
| Remember to copy<br>all formula into new<br>rows. |  |             |                      |      |           |       |  |  |  |  |  |
|   |  |             |                      |      |           |       |  |  |  |  |  |
|   |  |             |                      |      |           |       |  |  |  |  |  |
|   |  |             |                      |      |           |       |  |  |  |  |  |
|   |  |             |                      |      |           |       |  |  |  |  |  |
|   |  |             |                      |      |           |       |  |  |  |  |  |
|   |  |             |                      |      |           |       |  |  |  |  |  |
|   |  |             |                      |      |           |       |  |  |  |  |  |

|  | L |  |  |
|--|---|--|--|

| ACCOUNTING PERIOD  |   | OWNER OF CABLE SYSTEM:   |  |  |   |  |   |   | JLE. PAGE 12. |
|--|---|--|--|--|---|--|---|---|---------------|
| Name   |   | Felephone Company  | y, LLC   |  |   |  |   | 5   | 63438         |
| <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<br>Column 3<br>be carried out<br>Column 5<br>give the type-<br>Column 6                   | CAPACITY<br>st the call sign of all dist<br>2: For each station, give<br>correspond with the info<br>3: For each station, give<br>4: Divide the figure in co<br>t at least to the third dec<br>5: For each independent<br>value as ".25."<br>5: Multiply the figure in c<br>point. This is the station | the number of ho<br>prmation given in<br>the total number<br>lumn 2 by the fig<br>imal point. This i<br>station, give the<br>olumn 4 by the fi                         | ours your cable system<br>space J. Calculate or<br>of hours that the stat<br>ure in column 3, and<br>s the "basis of carriag<br>"type-value" as "1.0."<br>gure in column 5, and                        | m carried the sta<br>hly one DSE for a<br>ion broadcast ov<br>give the result in<br>le value" for the s<br>For each netwo                     | ation during the<br>each station.<br>ver the air durin<br>decimals in co<br>station.<br>ork or noncomr | ng the accour<br>olumn 4. This<br>nercial educa                                     | nting period.<br>figure must<br>ational station,<br>ss than the |               |
| Capacity   |   |  | CATEGORY   | LAC STATIONS:  | COMPUTATI   | ION OF DS  | Es  |   |               |
|  | 1. CALL<br>SIGN   | 2. NUMBI<br>OF HO<br>CARRI<br>SYSTE  | URS<br>ED BY   | 3. NUMBER<br>OF HOURS<br>STATION<br>ON AIR   | 4. Basis of<br>Carriag<br>Value   |  | 5. TYPE<br>VALUE  | 6. DS   | ε             |
|  | N/A   |  | ÷  |  | =   | x  |   | =   |               |
|  |   |  | ÷  |  |   | x  |   | =   |               |
|  |   |  | ÷  |  |   | x<br>x   |   | =   |               |
|  |   |  | ÷  |  | =   | x  |   | =   |               |
|  |   |  | ÷<br>÷   |  |   | ×  |   | =   |               |
|  |   |  | ÷  |  |   | x<br>x   |   | =   |               |
| 4<br>Computation<br>of DSEs for<br>Substitute-<br>Basis Stations   | Was carried<br>tions in effe<br>Broadcast of<br>space I).<br>Column 2:<br>at your option.<br>Column 3:<br>Column 4: | re the call sign of each s<br>d by your system in subs<br>act on October 19, 1976<br>one or more live, nonnetw<br>For each station give the<br>This figure should corre<br>Enter the number of day<br>Divide the figure in coluu<br>This is the station's DSE  | stitution for a pro-<br>(as shown by the<br>work programs du<br>e number of live,<br>espond with the i<br>ys in the calendai<br>mn 2 by the figur<br>E (For more infor | gram that your systen<br>e letter "P" in column<br>ring that optional carr<br>nonnetwork program<br>nformation in space I.<br>r year: 365, except in<br>e in column 3, and gi<br>mation on rounding, s | n was permitted to<br>7 of space I); an<br>iage (as shown by<br>s carried in subs<br>a leap year.<br>ve the result in co<br>ee page (viii) of | to delete unde<br>d<br>y the word "Yes'<br>stitution for pro<br>olumn 4. Rour<br>the general ins       | r FCC rules a<br>' in column 2 o<br>grams that w<br>d to no less<br>structions in t | of<br>ere deleted<br>than the third                             | rm).          |
|  | 4 0 4 1   |  |  | BASIS STATION  |   |  |   |   | 4 005         |
|  | 1. CALL<br>SIGN   | 2. NUMBER<br>OF<br>PROGRAMS  | 3. NUMBE<br>OF DAYS<br>IN YEAR   | S  | 1. CALL<br>SIGN   | 2. NUMI<br>OF<br>PROC  | GRAMS   | 3. NUMBER<br>OF DAYS<br>IN YEAR                                 | 4. DSE        |
|  |   |  | ÷  |  |   |  | ÷   |   | =             |
|  |   |  | ÷  | =  |   |  | ÷   |   | =             |
|  |   |  | ÷  | =  |   |  | ÷   |   | =             |
|  |   |  | ÷  | =  |   |  | ÷   |   | =             |
|  | Add the DSEs  | • OF SUBSTITUTE-BAS<br>of each station.<br>um here and in line 3 of  | SIS STATIONS:  | edule,   |   |  | 0.00  |   |               |
| 5<br>Total Number<br>of DSEs   | number of DSE<br>1. Number o<br>2. Number o<br>3. Number o  | ER OF DSEs: Give the ar<br>s applicable to your syste<br>of DSEs from part 2 •<br>of DSEs from part 3 •<br>of DSEs from part 4 •   |  | oxes in parts 2, 3, and  | 4 of this schedul   | e and add then   | n to provide th   | 0.00<br>0.00<br>0.00  |               |
|  | TOTAL NUMBE   |  |  |  |   |  | <b>&gt;</b>   |   | 0.00          |

| DSE SCHEDULE. P                                |   |  |   |  |  |  |   |                    | g Period: 2022,                                    |
|--|---|--|---|--|--|--|---|--------------------|--|
|  | WNER OF CABLE S   |  |   |  |  |  | S   | YSTEM ID#<br>63438 | Name   |
|  | ck A must be comp   |  |   |  |  |  |   |                    |  |
| n block A:                                     | ck A must be comp   | neteu.   |   |  |  |  |   |                    | •  |
| If your answer if schedule.                    | "Yes," leave the re   | mainder of p   | art 6 and part 7  | of the DSE sched   | lule blank and   | l complete part  | 8, (page 16) of th                                | e                  | 6  |
| If your answer if                              | "No," complete blo  | cks B and C  |   |  |  |  |   |                    | Computation  |
|  |   |  |   | ELEVISION M  |  |  |   |                    | Computation o<br>3.75 Fee                          |
| s the cable syster<br>effect on June 24,       | m located wholly οι<br>1981?  | utside of all n  | najor and small   | er markets as defi   | ned under sec  | ction 76.5 of FC   | CC rules and regul                                | ations in          |  |
|  | plete part 8 of the   | schedule—D   | O NOT COMP  | LETE THE REMAI   | INDER OF PA  | ART 6 AND 7.   |   |                    |  |
| X No—Comp                                      | olete blocks B and  | C below.   |   |  |  |  |   |                    |  |
|  |   | BLO  | CK B: CARR  | IAGE OF PERI   | MITTED DS  | Es   |   |                    |  |
| Column 1:<br>CALL SIGN                         | under FCC rules   | and regulations of the second se | ons prior to Jun<br>dule. (Note: Th   | oart 2, 3, and 4 of t<br>e 25, 1981. For fur<br>e letter M below re<br>Act of 2010.) | ther explanat  | ion of permitted   | d stations, see the                               | -                  |  |
| Column 2:<br>BASIS OF<br>PERMITTED<br>CARRIAGE | <ul> <li>(Note the FCC ru</li> <li>A Stations carrie<br/>76.61(b)(c)]</li> <li>B Specialty statio</li> <li>C Noncommerica</li> <li>D Grandfathered<br/>instructions for</li> <li>E Carried pursua</li> <li>*F A station previous</li> </ul> | les and regul<br>ed pursuant t<br>on as defined<br>al educationa<br>station (76.6<br>r DSE sched<br>ant to individu<br>viously carrie<br>HF station w  | lations cited be<br>o the FCC mar<br>I in 76.5(kk) (76<br>Il station [76.59<br>S5) (see paragr<br>ule).<br>Ial waiver of FC<br>d on a part-tim<br>ithin grade-B c | e or substitute bas<br>ontour, [76.59(d)(5   | e in effect on<br>5.57, 76.59(b),<br>)(1), 76.63(a)<br>3(a) referring<br>stitution of gra<br>is prior to Jun | June 24, 1981<br>, 76.61(b)(c), 74<br>referring to 76<br>to 76.61(d)]<br>andfathered sta | 6.63(a) referring to<br>61(e)(1)<br>ations in the |                    |  |
| Column 3:                                      | *(Note: For those<br>this schedule to d   | stations ide   | ntified by the le<br>DSE.)  | parts 2, 3, and 4 o<br>tter "F" in column 2<br>2. PERMITTED                          |  | omplete the wo   | 2. PERMITTED                                      | 4 of<br>3. DSE     |  |
| SIGN   | BASIS   |  | SIGN  | BASIS  |  | SIGN   | BASIS   |                    |  |
|  |   |  |   |  |  |  |   |                    |  |
|  |   |  |   |  |  |  |   |                    |  |
|  |   |  |   |  |  |  |   |                    |  |
|  |   |  |   |  |  |  |   |                    |  |
|  |   |  |   |  |  | • <b>•</b>   |   |                    |  |
|  |   |  |   |  |  |  |   | 0.00               |  |
|  |   | E  | BLOCK C: CC   | MPUTATION OF   | F 3.75 FEE   |  |   |                    |  |
| ine 1: Enter the                               | total number of   | DSEs from  | part 5 of this s  | schedule   |  |  |   | -                  |  |
| ine 2: Enter the                               | e sum of permitted  | d DSEs fron  | n block B abo   | ve   |  |  | . <u> </u>  | -                  |  |
|  | line 2 from line 1<br>eave lines 4–7 bl   |  |   |  |  | rate.  |   | 0.00               |  |
| ine 4: Enter gro                               | oss receipts from   | space K (pa  | age 7)  |  |  |  | x 0.03  | 375                | Do any of th<br>DSEs represe                       |
| ne 5: Multiply li                              | ine 4 by 0.0375 a   | and enter su   | m here  |  |  |  |   |                    | partially<br>permited/<br>partially<br>nonpermitte |
| ine 6: Enter tota                              | al number of DSE  | Es from line   | 3   |  |  |  | X   | -                  | carriage?<br>If yes, see pa<br>9 instruction       |
| ine 7: Multicly li                             | ine 6 by line 5 an  | d enter bor  | and on line '   | 2 block 3 space  | (page 7)   |  |   | 0.00               |  |
|  | ine o by line 5 an  |  |   | , NOCK J, SPACE  | L (page /)   |  |   | 0.00               |  |

|   |  |                           |                             |  |                              | DSE SCHEDULE. PAGE 14. |  |  |  |  |
|---|--|---------------------------|-----------------------------|--|------------------------------|------------------------|--|--|--|--|
| Name  |  | IER OF CABLE SYSTE        |                             |  |                              | SYSTEM ID#             |  |  |  |  |
|   | wit. vernon reie   | ephone Company            | , LLC                       |  |                              | 63438                  |  |  |  |  |
| Worksheet for<br>Computating<br>the DSE<br>Schedule for<br>Permitted<br>Part-Time and<br>Substitute<br>Carriage | <ul> <li>Instructions: You must complete this worksheet for those stations identifed by the letter "F" in column 2 of block B, part 6 (i.e., those stations carried prior to June 25, 1981, under former FCC rules governing part-time and substitute carriage.)</li> <li>Column 1: List the call sign for each distant station identifed by the letter "F" in column 2 of part 6 of the DSE schedule.</li> <li>Column 2: Indicate the DSE for this station for a single accounting period, occurring between January 1, 1978 and June 30, 1981.</li> <li>Column 3: Indicate the accounting period and year in which the carriage and DSE occurred (e.g., 1981/1).</li> <li>Column 4: Indicate the basis of carriage on which the station was carried by listing one of the following letters:</li> <li>(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), or 76.63 (referring to 76.61(e)(1)).</li> <li>B—Late-night programming: Carriage under FCC rules, sections 76.59(d)(3), 76.61(e)(3), or 76.63 (referring to 76.61(e)(3)).</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 6: Compare the DSE figures listed in columns 2 and 5 and list the smaller of the two figures here. This figure should be entered in block B, column 3 of part 6 for this station.</li> <li>IMPORTANT: The information you give in columns 2, 3, and 4 must be accurate and is subject to verifcation from the designated statement of account on fle in the Licensing Division.</li> </ul> |                           |                             |  |                              |                        |  |  |  |  |
|   |  |                           | FOR STATIONS CARRI          |  |                              |                        |  |  |  |  |
|   | 1. CALL  | 2. PRIOR                  | 3. ACCOUNTING               | 4. BASIS OF  | 5. PRESENT                   | 6. PERMITTED           |  |  |  |  |
|   | SIGN   | DSE                       | PERIOD                      | CARRIAGE   | DSE                          | DSE                    |  |  |  |  |
|   |  |                           |                             |  |                              |                        |  |  |  |  |
|   |  |                           |                             |  |                              |                        |  |  |  |  |
|   |  |                           |                             |  |                              |                        |  |  |  |  |
|   |  |                           |                             |  |                              |                        |  |  |  |  |
|   |  |                           |                             |  |                              |                        |  |  |  |  |
|   |  |                           |                             |  |                              |                        |  |  |  |  |
|   |  |                           |                             |  |                              |                        |  |  |  |  |
|   |  |                           |                             |  |                              |                        |  |  |  |  |
|   |  |                           |                             |  |                              |                        |  |  |  |  |
|   |  |                           |                             |  |                              |                        |  |  |  |  |
|   |  |                           |                             |  |                              |                        |  |  |  |  |
| 7<br>Computation<br>of the  | Instructions: Block A must be completed.<br>In block A:<br>If your answer is "Yes," complete blocks B and C, below.<br>If your answer is "No," leave blocks B and C blank and complete part 8 of the DSE schedule.   |                           |                             |  |                              |                        |  |  |  |  |
| Syndicated  |  |                           | BLOCK A: MAJOR              | TELEVISION MARK  | ET                           |                        |  |  |  |  |
| Exclusivity   | la anno martíon af tha a   |                           |                             |  |                              | hum = 0.4 . 40040      |  |  |  |  |
| Surcharge   |  | -                         | op 100 major television mai |  |                              | June 24, 1981?         |  |  |  |  |
|   | Yes—Complete   | blocks B and C .          |                             | X No—Proceed to  | рап 8                        |                        |  |  |  |  |
|   | BLOCK B: C   | arriage of VHF/Grade      | B Contour Stations          | BLOCK C: Computation of Exempt DSEs  |                              |                        |  |  |  |  |
|   | Is any station listed in   | block B of part 6 the     | primary stream of a         | 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 |                              |                        |  |  |  |  |
|   | or in part, over the ca  | ble system?               |                             | to former FCC rule 76.159)   |                              |                        |  |  |  |  |
|   | Yes—List each st   | tation below with its app | ropriate permitted DSE      | Yes—List each st   | ation below with its appropr | iate permitted DSE     |  |  |  |  |
|   | X No—Enter zero a  | and proceed to part 8.    |                             | X No—Enter zero a  | nd proceed to part 8.        |                        |  |  |  |  |
|   | CALL SIGN  | DSE CA                    | LL SIGN DSE                 | CALL SIGN  | DSE CALL S                   | GN DSE                 |  |  |  |  |
|   | CALL SIGN  |                           |                             | CALL SIGN  |                              |                        |  |  |  |  |
|   |  |                           |                             |  |                              |                        |  |  |  |  |
|   |  | Ī                         |                             |  |                              |                        |  |  |  |  |
|   |  | ļ                         |                             |  |                              |                        |  |  |  |  |
|   |  |                           |                             |  |                              |                        |  |  |  |  |
|   |  |                           |                             |  |                              |                        |  |  |  |  |
|   |  |                           |                             |  |                              |                        |  |  |  |  |
|   |  |                           |                             |  |                              | DSEs 0.00              |  |  |  |  |
|   | TOTAL DSEs 0.00 TOTAL DSEs   |                           |                             |  |                              |                        |  |  |  |  |

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| DSE SCHEDULE. PAGE15. |  |
|-----------------------|--|
|                       |  |

| LEGAL NA      | ME OF OWNER OF CABLE SYSTEM:  | SYSTEM ID# | Name                      |
|---------------|---|------------|---------------------------|
|               | Mt. Vernon Telephone Company, LLC   | 63438      |                           |
|               | BLOCK D: COMPUTATION OF THE SYNDICATED EXCLUSIVITY SURCHARGE  |            |                           |
| Section<br>1  | Enter the amount of gross receipts from space K (page 7)  | 712,722.07 | 7                         |
| Section<br>2  | A. Enter the total DSEs from block B of part 7  | 0.00       | Computation<br>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?<br>Yes—Complete section 3 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?     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  | E          |                           |
|               | is 1.0 or less, multiply the gross receipts by .00599 by the DSE. Enter the result on line A below.   | <u>،</u>   |                           |
|               | 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.  |            |                           |
|               | 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 | Did your cable system retransmit the signals of any partially distant television stations during the accounting period?         Image: System retransmit the signals of any partially distant television stations during the accounting period?         Image: System retransmit the signals of any partially distant television stations during the accounting period?         Image: System retransmit the signals of any partially distant television stations during the accounting period?         Image: System retransmit the signals of any partially distant television stations during the accounting period?         Image: System retransmit the signals of any partially distant television stations during the accounting period?         Image: System retransmit television stations during the accounting period?         Image: System retransmit television stations during television stations during the accounting period?         Image: System retransmit television stations during television stations duri |            |                           |
|               | 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)<br>and enter here   |            |                           |
|               | D. Multiply line B by line C and enter here   |            |                           |
|               | E. Add lines A and D. This is your surcharge.<br>Enter here and on line 2 of block 4 in space L (page 7)<br>Syndicated Exclusivity Surcharge  |            |                           |

## ACCOUNTING PERIOD: 2022/1

| ACCOUNTING PERIOD         | : 2022/1       | DSE SCHEDULE. PAGE  | £ 16. |
|---------------------------|----------------|---|-------|
| Name                      |                | IE OF OWNER OF CABLE SYSTEM: SYSTEM:  |       |
|                           | l              | Mt. Vernon Telephone Company, LLC 634   | 38    |
| 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 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)<br>Syndicated Exclusivity Surcharge  |       |
|                           |                |   |       |
| 8                         | You m<br>6 was | c <b>tions:</b><br>ust complete this part of the DSE schedule for the SUM OF PERMITTED DSEs in part 6, block B; however, if block A of part<br>checked "Yes," use the total number of DSEs from part 5.<br>ck A, indicate, by checking "Yes" or "No," whether your system carried any partially distant stations. |       |
| Computation<br>of         | -              | r answer is "No," compute your system's base rate fee in block B. Leave part 9 blank.<br>r answer is "Yes" (that is, if you carried one or more partially distant stations), you must complete part 9. Leave block B below  |       |
| Base Rate Fee             | blank          |   |       |
|                           |                | s a partially distant station? A station is "partially distant" if, at the time your system carried it, some of your subscribers<br>ocated within that station's local service area and others were located outside that area. For the definition of a station's "local   |       |
|                           |                | e area," see page (v) of the general instructions.  |       |
|                           |                | BLOCK A: CARRIAGE OF PARTIALLY DISTANT STATIONS   |       |
|                           | • Did y        | our cable system retransmit the signals of any partially distant television stations during the accounting period?  |       |
|                           |                | Yes—Complete part 9 of this schedule. X No—Complete the following sections.   |       |
|                           |                | BLOCK B: NO PARTIALLY DISTANT STATIONS—COMPUTATION OF BASE RATE FEE   |       |
|                           | Section<br>1   | Enter the amount of gross receipts from space K (page 7)  |       |
|                           | 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.<br>NOTE: If the DSE is 1.0 or less, multiply the gross receipts by 0.01064 by the DSE. Enter the result on line A below.   |       |
|                           |                | A. Enter 0.01064 of gross receipts  |       |
|                           |                | (the amount in section 1)   |       |
|                           |                | B. Enter 0.00701 of gross receipts         (the amount in section 1)             \$ 4,996.18  |       |
|                           |                | C. Subtract 1.000 from total DSEs (the figure in section 2) and enter here  |       |
|                           |                | D. Multiply line B by line C and enter here   |       |
|                           |                | E. Add lines A, and D. This is your base rate fee. Enter here<br>and in block 3, line 1, space L (page 7)   | _ ۲   |
|                           |                | Base Rate Fee   |       |

| LEGAL N                   | AME OF OWNER OF CABLE SYSTEM: SYSTEM ID#  |                            |
|---------------------------|---|----------------------------|
| Mt. V                     | ernon Telephone Company, LLC 63438  | Name                       |
| 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                         |   | 0                          |
|                           | A. Enter 0.01064 of gross receipts  | 8                          |
|                           | (the amount in section 1)   |                            |
|                           | B. Enter 0.00701 of gross receipts  | Computation                |
|                           | (the amount in section 1)   | of                         |
|                           |   | Base Rate Fee              |
|                           | C. Multiply line B by 3.000 and enter here <b>\$</b>  |                            |
|                           | D. Enter 0.00330 of gross receipts  |                            |
|                           | (the amount in section 1)► \$   |                            |
|                           | E. Subtract 4.000 from total DSEs   |                            |
|                           | (the figure in section 2) and enter here  |                            |
|                           |   |                            |
|                           | F. Multiply line D by line E and enter here <b>\$</b>   |                            |
|                           | 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>   |                            |
|                           | Base Rate Fee 5 0.00  |                            |
| IMPOR                     | RTANT: It is no longer necessary to report television signals on a system-wide basis. Carriage of television broadcast signals  |                            |
| shall ir                  | stead be reported on a community-by-community basis (subscriber groups) if the cable system reported multiple channel line-   | 9                          |
| •                         | Space G.  | 9                          |
|                           | <b>eral:</b> If any of the stations you carried were partially distant, the statute allows you, in computing your base rate fee, to exclude s from subscribers located within the station's local service area, from your system's total gross receipts. To take advantage of | Computation                |
| •                         | clusion, you must:  | of<br>Base Rate Fee        |
| Eirot                     | Divide all of your subscribers into subscriber groups, each group consisting entirely of subscribers that are distant to the same   | and                        |
|                           | Divide all of your subscribers into subscriber groups, each group consisting entirely of subscribers that are distant to the same<br>or the same group of stations. Next: Treat each subscriber group as if it were a separate cable system. Determine the number o           | Syndicated                 |
| DSEs                      | and the portion of your system's gross receipts attributable to that group, and calculate a separate base rate fee for each group.  | Exclusivity<br>Surcharge   |
| Finally                   | r: Add up the separate base rate fees for each subscriber group. That total is the base rate fee for your system.   | for                        |
|                           | If any portion of your cable system is located within the top 100 television market and the station is not exempt in part 7, you Iso compute a Syndicated Exclusivity Surcharge for each subscriber group. In this case, complete both block A and B below.                   | Partially<br>Distant       |
|                           | rer, if your cable system is wholly located outside all major television markets, complete block A only.  | Stations, and              |
| How to                    | o Identify a Subscriber Group for Partially Distant Stations  | for Partially<br>Permitted |
|                           | For each community served, determine the local service area of each wholly distant and each partially distant station you   | Stations                   |
|                           | to that community.  |                            |
|                           | : 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          |                            |
|                           | ne token, the station is distant to the subscriber.)  |                            |
| Step 3                    | : Divide your subscribers into subscriber groups according to the complement of stations to which they are distant. Each  |                            |
|                           | iber group must consist entirely of subscribers who are distant to exactly the same complement of stations. Note that a cable<br>will have only one subscriber group when the distant stations it carried have local service areas that coincide.                             |                            |
| -                         |   |                            |
| -                         | uting the base rate fee for each subscriber group: Block A contains separate sections, one for each of your system's iber groups.   |                            |
|                           | n section:  |                            |
| <ul> <li>Ident</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   |                            |
|                           | ibers in the group.   |                            |
| • lf:                     | r system is leasted whelly system and smaller television markets, give each station's DSE as you gave it in parts 2, 2  |                            |
| , .                       | r system is located wholly outside all major and smaller television markets, give each station's DSE as you gave it in parts 2, 3, of this 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,  |                            |
| •                         | t 6 of this schedule.   |                            |
|                           | 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>e paper SA3 form.   |                            |
|                           | 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   |                            |
| page.                     | In making this computation, use the DSE and gross receipts figure applicable to the particular subscriber group (that is, the total   |                            |
|                           | for that group's complement of stations and total gross receipts from the subscribers in that group). You do not need to show<br>ctual calculations on the form.  |                            |

|      | LEGAL NAME OF OWNER OF CABLE SYSTEM: SY  | STEM ID# |
|------|--|----------|
| Name | Mt. Vernon Telephone Company, LLC  | 63438    |
|      | Guidance for Computing the Royalty Fee for Partially Permitted/Partially NonPermitted Signals  |          |
|      | Step 1: Use part 9, block A, of the DSE Schedule to establish subscriber groups to compute the base rate fee for wholly and  |          |
|      | partially permitted distant signals. Write "Permitted Signals" at the top of the page. Note: One or more permitted signals in these  |          |
|      | subscriber groups may be partially distant.<br><b>Step 2:</b> Use a separate part 9, block A, to compute the 3.75 percent fee for wholly nonpermitted and partially nonpermitted distant   |          |
|      | signals. Write "Nonpermitted 3.75 stations" at the top of this page. Multiply the subscriber group gross receipts by total DSEs by   |          |
|      | .0375 and enter the grand total 3.75 percent fees on line 2, block 3, of space L. Important: The sum of the gross receipts reported  |          |
|      | for each part 9 used in steps 1 and 2 must equal the amount reported in space K.   |          |
|      | Step 3: Use part 9, block B, to compute a syndicated exclusivity surcharge for any wholly or partially permitted distant   |          |
|      | signals from step 1 that is subject to this surcharge.   |          |
|      | Guidance for Computing the Royalty Fee for Carriage of Distant and Partially Distant Multicast Streams   |          |
|      | Step 1: Use part 9, Block A, of the DSE Schedule to report each distant multicast stream of programming that is transmitted from   |          |
|      | a primary television broadcast signal. Only the base rate fee should be computed for each multicast stream. The 3.75 Percent Rate and Syndicated Exclusivity Surcharge are not applicable to the secondary transmission of a multicast stream. |          |
|      | You must report but not assign a DSE value for the retransmission of a multicast stream that is the subject of a written agreement   |          |
|      | entered into on or before June 30, 2009 between a cable system or an association representing the cable system and a primary   |          |
|      | transmitter or an association representing the primary transmitter.  |          |
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| FORM | SA3E. | PAGE | 19. |
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| LEGAL NAME OF OWNE<br>Mt. Vernon Teleph                          |                     |                        |                                    |                         |          | S  | 63438       | Name             |
|--|---------------------|------------------------|------------------------------------|-------------------------|----------|--|-------------|------------------|
| BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP |                     |                        |                                    |                         |          |  |             |                  |
| FIRST SUBSCRIBER GROUP   |                     |                        |                                    |                         |          | 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       |
|  |                     |                        |                                    |                         |          |  |             | Exclusivity      |
|  |                     |                        |                                    |                         |          |  |             | Surcharge<br>for |
|  |                     |                        |                                    |                         |          | a <b>-</b> 11111111111111111111111111111111111 |             | Partially        |
|  |                     |                        |                                    |                         |          |  |             | Distant          |
|  |                     |                        |                                    |                         |          |  |             | Stations         |
|  |                     | -                      |                                    |                         |          |  |             |                  |
|  |                     |                        |                                    |                         |          |  |             |                  |
|  |                     |                        |                                    |                         |          | +  |             |                  |
|  |                     |                        |                                    |                         |          |  |             |                  |
|  |                     |                        |                                    |                         |          |  |             |                  |
| Total DSEs   |                     |                        | 0.00                               | Total DSEs              |          |  | 0.00        |                  |
| Gross Receipts First Group \$ 0.00                               |                     | Gross Receipts Seco    | and Group                          | \$                      | 0.00     |  |             |                  |
|  | loup                | . <b>.</b>             | 0.00                               |                         |          | <u> </u>                                       |             |                  |
| Base Rate Fee First Group \$ 0.00                                |                     |                        | Base Rate Fee Second Group \$ 0.00 |                         |          |  |             |                  |
|  | THIRD               | SUBSCRIBER GROU        | JP                                 | FOURTH SUBSCRIBER GROUP |          |  |             |                  |
| COMMUNITY/ AREA 0  |                     |                        | COMMUNITY/ AREA 0                  |                         |          |  |             |                  |
| CALL SIGN  | DSE                 | CALL SIGN              | DSE                                | CALL SIGN               | DSE      | CALL SIGN                                      | DSE         |                  |
|  |                     |                        |                                    |                         |          |  |             |                  |
|  |                     | +                      |                                    |                         |          |  |             |                  |
|  |                     |                        |                                    |                         |          |  |             |                  |
|  |                     |                        |                                    |                         |          |  |             |                  |
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|  |                     |                        |                                    |                         |          |  |             |                  |
|  |                     |                        |                                    |                         |          |  |             |                  |
|  |                     |                        |                                    |                         |          |  |             |                  |
|  |                     |                        |                                    |                         |          |  |             |                  |
|  |                     |                        |                                    |                         |          |  |             |                  |
|  |                     |                        |                                    |                         |          |  |             |                  |
| Total DSEs   |                     |                        | 0.00                               | Total DSEs              |          |  | 0.00        |                  |
| Gross Receipts Third Group \$ 0.00                               |                     | Gross Receipts Four    | th Group                           | \$                      | 0.00     |  |             |                  |
| Base Rate Fee Third C  | Group               | \$                     | 0.00                               | Base Rate Fee Four      | th Group | \$   | 0.00        |                  |
|  |                     |                        |                                    |                         |          |  |             |                  |
| <b>Base Rate Fee:</b> Add th<br>Enter here and in block          | ne <b>base ra</b> t | te fees for each subsc | riber group a                      | s shown in the boxes a  | above.   | ¢  | 0.00        |                  |
| Inter nere and in piock  | . J, III e I, S     | space L (paye / )      |                                    |                         |          | φ  | 0.00        |                  |