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

## SA3E Long Form

## STATEMENT OF ACCOUNT

for Secondary Transmissions by Cable Systems (Long Form)

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

FOR COPYRIGHT OFFICE USE ONLY						
DATE RECEIVED	AMOUNT					
8/15/22	\$					
8/15/22	ALLOCATION NUMBER					

Return completed workbook by email to:

coplicsoa@loc.gov

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

Α	ACCOUNTING PERIOD COVERED BY THIS STATEMENT:				
Accounting	2022/1				
Period					
B Owner	Instructions: Give the full legal name of the owner of the cable system. If the owner is rate title of the subsidiary, not that of the parent corporation. List any other name or names under which the owner conducts the busine If there were different owners during the accounting period, only the owner a single statement of account and royalty fee payment covering the entire account. Check here if this is the system's first filing. If not, enter the system's ID.	ess of the cable system or on the last day of the counting period.	em. he accounting period should su		6364
	LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM				
	Midcontinent Communications				
				6364	420221
				6364	2022/1
	PO Box 5040				
	Sioux Falls, SD 57117-5040				
_	INSTRUCTIONS: In line 1, give any business or trade names used to	identify the busine	ass and approximate of the sys	stom unlos	c those
C	names already appear in space B. In line 2, give the mailing address				
System	DENTIFICATION OF CABLE SYSTEM:				
,	Grand Forks, ND				
	MAILING ADDRESS OF CABLE SYSTEM:				
	PO Box 5040 2 (Number, street, rural route, apartment, or suite number)				
	Sioux Falls, SD 57117-5040				
	(City, town, state, zip code)				
D	Instructions: For complete space D instructions, see page 1b. Identif	v only the frst com	munity served below and re	elist on pac	 ae 1b
Area	with all communities.	,	,		•
Served	CITY OR TOWN	STATE			
First	Grand Forks	ND			
Community	Below is a sample for reporting communities if you report multiple cl	nannel line-ups in	Space G.		
	CITY OR TOWN (SAMPLE)	STATE	CH LINE UP	SUB	GRP#
Sample	Alda	MD	A		1
22	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 Offce's public indexes and in search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal sufficiency of the fling, a determination that would be made by a court of law.

FORM SA3E. PAGE 1b. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: 6364 Midcontinent Communications Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined D in FCC rules: "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single, discrete unincorporated areas." 47 C.F.R. §76.5(dd). The frst community that you list will serve as a form Area of system identification hereafter known as the "first community." Please use it as the first community on all future fillings. Served Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified city or town. If all communities receive the same complement of television broadcast stations (i.e., one channel line-up for all), then either associate all communities with the channel line-up "A" in the appropriate column below or leave the column blank. If you report any stations on a partially distant or partially permitted basis in the DSE Schedule, associate each relevant community with a subscriber group, designated by a number (based on your reporting from Part 9). When reporting the carriage of television broadcast stations on a community-by-community basis, associate each community with a channel line-up designated by an alpha-letter(s) (based on your Space G reporting) and a subscriber group designated by a number (based on your reporting from Part 9 of the DSE Schedule) in the appropriate columns below. CITY OR TOWN CH LINE UP SUB GRP# STATE **Grand Forks** ND AC First Crookston MN AC 4 Community **East Grand Forks** AC 4 MN **Emerado** ND AC 4 **Grand Forks AFB** ND AC 4 4 Manvel ND AC See instructions for AC Oslo MN 4 additional information on alphabetization. 5 Larimore ND AC Minto ND AA 1 2 Grafton ND AA Add rows as necessary. ND AB 3 **Buxton** 3 ND Reynolds AB **Thompson** ND AB 3 3 Hatton ND **AB** Grandin ND AD 6 ND 6 Hillsboro AD Mayville ND **AD** 6 **Portland** ND AD 6

	_	

Name
Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

Midcontinent Communications

6364

# Ε

#### Secondary Transmission Service: Subscribers and Rates

#### SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

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

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

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

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

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

BLO	OCK 1	BLOCK 2					
CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE	CATEGORY OF SERVICE		NO. OF SUBSCRIBERS		RATE
Residential:							
<ul> <li>Service to first set</li> </ul>	13,944	\$ 26.95	High Def Converter		13,643	\$	3.00
<ul> <li>Service to additional set(s)</li> </ul>			Hospitals		495	\$	8.50
<ul> <li>FM radio (if separate rate)</li> </ul>			Nursing Homes		1,189	\$	10.00
Motel, hotel	737	\$ 13.50	Business Accounts		809	\$	26.95
Commercial	2,569	\$ 73.95					
Converter							
Residential	18,178	\$ 3.00					
Non-residential							

# F

#### Services Other Than Secondary Transmissions: Rates

#### SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

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

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

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

	BLOCK 2						
CATEGORY OF SERVICE	DRY OF SERVICE RATE CATEGORY OF SERVICE RATE				CATEGORY OF SERVICE	RATE	
Continuing Services:			Installation: Non-residential				
• Pay cable	\$	16.00	Motel, hotel	\$	499.00	Digital 1	\$ 10.00
<ul> <li>Pay cable—add'l channel</li> </ul>			Commercial	\$	499.00	Digital Variety	\$ 3.50
<ul> <li>Fire protection</li> </ul>			• Pay cable			Digital Espanol	\$ 4.00
<ul> <li>Burglar protection</li> </ul>			<ul> <li>Pay cable-add'l channel</li> </ul>			Digital Sports & Variety	\$ 9.00
Installation: Residential			Fire protection			Cinemax	\$ 16.00
First set	\$	25.00	Burglar protection			Showtime	\$ 16.00
<ul> <li>Additional set(s)</li> </ul>	\$	25.00	Other services:			Starz! & Encore	\$ 16.00
<ul> <li>FM radio (if separate rate)</li> </ul>			Reconnect	\$	75.00	TMC	\$ 16.00
Converter			Disconnect				
			Outlet relocation \$ 25.00		25.00		
			• Move to new address \$ 25.00				

	SYSTEM ID#	Namo				
PRIMARY TRANSMITT	ERS: TELEVISION	ON				
carried by your cable s FCC rules and regulat 76.59(d)(2) and (4), 76 substitute program ba	system during tions in effect of 6.61(e)(2) and sis, as explaine	the accounting n June 24, 19 (4), or 76.63 ( ed in the next	g period except 981, permitting t referring to 76.6 paragraph	(1) stations carrie he carriage of cer 61(e)(2) and (4))];	s and low power television stations) ed only on a part-time basis under tain network programs [sections and (2) certain stations carried on a	Primary Transmitters: Television
basis under specifc F( Do not list the statior station was carried List the station here, basis. For further ir in the paper SA3 fo	CC rules, regulant here in space of only on a substand also in spanformation contorm.	ations, or auth G—but do lis stitute basis ace I, if the st cerning substi	norizations: tot it in space I (tl ation was carrie tute basis statio	he Special Statened both on a substons, see page (v)	nent and Program Log)—if the itute basis and also on some othe of the general instructions located	
each multicast stream cast stream as "WETA WETA-simulcast).	associated wit 4-2". Simulcast	h a station ac streams mus	cording to its over t be reported in	ver-the-air design column 1 (list eac	es such as HBO, ESPN, etc. Identifj ation. For example, report multi ch stream separately; for example tion for broadcasting over-the-air ir	
on which your cable so Column 3: Indicate educational station, by (for independent multi For the meaning of the Column 4: If the st planation of local serv Column 5: If you he cable system carried the distant state For the retransmiss	ystem carried to e in each case yentering the locast), "E" (for no ese terms, see tation is outside rice area, see phave entered "Yethe distant statition on a part-tision of a distant	he station whether the setter "N" (for reconsidered on the toncommercial page (v) of the the local serage (v) of the desired on during the me basis bect multicast stren or before Jumps on the toncommercial on the toncom	tation is a network), "N-M" al educational), al egeneral instructivice area, (i.e. general instructional 4, you must confuse of lack of a eam that is not sune 30, 2009, b	ork station, an inc (for network multi or "E-M" (for nonc actions located in 'distant"), enter "Y tions located in the indicate or indicate by el activated channel subject to a royal	es". If not, enter "No". For an ex se paper SA3 form stating the basis on which you ntering "LAC" if your cable syster	
he cable system and ion "E" (exempt). For explanation of these th <b>Column 6:</b> Give th FCC. For Mexican or the	simulcasts, als hree categories le location of ea Canadian station	o enter "E". If s, see page (v ach station. Fo ons, if any, giv	you carried the ) of the general or U.S. stations, ve the name of t	channel on any of instructions locat list the communithe the community with	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 th which the station is identifec	
the cable system and tion "E" (exempt). For explanation of these th <b>Column 6:</b> Give th FCC. For Mexican or the	simulcasts, als hree categories le location of ea Canadian station	o enter "E". If s, see page (v ach station. Fo ons, if any, giv nnel line-ups,	you carried the ) of the general or U.S. stations, ve the name of t	channel on any of instructions locat list the communithe community with expace G for each	other basis, enter "O." For a furthe ed in the paper SA3 form by to which the station is licensed by the h which the station is identifed	
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the cable system and tion "E" (exempt). For explanation of these the Column 6: Give the FCC. For Mexican or Note: If you are utilizing 1. CALL SIGN  KCGE-DT	simulcasts, als hree categories e location of ea Canadian statio ng multiple cha  2. B'CAST CHANNEL NUMBER  16 16.2	o enter "E". If s, see page (v ach station. Fo ons, if any, giv nnel line-ups,  CHANN  3. TYPE OF STATION  E E-M	you carried the ) of the general or U.S. stations, ve the name of t use a separate  EL LINE-UP  4. DISTANT? (Yes or No)  Yes Yes	channel on any of instructions local list the communithe community wite space G for each AA  5. BASIS OF CARRIAGE (If Distant)  0 0	other basis, enter "O." For a furthe ed in the paper SA3 form by to which the station is licensed by the the which the station is identified in channel line-up.  6. LOCATION OF STATION  CROOKSTON, MN (PBS)  CROOKSTON,MN(PBSWRLD/LF)	
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the cable system and ion "E" (exempt). For explanation of these the Column 6: Give the Co	simulcasts, alshree categories e location of ea Canadian stationg multiple cha  2. B'CAST CHANNEL NUMBER  16 16.2 16.3 16.4 12 12.2 24 11 11.2	o enter "E". If s, see page (v ach station. Fo ons, if any, giv nnel line-ups,  CHANN  3. TYPE OF STATION  E E-M E-M I I-M I N N-M	you carried the ) of the general or U.S. stations, ve the name of t use a separate  EL LINE-UP  4. DISTANT? (Yes or No)  Yes Yes Yes Yes No No No No No	channel on any of instructions located list the community with a space G for each space G f	cher basis, enter "O." For a furthe ed in the paper SA3 form by to which the station is licensed by the the which the station is identified in channel line-up.  6. LOCATION OF STATION  CROOKSTON, MN (PBS)  CROOKSTON,MN(PBSWRLD/LF)  CROOKSTON,MN(PBS MN HD)  CROOKSTON,MN(PBS KIDS)  PEMBINA, ND (FOX)  PEMBINA, ND (FOX)  PEMBINA, ND (ANTENNA)  VALLEY CITY, ND (COZI TV HD)  FARGO, ND (NBC)	additional informatio
the cable system and tion "E" (exempt). For explanation of these the Column 6: Give the FCC. For Mexican or Note: If you are utilizing 1. CALL SIGN  KCGE-DT  KCGE-DT2  KCGE-DT3  KCGE-DT4  KNRR-DT  KNRR-DT  KVLY-DT  KVLY-DT  KVLY-DT3	simulcasts, als hree categories e location of ea Canadian station multiple change multiple cha	o enter "E". If s, see page (v ach station. Fo ons, if any, giv nnel line-ups, CHANN 3. TYPE OF STATION  E-M E-M I-M I N-M I-M	you carried the ) of the general or U.S. stations, ve the name of t use a separate  EL LINE-UP  4. DISTANT? (Yes or No)  Yes Yes Yes Yes No No No No No No	channel on any of instructions located list the community with a space G for each space G f	cher basis, enter "O." For a furthe ed in the paper SA3 form by to which the station is licensed by the the which the station is identified in channel line-up.  6. LOCATION OF STATION  CROOKSTON, MN (PBS)  CROOKSTON, MN(PBSWRLD/LF)  CROOKSTON, MN(PBS MN HD)  CROOKSTON, MN(PBS KIDS)  PEMBINA, ND (FOX)  PEMBINA, ND (ANTENNA)  VALLEY CITY, ND (COZI TV HD)  FARGO, ND (NBC)  FARGO, ND (CBS-KXJB)  FARGO, ND (ME TV)	additional informatio
the cable system and tion "E" (exempt). For explanation of these the Column 6: Give the FCC. For Mexican or Note: If you are utilizing 1. CALL SIGN  KCGE-DT  KCGE-DT2  KCGE-DT3  KCGE-DT4  KNRR-DT  KNRR-DT  KNRR-DT  KVLY-DT  KVLY-DT3  KXJB-LD2	simulcasts, alshree categories e location of ea Canadian stationg multiple chang multiple change chan	o enter "E". If s, see page (v ach station. Fo ons, if any, giv nnel line-ups,  CHANN  3. TYPE OF STATION  E.M E-M I.M I-M I-M I-M I-M	you carried the ) of the general or U.S. stations, ve the name of t use a separate  EL LINE-UP  4. DISTANT? (Yes or No)  Yes Yes Yes Yes No	channel on any of instructions located list the community with a space G for each space G f	cher basis, enter "O." For a furthe ed in the paper SA3 form by to which the station is licensed by the the which the station is identified in channel line-up.  6. LOCATION OF STATION  CROOKSTON, MN (PBS)  CROOKSTON,MN(PBSWRLD/LF)  CROOKSTON,MN(PBS MN HD)  CROOKSTON,MN(PBS KIDS)  PEMBINA, ND (FOX)  PEMBINA, ND (FOX)  PEMBINA, ND (ANTENNA)  VALLEY CITY, ND (COZI TV HD)  FARGO, ND (NBC)  FARGO, ND (CBS-KXJB)  FARGO, ND (ME TV)  HORACE, ND (CW)	additional information
the cable system and tion "E" (exempt). For explanation of these the Column 6: Give the FCC. For Mexican or Note: If you are utilizing 1. CALL SIGN  KCGE-DT  KCGE-DT2  KCGE-DT3  KCGE-DT4  KNRR-DT  KNRR-DT  KNRR-DT  KVLY-DT  KVLY-DT3  KXJB-LD2  KXJB-LD3	simulcasts, alshree categories e location of ea Canadian stationg multiple cha  2. B'CAST CHANNEL NUMBER  16. 16.2 16.3 16.4 12 12.2 24 11 11.2 30.2 30.3	o enter "E". If s, see page (v ach station. Fo ons, if any, giv nnel line-ups,  CHANN  3. TYPE OF STATION  E-M E-M I-M I-M I-M I-M I-M I-M I-M	you carried the ) of the general or U.S. stations, ve the name of t use a separate  EL LINE-UP  4. DISTANT? (Yes or No)  Yes Yes Yes Yes No	channel on any of instructions located list the community with a space G for each space G f	cher basis, enter "O." For a furthe ed in the paper SA3 form by to which the station is licensed by the the which the station is identified in channel line-up.  6. LOCATION OF STATION  CROOKSTON, MN (PBS) CROOKSTON, MN(PBSWRLD/LF) CROOKSTON, MN(PBS MN HD) CROOKSTON, MN(PBS KIDS) PEMBINA, ND (FOX) PEMBINA, ND (FOX) PEMBINA, ND (ANTENNA) VALLEY CITY, ND (COZI TV HD) FARGO, ND (NBC) FARGO, ND (CBS-KXJB) FARGO, ND (CW) HORACE, ND (CW)	additional information
the cable system and tion "E" (exempt). For explanation of these the Column 6: Give the FCC. For Mexican or Note: If you are utilizing 1. CALL SIGN  KCGE-DT  KCGE-DT2  KCGE-DT3  KCGE-DT4  KNRR-DT  KNRR-DT  KNRR-DT  KVLY-DT  KVLY-DT  KVLY-DT3  KXJB-LD2  KXJB-LD3  WDAZ-DT	simulcasts, alshree categories e location of ea Canadian station multiple characteristics.  2. B'CAST CHANNEL NUMBER  16 16.2 16.3 16.4 12 12.2 24 11 11.2 30.2 30.3 8	o enter "E". If s, see page (v ach station. Fo ons, if any, giv nnel line-ups,  CHANN  3. TYPE OF STATION  E-M E-M I-M I-M I-M I-M I-M I-M I-M I-M I-M I	you carried the ) of the general or U.S. stations, ve the name of t use a separate  EL LINE-UP  4. DISTANT? (Yes or No)  Yes Yes Yes Yes No	channel on any of instructions located list the community with a space G for each space G f	cher basis, enter "O." For a furthe ed in the paper SA3 form by to which the station is licensed by the which the station is identified in channel line-up.  6. LOCATION OF STATION  CROOKSTON, MN (PBS) CROOKSTON, MN(PBSWRLD/LF) CROOKSTON, MN(PBS MN HD) CROOKSTON, MN(PBS KIDS) PEMBINA, ND (FOX) PEMBINA, ND (FOX) PEMBINA, ND (ANTENNA) VALLEY CITY, ND (COZI TV HD) FARGO, ND (NBC) FARGO, ND (CBS-KXJB) FARGO, ND (ME TV) HORACE, ND (HEROES) DEVILS LAKE, ND (ABC)	additional information
the cable system and tion "E" (exempt). For explanation of these the Column 6: Give the FCC. For Mexican or Note: If you are utilizing.  1. CALL SIGN  KCGE-DT  KCGE-DT2  KCGE-DT3	simulcasts, alshree categories e location of ea Canadian stationg multiple cha  2. B'CAST CHANNEL NUMBER  16. 16.2 16.3 16.4 12 12.2 24 11 11.2 30.2 30.3	o enter "E". If s, see page (v ach station. Fo ons, if any, giv nnel line-ups,  CHANN  3. TYPE OF STATION  E-M E-M I-M I-M I-M I-M I-M I-M I-M	you carried the ) of the general or U.S. stations, ve the name of t use a separate  EL LINE-UP  4. DISTANT? (Yes or No)  Yes Yes Yes Yes No	channel on any of instructions located list the community with a space G for each space G f	cher basis, enter "O." For a furthe ed in the paper SA3 form by to which the station is licensed by the the which the station is identified in channel line-up.  6. LOCATION OF STATION  CROOKSTON, MN (PBS) CROOKSTON, MN(PBSWRLD/LF) CROOKSTON, MN(PBS MN HD) CROOKSTON, MN(PBS KIDS) PEMBINA, ND (FOX) PEMBINA, ND (FOX) PEMBINA, ND (ANTENNA) VALLEY CITY, ND (COZI TV HD) FARGO, ND (NBC) FARGO, ND (CBS-KXJB) FARGO, ND (CW) HORACE, ND (CW)	additional information

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LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	Nome
Midcontinent Communications	6364	Name

#### PRIMARY TRANSMITTERS: TELEVISION

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

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

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

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

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

**Column 3:** Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast)

For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form

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

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

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

Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified **Note:** If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.

		CHANN	EL LINE-UP	AB	
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION
KBRR-DT	10	I	No		THIEF RIVER FALLS, MN (FOX)
KBRR-DT2	10.2	I-M	No		THIEF RIVER FALLS,MN(ANTE)
KFME-DT	13	E	No		FARGO, ND (PBS)
KFME-DT2	13.2	E-M	No		FARGO,ND(PBS WRLD/LIFE)
KFME-DT3	13.3	E-M	No		FARGO, ND (PBS MN HD)
KFME-DT4	13.4	E-M	No		FARGO, ND (PBS KIDS)
KRDK-DT	24	I	No		VALLEY CITY, ND (COZI TV HD)
KVLY-DT	11	N	No		FARGO, ND (NBC)
KVLY-DT2	11.2	N-M	No		FARGO, ND (CBS-KXJB)
KVLY-DT3	11.3	I-M	No		FARGO, ND (ME TV)
KXJB-LD2	30.2	I-M	No		HORACE, ND (CW)
KXJB-LD3	30.3	I-M	No		HORACE, ND (HEROES)
WDAZ-DT	8	N	No		DEVILS LAKE, ND (ABC)
WDAY-DT2	21.2	I-M	No		FARGO, ND (True Crime)
WDAY-DT3	21.3	I-M	No		FARGO, ND (WDAY'Z XTRA HD)
KVLY-DT4	11.4	I-M	No		FARGO, ND (CIRCLE)

G

Primary Transmitters: Television

LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	N	
Midcontinent Communications	6364	Name	

#### PRIMARY TRANSMITTERS: TELEVISION

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

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

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

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

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

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

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

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

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

Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified **Note:** If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.

		CHANN	EL LINE-UP	AC	
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION
KBRR-DT	10	I	No		THIEF RIVER FALLS, MN (FOX)
KBRR-DT2	10.2	I-M	No		THIEF RIVER FALLS,MN(ANTE)
KCGE-DT	16	Е	Yes	0	CROOKSTON, MN (PBS)
KCGE-DT2	16.2	E-M	Yes	0	CROOKSTON,MN(PBSWRLD/LF)
KCGE-DT3	16.3	E-M	Yes	0	CROOKSTON,MN(PBS MN HD)
KCGE-DT4	16.4	E-M	Yes	0	CROOKSTON,MN(PBS KIDS)
KRDK-DT	24	I	No		VALLEY CITY, ND (COZI TV HD)
KVLY-DT	11	N	No		FARGO, ND (NBC)
KVLY-DT2	11.2	N-M	No		FARGO, ND (CBS-KXJB)
KVLY-DT3	11.3	I-M	No		FARGO, ND (ME TV)
KXJB-LD2	30.2	I-M	No		HORACE, ND (CW)
KXJB-LD3	30.3	I-M	No		HORACE, ND (HEROES)
WDAZ-DT	8	N	No		DEVILS LAKE, ND (ABC)
WDAY-DT2	21.2	I-M	No		FARGO, ND (True Crime)
WDAY-DT3	21.3	I-M	No		FARGO, ND (WDAY'Z XTRA HD)
KVLY-DT4	11.4	I-M	No		FARGO, ND (CIRCLE)

G

Primary Transmitters: Television

DDIMADY TRANSMITTERS: TELEVISION			
Midcontinent Communications	6364	Name	
LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	N	

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

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

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

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

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

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

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

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

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

Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.

	CHANNEL LINE-UP AD								
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION				
KBRR-DT	10	I	No		THIEF RIVER FALLS, MN (FOX)				
KBRR-DT2	10.2	I-M	No		THIEF RIVER FALLS,MN(ANTE)				
KFME-DT	13	E	No		FARGO, ND (PBS)				
KFME-DT2	13.2	E-M	No		FARGO,ND(PBS WRLD/LIFE)				
KFME-DT3	13.3	E-M	No		FARGO, ND (PBS MN HD)				
KFME-DT4	13.4	E-M	No		FARGO, ND (PBS KIDS)				
KRDK-DT	24	I	No		VALLEY CITY, ND (COZI TV HD)				
KVLY-DT	11	N	No		FARGO, ND (NBC)				
KVLY-DT2	11.2	N-M	No		FARGO, ND (CBS-KXJB)				
KVLY-DT3	11.3	I-M	No		FARGO, ND (ME TV)				
KXJB-LD2	30.2	I-M	No		HORACE, ND (CW)				
KXJB-LD3	30.3	I-M	No		HORACE, ND (HEROES)				
WDAY-DT	21	N	No		FARGO, ND (ABC)				
WDAY-DT2	21.2	I-M	No		FARGO, ND (True Crime)				
WDAY-DT3	21.3	I-M	No		FARGO, ND (WDAY'Z XTRA HD)				
KVLY-DT4	11.4	I-M	No		FARGO, ND (CIRCLE)				

G

**Primary** Transmitters: Television

ACCOUNTING PERIOD: 2022/1 FORM SA3E. PAGE 4.

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name 6364 **Midcontinent Communications** PRIMARY TRANSMITTERS: RADIO Н In General: List every radio station carried on a separate and discrete basis and list those FM stations carried on an all-band basis whose signals were "generally receivable" by your cable system during the accounting period. Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally **Primary** Transmitters: receivable if (1) it is carried by the system whenever it is received at the system's headend, and (2) it can be expected, Radio on the basis of monitoring, to be received at the headend, with the system's FM antenna, during certain stated intervals. For detailed information about the the Copyright Office regulations on this point, see page (vi) of the general instructions located in the paper SA3 form. Column 1: Identify the call sign of each station carried. Column 2: State whether the station is AM or FM. Column 3: If the radio station's signal was electronically processed by the cable system as a separate and discrete signal, indicate this by placing a check mark in the "S/D" column. Column 4: Give the station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified). CALL SIGN AM or FM S/D LOCATION OF STATION CALL SIGN AM or FM LOCATION OF STATION S/D

TORWOODE. TAGE 5.						ACCOUNTING	1 LINIOD. 2022/1
LEGAL NAME OF OWNER OF Midcontinent Commun					\$	6364 SYSTEM	Name
SUBSTITUTE CARRIAG	F: SPECIA	AI STATEME	NT AND PROGRAM LO	G			
In General: In space I, ident substitute basis during the avexplanation of the programm form.	ify every no	nnetwork televi	sion program broadcast by a ecific present and former FC	a distant statio C rules, regu	lations, or authorizations	For a further	<b> </b> Substitute
1. SPECIAL STATEMEN	T CONCE	RNING SUBS	TITUTE CARRIAGE				Carriage: Special
• During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program broadcast by a distant station?							
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.  2. LOG OF SUBSTITUT	E PROGRA	AMS					
In General: List each subsclear. If you need more spacelear. If give the title period, was broadcast by a under certain FCC rules, re SA3 form for futher informatitles, for example, "I Love Column 2: If the progracolumn 3: Give the call Column 4: Give the brothe case of Mexican or Cal Column 5: Give the mofirst. Example: for May 7 gives	stitute prograce, please of every not distant state gulations, ation. Do not be used to	am on a separ attach additio connetwork tele ition and that y or authorizatio ot use general BA Basketball adcast live, ent station broadd ion's location ( ions, if any, the y when your sy he substitute pr	nal pages. vision program (substitute rour cable system substitute rour cable system substitut rns. See page (vi) of the ge categories like "movies", 76ers vs. Bulls." er "Yes." Otherwise enter casting the substitute prog the community to which the extern carried the substitute rogram was carried by you	program) the ted for the prepared instructor "basketbal" "No." ram. e station is life program. U r cable syste	at, during the accountin ogramming of another s tions located in the pap ". List specific progran censed by the FCC or, lentified). se numerals, with the n m. List the times accura	g station er n	
Column 7: Enter the let	ter "R" if the		m was substituted for prog				
to delete under FCC rules gram was substituted for p							
effect on October 19, 1976	•	y iriat your sys	terri was permitted to dele	te under PCC	Tules and regulations	11 1	
				\\/\L	N SUBSTITUTE		
s	UBSTITUT	E PROGRAM	1		AGE OCCURRED	7. REASON FOR	
1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. TIMES FROM — TO	DELETION	
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ACCOUNTING PERIOD: 2022/1 FORM SA3E. PAGE 6.

	1									
Name									STEM ID# 6364	
_	PART-TIME CA									
J	time carriage du	ue to lack of act em carried that	with column 5 of s ivated channel cap station. If you nee	oacity, you are r d more space, p	equiro lease	ed to complete the attach addition	nis log giving the al pages.	e total dates and		
Part-Time Carriage Log	Column 5 of space G.  Column 2 (Dates and hours of carriage): For each station, list the dates and hours when part-time carriage occurred during the accounting period.  Give the month and day when the carriage occurred. Use numerals, with the month first. Example: for April 10 give									
	<ul> <li>"4/10."</li> <li>State the starting and ending times of carriage to the nearest quarter hour. In any case where carriage ran to the end of the television station's broadcast day, you may give an approximate ending hour, followed by the abbreviation "app." Example: "12:30 a.m.— 3:15 a.m. app."</li> <li>You may group together any dates when the hours of carriage were the same. Example: "5/10-5/14, 6:00 p.m.— 12:00 p.m."</li> </ul>									
			DATE	S AND HOURS	OF I	PART-TIME CAF	RRIAGE			
	CALL SIGN	WHEN	CARRIAGE OCC			CALL SIGN	WHEN	CARRIAGE O		
		DATE	FROM	TO			DATE	FROM	DURS	TO
				<u>-                                      </u>						
				_	_				_	
									_	
				- -						
			_	_					_	
				-						
				<u>-</u> -	-					
			_	_					_	
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			_	_					_	
					_					
			_	-	-					
									_	
				-	-					
			_	-					_	

LEGA	SASE. PAGE 7.  AL NAME OF OWNER OF CABLE SYSTEM:  SYSTEM ID#  discontinent Communications  6364	Name					
Inst all a (as pag	OSS RECEIPTS ructions: The figure you give in this space determines the form you fle and the amount you pay. Enter the total of mounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission service identified in space E) during the accounting period. For a further explanation of how to compute this amount, see e (vii) of the general instructions.  Gross receipts from subscribers for secondary transmission service(s) during the accounting period.  \$ 3,699,553.02 ORTANT: You must complete a statement in space P concerning gross receipts.	K Gross Receipts					
<ul> <li>COPYRIGHT ROYALTY FEE 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> <li>If part 8 or part 9, block A, of the DSE schedule was completed, the base rate fee should be entered on line 1 of block 3 below.</li> </ul>							
▶ If pa	art 6 of the DSE schedule was completed, the amount from line 7 of block C should be entered on line 2 in block elow.  art 7 or part 9, block B, of the DSE schedule was completed, the surcharge amount should be entered on line block 4 below.						
Block 1 MINIMUM FEE: All cable systems with semiannual gross receipts of \$527,600 or more are required to pay at least the minimum fee, regardless of whether they carried any distant stations. This fee is 1.064 percent of the system's gross receipts for the accounting period.  Line 1. Enter the amount of gross receipts from space K Line 2. Multiply the amount in line 1 by 0.01064 Enter the result here.							
Block 2	This is your minimum fee. \$ 39,363.24  DISTANT TELEVISION STATIONS CARRIED: Your answer here must agree with the information you gave in space G. If, in space G, you identifed any stations as "distant" by stating "Yes" in column 4, you must check "Yes" in this block.  • Did your cable system carry any distant television stations during the accounting period?  X Yes—Complete the DSE schedule.  No—Leave block 3 below blank and complete line 1, block 4.						
Block 3	Line 1. BASE RATE FEE: Enter the base rate fee from either part 8, section 3 or 4, or part 9, block A of the DSE schedule. If none, enter zero  \$ 2,975.04  Line 2. 3.75 Fee: Enter the total fee from line 7, block C, part 6 of the DSE						
	schedule. If none, enter zero  Line 3. Add lines 1 and 2 and enter here  \$ 2,975.04						
Block 4	Line 1. BASE RATE FEE/3.75 FEE or MINIMUM FEE: Enter either the minimum fee from block 1 or the sum of the base rate fee / 3.75 fee from block 3, line 3, whichever is larger Line 2. SYNDICATED EXCLUSIVITY SURCHARGE: Enter the fee from either part 7 (block D, section 3 or 4) or part 9 (block B) of the DSE schedule. If none, enter  0.00	Cable systems submitting additional					
	zero. Line 3. Line 3. INTEREST CHARGE: Enter the amount from line 4, space Q, page 9  (Interest Worksheet)	deposits under Section 111(d)(7) should contact the Licensing					
	Line 4. <b>FILING FEE</b>						
	TOTAL ROYALTY AND FILING FEES DUE FOR ACCOUNTING PERIOD.  Add Lines 1, 2 and 3 of block 4 and enter total here	form for submitting the additional fees.					
	general instructions located in the paper SA3 form for more information.)						

ACCOUNTING PERIOD: 2022/1 FORM SA3E, PAGE 8.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:							
Numo	Midcontinent Communications 63							
<b>M</b> Channels	CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations to its subscribers and (2) the cable system's total number of activated channels, during the accounting period.							
	1. Enter the total number of channels on which the cable system carried television broadcast stations							
	2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services							
N Individual to	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED: (Identify an individual we can contact about this statement of account.)							
Be Contacted for Further Information	Name Rachel Meyer Telephone 952-844-2655							
	Address 3600 Minnesota Drive, STE 700 (Number, street, rural route, apartment, or suite number)							
	Edina, MN 55435 (City, town, state, zip)							
	Email rachel.meyer@midco.com Fax (optional)							
0	CERTIFICATION (This statement of account must be certifed and signed in accordance with Copyright Office regulations.)							
Certifcation	• I, the undersigned, hereby certify that (Check one, but only one, of the boxes.)							
	(Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or							
	(Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as identified in line 1 of space B and that the owner is not a corporation or partnership; or							
	(Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner of the cable system in line 1 of space B.							
	I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith.  [18 U.S.C., Section 1001(1986)]							
	X /s/ Rachel Meyer							
	Enter an electronic signature on the line above using an "/s/" signature to certify this statement.  (e.g., /s/ John Smith). Before entering the first forward slash of the /s/ signature, place your cursor in the box and press the "F2" button, then type /s/ and your name. Pressing the "F" button will avoid enabling Excel's Lotus compatibility settings.							
	Typed or printed name: Rachel Meyer							
	Title: Director of Programming  (Title of official position held in corporation or partnership)							
	Date: August 12, 2022							

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Office to collect the personally identifying information (PII) requested on the 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 telephonumbers. 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 the completed record of statements of account, and it may affect the legal sufficiency of the fling, a determination that would be made by a court of lav

LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	
Midcontinent Communications	6364	Name
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS  The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright A lowing sentence:  "In determining the total number of subscribers and the gross amounts paid to the cable sy service of providing secondary transmissions of primary broadcast transmitters, the system scribers and amounts collected from subscribers receiving secondary transmissions pursus.  For more information on when to exclude these amounts, see the note on page (vii) of the general paper SA3 form.  During the accounting period did the cable system exclude any amounts of gross receipts for secondary transmissions.  X NO  YES. Enter the total here and list the satellite carrier(s) below \$	rstem for the basic n shall not include sub- ant to section 119."	P Special Statement Concerning Gross Receipts Exclusion
Name Mailing Address Mailing Address Mailing Address		
INTEREST ASSESSMENTS		
You must complete this worksheet for those royalty payments submitted as a result of a late payment For an explanation of interest assessment, see page (viii) of the general instructions in the paper s	' '	Q
Line 1 Enter the amount of late payment or underpayment	x	Interest Assessment
Line 2 Multiply line 1 by the interest rate* and enter the sum here	- x days	
Line 3 Multiply line 2 by the number of days late and enter the sum here	x 0.00274	
Line 4 Multiply line 3 by 0.00274** enter here and on line 3, block 4,		
space L, (page 7)	(interest charge)	
* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For furt contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.		
** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.		
NOTE: If you are filing this worksheet covering a statement of account already submitted to the Coplease list below the owner, address, first community served, accounting period, and ID number a filing.		
Owner Address		
First community served		
Accounting period		
ID number		

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

# INSTRUCTIONS FOR DSE SCHEDULE WHAT IS A "DSE"

The term "distant signal equivalent" (DSE) generally refers to the numerica 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 accoun (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 the second of the se	

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

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

Substitution of Grandfathered Stations. Under section 76.65 of the former FCC rules, a cable system was not required to delete any statior 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 Syndicatec 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 pursuan to former FCC rules in effect on June 24, 1981.
- Identify any station carried prior to June 25, 198I, on a substitute and/o 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 ir
  a major television market, part 7 does not have to be completed.
- Determine which station(s) reported in block B, part 6 are commercial VHF stations and place a grade B contour, in whole, or in part, over the cable system. If none of these stations are carried, part 7 does not have to be completed.
- Determine which of those stations reported in block b, part 7 of the DSE Schedule were carried before March 31,1972. These stations are exempt from the FCC's syndicated exclusivity rules in effect on June 24 1981. If you qualify to calculate the royalty fee based upon the carriage of partially-distant stations, and you elect to do so, you must compute the surcharge in part 9 of this schedule.
- Subtract the exempt DSEs from the number of DSEs determined in block B of part 7. This is the total number of DSEs subject to the Syndicated Exclusivity Surcharge.
- Compute the Syndicated Exclusivity Surcharge based upon these DSEs and the appropriate formula for the system's market position.

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

#### SCHEDULE

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

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

 1.064% of gross receipts

 Each of the second, third, and fourth DSEs

 0.701% of gross receipts

 The fifth and each additional DSE
 0.330% of gross receipts

#### PARTIALLY DISTANT STATIONS—PART 9 OF THE DSE SCHEDULE

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

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

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

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

- Calculate a separate base rate fee for each subscriber group, using
   the rates given above; (2) the total number of DSEs for that group's complement of stations; and (3) the amount of gross receipts attributable to that group.
- 6. Add together the base rate fees for each subscriber group to determine the system's total base rate fee.
- 7. If any portion of the cable system is located in whole or in part within a major television market, you may also need to complete part 9, block B of the Schedule to determine the Syndicated Exclusivity Surcharge.

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

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

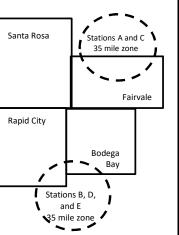
- When the fourth decimal point is 1, 2, 3, or 4, the third decimal remains unchanged (example: .34647 is rounded to .346).
- When the fourth decimal point is 5, 6, 7, 8, or 9, the third decimal is rounded up (example: .34651 is rounded to .347).

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

#### **EXAMPLE**:

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

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



Distant Stations Carried	1	Identification	of Subscriber Groups	
STATION	DSE	CITY	OUTSIDE LOCAL	GROSS RECEIPTS
A (independent)	1.0		SERVICE AREA OF	FROM SUBSCRIBERS
B (independent)	1.0	Santa Rosa	Stations A, B, C, D ,E	\$310,000.00
C (part-time)	0.083	Rapid City	Stations A and C	100,000.00
D (part-time)	0.139	Bodega Bay	Stations A and C	70,000.00
E (network)	0.25	Fairvale	Stations B, D, and E	120,000.00
TOTAL DSEs	2.472		TOTAL GROSS RECEIPTS	\$600,000.00

Minimum Fee Total Gross Receipts	\$600,000.00
	x .01064
	\$6.384.00

X .01001							
		\$6,384.00					
First Subscriber Group		Second Subscriber Group		Third Subscriber Group			
(Santa Rosa)		(Rapid City and Bodega Bay)		(Fairvale)			
Gross receipts	\$310,000.00	Gross receipts	\$170,000.00	Gross receipts	\$120,000.00		
DSEs	2.472	DSEs	1.083	DSEs	1.389		
Base rate fee	\$6,497.20	Base rate fee	\$1,907.71	Base rate fee	\$1,604.03		
\$310,000 x .01064 x 1.0 =	3,298.40	\$170,000 x .01064 x 1.0 =	1,808.80	\$120,000 x .01064 x 1.0 =	1,276.80		
\$310,000 x .00701 x 1.472 =	3,198.80	\$170,000 x .00701 x .083 =	98.91	\$120,000 x .00701 x .389 =	327.23		
Base rate fee	\$6,497.20	Base rate fee	\$1,907.71	Base rate fee	\$1,604.03		

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

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

## DSE SCHEDULE. PAGE 11. (CONTINUED)

4	LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID#									
<b>'</b>	Midcontinent Commun	ications				6364				
	SUM OF DSEs OF CATEGORY "O" STATIONS:									
	Add the DSEs of each statio		:		4 00					
	Enter the sum here and in line	1.00								
2	Instructions:	Ciamile 11-4 11	all aimma af all disk. I all t	idam##: 11	the letter "C" i.e					
	In the column headed "Call Sign": list the call signs of all distant stations identified by the letter "O" in column 5 of space G (page 3).									
Computation	In the column headed "DSE			E as "1.0"; for	each network or noncom-					
of DSEs for	mercial educational station, give the DSE as ".25."									
Category "O"	CALL CION	DOE	CATEGORY "O" STATION		CALL CION	I DOE				
Stations	CALL SIGN  KCGE-DT	0.250	CALL SIGN KCGE-DT2	0.250	CALL SIGN KCGE-DT3	DSE				
	KCGE-DT4	0.250	NCGE-D12	0.250	INCGE-DIS	0.250				
	NCGE-D14	0.250								
Add rows as										
necessary.										
Remember to copy										
all formula into new										
rows.										

	mind	

Nama	LEGAL NAME OF C	OWNER OF CABLE SYSTEM:					S	SYSTEM ID#	
Name	Midcontinen	t Communications						6364	
Computation of DSEs for Stations Carried Part Time Due to Lack of Activated Channel	Instructions: CAPACITY Column 1: List the call sign of all distant stations identified by "LAC" in column 5 of space G (page 3).  Column 2: For each station, give the number of hours your cable system carried the station during the accounting period. This figure should correspond with the information given in space J. Calculate only one DSE for each station.  Column 3: For each station, give the total number of hours that the station broadcast over the air during the accounting period.  Column 4: Divide the figure in column 2 by the figure in column 3, and give the result in decimals in column 4. This figure must be carried out at least to the third decimal point. This is the "basis of carriage value" for the station.  Column 5: For each independent station, give the "type-value" as "1.0." For each network or noncommercial educational station, give the type-value as ".25."  Column 6: Multiply the figure in column 4 by the figure in column 5, and give the result in column 6. Round to no less than the third decimal point. This is the station's DSE. (For more information on rounding, see page (viii) of the general instructions in the paper								
Capacity	SA3 form.	C	ATEGORY	/ LAC STATIONS:	COMPLITATI	ON OF DSEs			
	1. CALL SIGN	2. NUMBEI OF HOU CARRIE SYSTEM	R IRS D BY	3. NUMBER OF HOURS STATION ON AIR	4. BASIS OF CARRIAG VALUE	5. TYPE	6. DS	SE	
			÷		=	<u>x</u>	=		
			÷			x x			
			÷			x x	=		
			÷		=	x	=		
			÷		=	X	=		
			÷		=	x x	=		
	Add the DSEs	of CATEGORY LAC Soft each station.  Im here and in line 2 of page 1.		chedule,		0.00			
Computation of DSEs for Substitute-Basis Stations	tions in effect on October 19, 1976 (as shown by the letter "P" in column 7 of space I); and  • Broadcast one or more live, nonnetwork programs during that optional carriage (as shown by the word "Yes" in column 2 of space I).  Column 2: For each station give the number of live, nonnetwork programs carried in substitution for programs that were deleted							rm).	
		SU	BSTITUTE	-BASIS STATION	S: COMPUTA	TION OF DSEs			
	1. CALL SIGN	2. NUMBER OF PROGRAMS	3. NUMB OF DA' IN YEA	YS	1. CALL SIGN	2. NUMBER OF PROGRAMS	3. NUMBER OF DAYS IN YEAR	4. DSE	
		÷		<u>=</u>					
		÷		·····					
		÷		=		÷		=	
		÷		<u>=</u>		÷		=	
	÷ =   SUM OF DSEs OF SUBSTITUTE-BASIS STATIONS: Add the DSEs of each station. Enter the sum here and in line 3 of part 5 of this schedule,								
5		ER OF DSEs: Give the amo		boxes in parts 2, 3, and	4 of this schedule	e and add them to provide	the total		
Total Number	1. Number of	f DSEs from part 2 ●				<b>-</b>	1.00		
of DSEs	2. Number o	f DSEs from part 3 ●				<u> </u>	0.00		
	3. Number o	f DSEs from part 4 ●				<b>-</b>	0.00		
	TOTAL NUMBE	R OF DSEs						1.00	

DSE SCHEDULE. PAGE 13. ACCOUNTING PERIOD: 2022/1

LEGAL NAME OF O							S	YSTEM ID# 6364	Name
Instructions: Bloc	ck A must be com	pleted.							
In block A: • If your answer if " schedule.	'Yes," leave the re	emainder of p	art 6 and part	7 of the DSE sche	edule blank ar	nd complete pa	art 8, (page 16) of	the	6
If your answer if "No," complete blocks B and C below.  BLOCK A: TELEVISION MARKETS									Computation of
Is the cable system located wholly outside of all major and smaller markets as defined under section 76.5 of FCC rules and regulations in								3.75 Fee	
effect on June 24,	1981?							galationo in	
			OO NOT COM	PLETE THE REMA	AINDER OF F	PART 6 AND 7	<b>'</b> .		
X No—Comp	lete blocks B and	C below.							
		BLOC	K B: CARR	IAGE OF PERI	MITTED DS	SEs			
Column 1: CALL SIGN	under FCC rules	and regulation ne DSE Sche	ons prior to Ju dule. (Note: T	part 2, 3, and 4 of ne 25, 1981. For fu he letter M below r Act of 2010.)	urther explana	ation of permitt	ed stations, see t	he	
Column 2: BASIS OF PERMITTED CARRIAGE	(Note the FCC rd A Stations carri 76.61(b)(c)] B Specialty stati C Noncommeric D Grandfatherec instructions fc E Carried pursua *F A station pre	les and regued pursuant to on as defined all educations of station (76.0) or DSE sched ant to individuation with the station will be station w	lations cited b to the FCC ma d in 76.5(kk) (7 al station [76.5 65) (see paragulule). ual waiver of F ed on a part-tir vithin grade-B	ne or substitute ba contour, [76.59(d)(	se in effect of 6.57, 76.59(b e)(1), 76.63(a 63(a) referring bstitution of g	n June 24, 198 b), 76.61(b)(c), a) referring to 7 g to 76.61(d)] grandfathered s	76.63(a) referring 76.61(e)(1) stations in the		
Column 3:		e stations ide determine the	ntified by the I	n parts 2, 3, and 4 etter "F" in column  2. PERMITTED			vorksheet on page 2. PERMITTED	T	
SIGN	BASIS		SIGN	BASIS		SIGN	BASIS		
KCGE-DT	С	0.25							
KCGE-DT2	M	0.25							
KCGE-DT3 KCGE-DT4	M M	0.25 0.25							
NOOL-D14		0.20							
								1.00	
		В	LOCK C: CC	MPUTATION OF	F 3.75 FEE				
Line 1: Enter the	total number of	DSEs from	part 5 of this	schedule			116		
Line 2: Enter the	sum of permitte	d DSEs from	m block B ab	ove			11-		
				r of DSEs subject 7 of this schedu		rate.	n-		
Line 4: Enter gro	ss receipts from	space K (p	age 7)				x 0.03	375	Do any of the DSEs represen partially
Line 5: Multiply li	ne 4 by 0.0375	and enter su	ım here				×		permited/ partially nonpermitted
Line 6: Enter tota	al number of DS	Es from line	3						carriage? If yes, see part 9 instructions.
Line 7: Multiply li	ne 6 by line 5 ar	nd enter her	e and on line	2, block 3, spac	e L (page 7)	)		0.00	

	F OWNER OF CABLE  ot Communication						S	7STEM ID# 6364	Name
		BLOCK	A: TELEVIS	SION MARKETS	S (CONTIN	IUED)			_
1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	6
									Computation of 3.75 Fee
						•			

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name **Midcontinent Communications** 6364 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 Worksheet for stations carried prior to June 25, 1981, under former FCC rules governing part-time and substitute carriage.) Column 1: List the call sign for each distant station identifed by the letter "F" in column 2 of part 6 of the DSE schedule. Computating the DSE Column 2: Indicate the DSE for this station for a single accounting period, occurring between January 1, 1978 and June 30, 1981. Schedule for Column 3: Indicate the accounting period and year in which the carriage and DSE occurred (e.g., 1981/1). Permitted Column 4: Indicate the basis of carriage on which the station was carried by listing one of the following letters: Part-Time and (Note that the FCC rules and regulations cited below pertain to those in effect on June 24, 1981.) Substitute A—Part-time specialty programming: Carriage, on a part-time basis, of specialty programming under FCC rules, sections Carriage 76.59(d)(1),76.61(e)(1), or 76.63 (referring to 76.61(e)(1)). B-Late-night programming: Carriage under FCC rules, sections 76.59(d)(3), 76.61(e)(3), or 76.63 (referring to 76.61(e)(3)). S-Substitute carriage under certain FCC rules, regulations, or authorizations. For further explanation, see page (vi) of the general instructions in the paper SA3 form. Column 5: Indicate the station's DSE for the current accounting period as computed in parts 2, 3, and 4 of this schedule. Column 6: Compare the DSE figures listed in columns 2 and 5 and list the smaller of the two figures here. This figure should be entered in block B, column 3 of part 6 for this station. IMPORTANT: The information you give in columns 2, 3, and 4 must be accurate and is subject to verification from the designated statement of account on fle in the Licensing Division. PERMITTED DSE FOR STATIONS CARRIED ON A PART-TIME AND SUBSTITUTE BASIS 1. CALL 2. PRIOR 3. ACCOUNTING 4. BASIS OF 5. PRESENT 6. PERMITTED SIGN DSE **PERIOD** CARRIAGE DSE Instructions: Block A must be completed. 7 In block A: Computation If your answer is "Yes," complete blocks B and C, below. of the If your answer is "No," leave blocks B and C blank and complete part 8 of the DSE schedule. **Syndicated BLOCK A: MAJOR TELEVISION MARKET Exclusivity** ls any portion of the cable system within a top 100 major television market as defned by section 76.5 of FCC rules in effect June 24, 1981? Surcharge Yes—Complete blocks B and C . X No—Proceed to part 8 BLOCK B: Carriage 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 commucommercial VHF station that places a grade B contour, in whole nity served by the cable system prior to March 31, 1972? (refer or in part, over the cable system? to former FCC rule 76.159) Yes—List each station below with its appropriate permitted DSE Yes—List each station below with its appropriate permitted DSE X No—Enter zero and proceed to part 8. X No-Enter zero and proceed to part 8. CALL SIGN CALL SIGN CALL SIGN DSE DSE DSE CALL SIGN DSE 0.00 0.00 TOTAL DSEs TOTAL DSEs

LEGAL NA	ME OF OWNER OF CABLE SYSTEM: Midcontinent Communications	SYSTEM ID# 6364	Name
	BLOCK D: COMPUTATION OF THE SYNDICATED EXCLUSIVITY SURCHARGE		
Section 1	Enter the amount of gross receipts from space K (page 7)	3,699,553.02	7
Section 2	A. Enter the total DSEs from block B of part 7	0.00	Computation of the
	B. Enter the total number of exempt DSEs from block C of part 7	0.00	Syndicated Exclusivity
	C. Subtract line B from line A and enter here. This is the total number of DSEs subject to the surcharge computation. If zero, proceed to part 8	0.00	Surcharge
• Is an	y portion of the cable system within a top 50 television market as defined by the FCC?  Yes—Complete section 3 below.  X No—Complete section 4 below.		
	SECTION 3: TOP 50 TELEVISION MARKET		
Section 3a	Did your cable system retransmit the signals of any partially distant television stations during the accounting period?      No—Complete the applicable section below.  If the figure in section 2, line C is 4.000 or less, compute your surcharge here and leave section 3b blank. NOTE: If the DS		
	is 1.0 or less, multiply the gross receipts by .00599 by the DSE. Enter the result on line A below.	)L	
	A. Enter 0.00599 of gross receipts (the amount in section1)		
	B. Enter 0.00377 of gross receipts (the amount in section.1)		
	C. Subtract 1.000 from total permitted DSEs (the figure on line C in section 2) and enter here		
	D. Multiply line B by line C and enter here		
	E. Add lines A and D. This is your surcharge.  Enter here and on line 2 of block 4 in space L (page 7)  Syndicated Exclusivity Surcharge.		
Section 3b	If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 3a blank.		
	A. Enter 0.00599 of gross receipts (the amount in section 1)		
	B. Enter 0.00377 of gross receipts (the amount in section 1)		
	C. Multiply line B by 3.000 and enter here		
	D. Enter 0.00178 of gross receipts (the amount in section 1)		
	E. Subtract 4.000 from total DSEs (the fgure on line C in section 2) and enter here		
	F. Multiply line D by line E and enter here		
	G. Add lines A, C, and F. This is your surcharge.  Enter here and on line 2 of block 4 in space L (page 7)  Syndicated Exclusivity Surcharge		
	SECTION 4: SECOND 50 TELEVISION MARKET		
	Did your cable system retransmit the signals of any partially distant television stations during the accounting period?		
Section 4a	X Yes—Complete part 9 of this schedule. No—Complete the applicable section below.		
	If the figure in section 2, line C is 4.000 or less, compute your surcharge here and leave section 4b blank. NOTE: If the DS is 1.0 or less, multiply the gross receipts by 0.003 by the DSE. Enter the result on line A below.  A. Enter 0.00300 of gross receipts (the amount in section 1)	SE	
	B. Enter 0.00189 of gross receipts (the amount in section 1)		
	C.Subtract 1.000 from total permitted DSEs (the fgure on line C in section 2) and enter here		
	D. Multiply line B by line C and enter here		
	E. Add lines A and D. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7) Syndicated Exclusivity Surcharge		

Name		ME OF OWNER OF CABLE SYSTEM:	YSTEM ID#
	I	Midcontinent Communications	6364
7	Section 4b	If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 4a blank.	
Computation		A. Enter 0.00300 of gross receipts (the amount in section 1) ▶ \$	
of the Syndicated 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. Enter here and on line 2, block 4, space L (page 7)	
		Syndicated Exclusivity Surcharge	<u></u>
	Inetru	ctions:	
8	You m	ust complete this part of the DSE schedule for the SUM OF PERMITTED DSEs in part 6, block B; however, if block A of part checked "Yes," use the total number of DSEs from part 5.	i
Computation		ock A, indicate, by checking "Yes" or "No," whether your system carried any partially distant stations. Ir answer is "No," compute your system's base rate fee in block B. Leave part 9 blank.	
of	• If you	r answer is "Yes" (that is, if you carried one or more partially distant stations), you must complete part 9. Leave block B below	v
Base Rate Fee	blank What i	is a partially distant station? A station is "partially distant" if, at the time your system carried it, some of your subscribers	
		ocated within that station's local service area and others were located outside that area. For the definition of a station's "local	
	service	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?	
		X Yes—Complete part 9 of this schedule. No—Complete the following sections.	
		BLOCK B: NO PARTIALLY DISTANT STATIONS—COMPUTATION OF BASE RATE FEE	
	Section 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,"	
	0 "	use the total number of DSEs from part 5.).	
	Section 3	If the figure in section 2 is <b>4.000 or less</b> , compute your base rate fee here and leave section 4 blank.  NOTE: If the DSE is 1.0 or less, multiply the gross receipts by 0.01064 by the DSE. Enter the result on line A below.	
		A. Enter 0.01064 of gross receipts	
		(the amount in section 1)	_
		B. Enter 0.00701 of gross receipts	
		(the amount in section 1)	
		C. Subtract 1.000 from total DSEs	
		(the figure in section 2) and enter here	
		D. Multiply line B by line C and enter here	_
		E. Add lines A, and D. This is your base rate fee. Enter here	
		and in block 3, line 1, space L (page 7)	0.00
		Base Rate Fee	0.00

DSE SCHEDULE. PAGE 17. ACCOUNTING PERIOD: 2022/1

LEGAL NAME OF OWNER OF CABLE SYSTEM:	CVCTEMID#	
Midcontinent Communications	SYSTEM ID#	Name
Mildeonthiefit Communications	0004	
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.		0
A. Enter 0.01064 of gross receipts		8
(the amount in section 1) <b>&gt;</b>		
B. Enter 0.00701 of gross receipts		Computation
(the amount in section 1) <b></b>		of
C. Multiply line B by 3.000 and enter here <b>&gt;</b>		Base Rate Fee
D. Enter 0.00330 of gross receipts		
(the amount in section 1) <b>&gt;</b> \$		
E. Subtract 4.000 from total DSEs		
(the figure in section 2) and enter here		
F. Multiply line D by line E and enter here <b>&gt;</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	0.00	
IMPORTANT: It is no longer necessary to report television signals on a system-wide basis. Carriage of television		
shall instead be reported on a community-by-community basis (subscriber groups) if the cable system reported ups in Space G.	I multiple channel line-	9
In General: If any of the stations you carried were partially distant, the statute allows you, in computing your be		Computation
receipts from subscribers located within the station's local service area, from your system's total gross receipts this exclusion, you must:	. To take advantage of	of
·	F 4 44 41	Base Rate Fee and
<b>First:</b> Divide all of your subscribers into subscriber groups, each group consisting entirely of subscribers that a station or the same group of stations. Next: Treat each subscriber group as if it were a separate cable system.		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 Surcharge
Finally: Add up the separate base rate fees for each subscriber group. That total is the base rate fee for your	system.	for
NOTE: If any portion of your cable system is located within the top 100 television market and the station is not must also compute a Syndicated Exclusivity Surcharge for each subscriber group. In this case, complete both		Partially Distant
However, if your cable system is wholly located outside all major television markets, complete block A only.	DIOCK A and b below.	Stations, and
How to Identify a Subscriber Group for Partially Distant Stations		for Partially
Step 1: For each community served, determine the local service area of each wholly distant and each partially	distant station you	Permitted Stations
carried to that community.		
<b>Step 2:</b> For each wholly distant and each partially distant station you carried, determine which of your subscribe outside the station's local service area. A subscriber located outside the local service area of a station is distart the same token, the station is distant to the subscriber.)		
<b>Step 3:</b> Divide your subscribers into subscriber groups according to the complement of stations to which they a subscriber group must consist entirely of subscribers who are distant to exactly the same complement of static system will have only one subscriber group when the distant stations it carried have local service areas that co	ns. Note that a cable	
Computing the base rate fee for each subscriber group: Block A contains separate sections, one for each subscriber groups.		
In each section:		
Identify the communities/areas represented by each subscriber group.		
<ul> <li>Give the call sign for each of the stations in the subscriber group's complement—that is, each station that is of subscribers in the group.</li> </ul>	listant to all of the	
• If:		
1) your system is located wholly outside all major and smaller television markets, give each station's DSE as y and 4 of this schedule; or,	ou gave it in parts 2, 3,	
<ol> <li>any portion of your system is located in a major or smaller televison market, give each station's DSE as you part 6 of this schedule.</li> </ol>	gave it in block B,	
Add the DSEs for each station. This gives you the total DSEs for the particular subscriber group.		
Calculate gross receipts for the subscriber group. For further explanation of gross receipts see page (vii) of the in the paper SA3 form.	ne general instructions	
<ul> <li>Compute a base rate fee for each subscriber group using the formula outline in block B of part 8 of this sched page. In making this computation, use the DSE and gross receipts figure applicable to the particular subscribes DSEs for that group's complement of stations and total gross receipts from the subscribers in that group). You your actual calculations on the form.</li> </ul>	er group (that is, the total	

# LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name 6364 **Midcontinent Communications** Guidance for Computing the Royalty Fee for Partially Permitted/Partially NonPermitted Signals Step 1: Use part 9, block A, of the DSE Schedule to establish subscriber groups to compute the base rate fee for wholly and partially permitted distant signals. Write "Permitted Signals" at the top of the page. Note: One or more permitted signals in these subscriber groups may be partially distant. Step 2: Use a separate part 9, block A, to compute the 3.75 percent fee for wholly nonpermitted and partially nonpermitted distant signals. Write "Nonpermitted 3.75 stations" at the top of this page. Multiply the subscriber group gross receipts by total DSEs by .0375 and enter the grand total 3.75 percent fees on line 2, block 3, of space L. Important: The sum of the gross receipts reported for each part 9 used in steps 1 and 2 must equal the amount reported in space K. Step 3: Use part 9, block B, to compute a syndicated exclusivity surcharge for any wholly or partially permitted distant signals from step 1 that is subject to this surcharge. Guidance for Computing the Royalty Fee for Carriage of Distant and Partially Distant Multicast Streams Step 1: Use part 9, Block A, of the DSE Schedule to report each distant multicast stream of programming that is transmitted from a primary television broadcast signal. Only the base rate fee should be computed for each multicast stream. The 3.75 Percent Rate and Syndicated Exclusivity Surcharge are not applicable to the secondary transmission of a multicast stream. You must report but not assign a DSE value for the retransmission of a multicast stream that is the subject of a written agreement entered into on or before June 30, 2009 between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter.

LEGAL NAME OF OWNE						S	SYSTEM ID# 6364	Name
В		COMPUTATION O SUBSCRIBER GRO		TE FEES FOR EA		BER GROUP SUBSCRIBER GRO		
COMMUNITY/ AREA	Minto		COMMUNITY/ AREA Grafton				9 Computation	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation
				KCGE-DT KCGE-DT2 KCGE-DT3 KCGE-DT4	0.25 0.25 0.25 0.25			Base Rate F and Syndicated Exclusivity Surcharge for
								Partially Distant Stations
Total DSEs			0.00	Total DSEs			1.00	
Gross Receipts First G	iroup	\$ 2	7,588.13	Gross Receipts Se	cond Group	\$ 2	229,440.67	
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Se	cond Group	\$	2,441.25	
COMMUNITY/ AREA		SUBSCRIBER GRO	UP	FOURTH SUBSCRIBER GROUP  COMMUNITY/ AREA Grand Forks				
				COMMONITY AREA GIAIU FORS				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
Total DSEs	•		0.00	Total DSEs			0.00	
Gross Receipts Third (	Group	\$ 110	0,393.64	Gross Receipts Fo	urth Group	\$ 3,0	087,361.22	
Base Rate Fee Third (	Group	\$	0.00	Base Rate Fee For	urth Group	h Group \$ 0.00		
Base Rate Fee: Add the Enter here and in block			criber group	as shown in the boxe	s above.	\$	2,975.04	

LEGAL NAME OF OWNE Midcontinent Con						S	YSTEM ID# 6364	Name
В		COMPUTATION OF SUBSCRIBER GROU		TE FEES FOR EAC		IBER GROUP SUBSCRIBER GRO	UP	•
COMMUNITY/ AREA	Larimo	re		COMMUNITY/ AREA	Grandir	1		9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
KCGE-DT KCGE-DT2	0.25 0.25							Base Rate Fee
KCGE-DT3	0.25							Syndicated Exclusivity
KCGE-DT4	0.25							Surcharge for
								Partially Distant Stations
								Stations
Total DSEs			1.00	Total DSEs			0.00	
Gross Receipts First G	iroup	\$ 50	,168.26	Gross Receipts Seco	ond Group	\$ 1	94,601.10	
Base Rate Fee First G			533.79	Base Rate Fee Seco		\$	0.00	
COMMUNITY/ AREA	SEVENTH	SUBSCRIBER GROU	JP <b>0</b>	COMMUNITY/ AREA		SUBSCRIBER GRO	UP <b>0</b>	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
						-		
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third (	Group	\$	0.00	Gross Receipts Four	th Group	\$	0.00	
Base Rate Fee Third 0	Group	\$	0.00	Base Rate Fee Four	th Group	\$	0.00	
ne <b>base rate fees</b> for ea			criber group	as shown in the boxes	s above.	\$		

# Nonpermitted 3.75 Stations

Midcontinent Con	nmunica	tions					6364	Name
В				TE FEES FOR EACH				
		SUBSCRIBER GROU	JP			SUBSCRIBER GROU	JP	9
COMMUNITY/ AREA	Minto			COMMUNITY/ AREA	Grafton			Computa
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
CALL OION	DOL	OALL GION	DOL	OALL GIGIN	DOL	OALL GIGIT	DOL	Base Rate
								and
								Syndicat
						-		Exclusivi
								Surcharg
								for
								Partially
								Distant
								Stations
					<u>.</u>			
otal DSEs	•		0.00	Total DSEs			0.00	
		. 27			1.0		•	
Gross Receipts First G	roup	\$ 27	,588.13	Gross Receipts Secon	d Group	\$ 22	29,440.67	
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Secon	d Group	\$	0.00	
	THIRD	SUBSCRIBER GROU	JP		FOURTH	SUBSCRIBER GROU	JP	
COMMUNITY/ AREA	Buxton			COMMUNITY/ AREA Grand Forks				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
	•							
	•					-		
						·		
						H		
						-		
						-		
					<b></b>			
					<b>.</b>			
					<b></b>			
otal DSCs			0.00	Total DSCs			0.00	
otal DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third C	Group	<u>\$ 110</u>	,393.64	Gross Receipts Fourth	Group	\$ 3,08	87,361.22	
Name				B B 4 F F	0			
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
				П				
			riber group	as shown in the boxes a	above.			
Enter here and in block	3, line 1,	space L (page 7)				\$	0.00	

# Nonpermitted 3.75 Stations

Name	6364							
				TE FEES FOR EACH				BL
9	Р	SUBSCRIBER GROUI			JP	SUBSCRIBER GROU		
Computa		l	Grandin	COMMUNITY/ AREA		re	Larimor	COMMUNITY/ AREA
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate	DOL	CALL CIGIT	DOL	O/ ILL GIGIT	DOL	CALL GIGIT	DOL	O/ LEE GIGIT
and								
Syndicat								
Exclusiv							<b>.</b>	
Surchar							<b>.</b>	
for		-					-	
Partiall							-	
Distan							ļ	
Station								
	0.00			Total DSEs	0.00			otal DSEs
	_				-	. 50		
	4 601 10	¢ 19.	d Group	Gross Receipts Second	Thx /h	g 511	roun	irnee Racainte Firet (2)
	4,601.10	\$ 19	d Group	Gross Receipts Second	168.26	\$ 50,	roup	Gross Receipts First Gi
	0.00	\$ 19· \$		Gross Receipts Second  Base Rate Fee Second	0.00	\$ 50,	·	·
	0.00		d Group		0.00		roup	Base Rate Fee First Gr
	0.00	\$	d Group		0.00	\$	roup	Base Rate Fee First G
	0.00	\$	d Group	Base Rate Fee Second	<b>0.00</b>	\$	roup	Base Rate Fee First G
	0.00	\$ SUBSCRIBER GROU	d Group EIGHTH	Base Rate Fee Second COMMUNITY/ AREA	0.00 JP 0	\$ SUBSCRIBER GROU	SEVENTH	Base Rate Fee First Gr S COMMUNITY/ AREA
	0.00	\$ SUBSCRIBER GROU	d Group EIGHTH	Base Rate Fee Second COMMUNITY/ AREA	0.00 JP 0	\$ SUBSCRIBER GROU	SEVENTH	Base Rate Fee First Gr S COMMUNITY/ AREA
	0.00	\$ SUBSCRIBER GROU	d Group EIGHTH	Base Rate Fee Second COMMUNITY/ AREA	0.00 JP 0	\$ SUBSCRIBER GROU	SEVENTH	Sase Rate Fee First Gr
	0.00	\$ SUBSCRIBER GROU	d Group EIGHTH	Base Rate Fee Second COMMUNITY/ AREA	0.00 JP 0	\$ SUBSCRIBER GROU	SEVENTH	Sase Rate Fee First Gr
	0.00	\$ SUBSCRIBER GROU	d Group EIGHTH	Base Rate Fee Second COMMUNITY/ AREA	0.00 JP 0	\$ SUBSCRIBER GROU	SEVENTH	Base Rate Fee First Gr S COMMUNITY/ AREA
	0.00	\$ SUBSCRIBER GROU	d Group EIGHTH	Base Rate Fee Second COMMUNITY/ AREA	0.00 JP 0	\$ SUBSCRIBER GROU	SEVENTH	Base Rate Fee First Gr S COMMUNITY/ AREA
	0.00	\$ SUBSCRIBER GROU	d Group EIGHTH	Base Rate Fee Second COMMUNITY/ AREA	0.00 JP 0	\$ SUBSCRIBER GROU	SEVENTH	Base Rate Fee First Gr S COMMUNITY/ AREA
	0.00	\$ SUBSCRIBER GROU	d Group EIGHTH	Base Rate Fee Second COMMUNITY/ AREA	0.00 JP 0	\$ SUBSCRIBER GROU	SEVENTH	Base Rate Fee First Gr S COMMUNITY/ AREA
	0.00	\$ SUBSCRIBER GROU	d Group EIGHTH	Base Rate Fee Second COMMUNITY/ AREA	0.00 JP 0	\$ SUBSCRIBER GROU	SEVENTH	Base Rate Fee First Gr S COMMUNITY/ AREA
	0.00	\$ SUBSCRIBER GROU	d Group EIGHTH	Base Rate Fee Second COMMUNITY/ AREA	0.00 JP 0	\$ SUBSCRIBER GROU	SEVENTH	Base Rate Fee First Gr S COMMUNITY/ AREA
	0.00	\$ SUBSCRIBER GROU	d Group EIGHTH	Base Rate Fee Second COMMUNITY/ AREA	0.00 JP 0	\$ SUBSCRIBER GROU	SEVENTH	Base Rate Fee First Gr S COMMUNITY/ AREA
	0.00	\$ SUBSCRIBER GROU	d Group EIGHTH	Base Rate Fee Second COMMUNITY/ AREA	0.00 JP 0	\$ SUBSCRIBER GROU	SEVENTH	Base Rate Fee First Gr S COMMUNITY/ AREA
	0.00	\$ SUBSCRIBER GROU	d Group EIGHTH	Base Rate Fee Second COMMUNITY/ AREA	0.00 JP 0	\$ SUBSCRIBER GROU	SEVENTH	COMMUNITY/ AREA
	0.00	\$ SUBSCRIBER GROU	d Group EIGHTH	Base Rate Fee Second COMMUNITY/ AREA	0.00 JP 0	\$ SUBSCRIBER GROU	SEVENTH	Base Rate Fee First Gr S COMMUNITY/ AREA
	0.00	\$ SUBSCRIBER GROU	d Group EIGHTH	Base Rate Fee Second COMMUNITY/ AREA	0.00 JP 0	\$ SUBSCRIBER GROU	SEVENTH	sase Rate Fee First Gr
	0.00	\$ SUBSCRIBER GROU	d Group EIGHTH	Base Rate Fee Second COMMUNITY/ AREA	0.00	\$ SUBSCRIBER GROU	SEVENTH	Base Rate Fee First Gr S COMMUNITY/ AREA
	0.00  DSE  0.00	SUBSCRIBER GROUI  CALL SIGN	d Group  EIGHTH  DSE	Base Rate Fee Second  COMMUNITY/ AREA  CALL SIGN  Total DSEs	0.00	SUBSCRIBER GROU	DSE	CALL SIGN  Cotal DSEs
	0.00  P  O  DSE	\$ SUBSCRIBER GROU	d Group  EIGHTH  DSE	Base Rate Fee Second  COMMUNITY/ AREA  CALL SIGN	0.00	\$ SUBSCRIBER GROU	DSE	CALL SIGN

ACCOUNTING PERIOD: 2022/1

FORM SA3E. PAGE 20.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
	Midcontinent Communications	6364
	BLOCK B: COMPUTATION OF SYNDICATED EXCLUS	IVITY SURCHARGE FOR EACH SUBSCRIBER GROUP
9	If your cable system is located within a top 100 television market and Syndicated Exclusivity Surcharge. Indicate which major television maby section 76.5 of FCC rules in effect on June 24, 1981:	The state of the s
Computation of	☐ First 50 major television market	Second 50 major television market
Base Rate Fee	INSTRUCTIONS:	
and Syndicated	Step 1: In line 1, give the total DSEs by subscriber group for comme this schedule.	ercial VHF Grade B contour stations listed in block A, part 9 of
Exclusivity	Step 2: In line 2, give the total number of DSEs by subscriber group	for the VHF Grade B contour stations that were classified as
Surcharge for	Exempt DSEs in block C, part 7 of this schedule. If none en Step 3: In line 3, subtract line 2 from line 1. This is the total number	
Partially	Step 4: Compute the surcharge for each subscriber group using the	
Distant Stations	schedule. In making this computation, use gross receipts fig your actual calculations on this form.	jures applicable to the particular group. You do not need to show
	FIRST SUBSCRIBER GROUP	SECOND SUBSCRIBER GROUP
	Line 1: Enter the VHF DSEs	Line 1: Enter the VHF DSEs
	Line 2: Enter the Exempt DSEs	Line 2: Enter the Exempt DSEs
	Line 3: Subtract line 2 from line 1	Line 3: Subtract line 2 from line 1
	and enter here. This is the	and enter here. This is the
	total number of DSEs for this subscriber group	total number of DSEs for this subscriber group
	subject to the surcharge	subject to the surcharge
	computation	computation
	SYNDICATED EXCLUSIVITY SURCHARGE	SYNDICATED EXCLUSIVITY SURCHARGE
	First Group	Second Group
	THIRD SUBSCRIBER GROUP	FOURTH SUBSCRIBER GROUP
	Line 1: Enter the VHF DSEs	Line 1: Enter the VHF DSEs
	Line 2: Enter the Exempt DSEs	Line 2: Enter the Exempt DSEs
	Line 3: Subtract line 2 from line 1	Line 3: Subtract line 2 from line 1
	and enter here. This is the total number of DSEs for	and enter here. This is the total number of DSEs for
	this subscriber group subject to the surcharge	this subscriber group subject to the surcharge
	computation	computation
	SYNDICATED EXCLUSIVITY	SYNDICATED EXCLUSIVITY
	SURCHARGE	SURCHARGE
	Third Group	Fourth Group
	SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for on in the boxes above. Enter here and in block 4, line 2 of space L (page)	each subscriber group as shown