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				
1/5/2023	\$			
	ALLOCATION NUMBER			

Return completed workbook by email to

coplicsoa@copyright.gov

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

Α	ACCOUNTING PERIOD COVERED BY THIS STATEMENT:						
Accounting Period	2022/1						
B Owner	Instructions: Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation.  List any other name or names under which the owner conducts the business of the cable system.  If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entire accounting period.  Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.  63751						
	LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM						
	OzarksGo, LLC						
			6375	16375120221			
				63751 2022/1			
	3641 Wedington Drive						
	Fayetteville, AR 72704						
С	INSTRUCTIONS: In line 1, give any business or trade names used to i	dentify the busine	ss and operation of the syst	em unless these			
C	names already appear in space B. In line 2, give the mailing address o	f the system, if dif	ferent from the address give	en in space B.			
System	1 IDENTIFICATION OF CABLE SYSTEM:						
	MAILING ADDRESS OF CABLE SYSTEM:						
	2 (Number, street, rural route, apartment, or suite number)						
	(City, town, state, zip code)						
D	Instructions: For complete space D instructions, see page 1b. Identify	only the first com	munity served below and re	list on page 1h			
Area	with all communities.	only the mot con	initiality solved bolow and re	not on page 15			
Served	CITY OR TOWN	STATE					
First	Fayetteville	AR					
Community	Below is a sample for reporting communities if you report multiple cha	<del>I</del> annel line-ups in S	Space G.				
	CITY OR TOWN (SAMPLE)	STATE	CH LINE UP	SUB GRP#			
Sample	Alda	MD	A	1			
Campio	Alliance	MD	В	2			
	Gering	MD	В	3			

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

FORM SA3E. PAGE 1b LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# 63751 OzarksGo. LLC 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 first 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 filings. Served Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified city or town. If all communities receive the same complement of television broadcast stations (i.e., one channel line-up for all), then either associate all communities with the channel line-up "A" in the appropriate column below or leave the column blank. If you report any stations on a partially distant or partially permitted basis in the DSE Schedule, associate each relevant community with a subscriber group, designated by a number (based on your reporting from Part 9). When reporting the carriage of television broadcast stations on a community-by-community basis, associate each community with a channel line-up designated by an alpha-letter(s) (based on your Space G reporting) and a subscriber group designated by a number (based on your reporting from Part 9 of the DSE Schedule) in the appropriate columns below. CH LINE UP SUB GRP# CITY OR TOWN **STATE Favetteville** AR **First TONTITOWN II** AR 1 Δ Community **MOUNTAIN HOME II AR** Α 1 C **MAMMOUTH SPRING** 3 AR C 3 SALEM II AR **FARMINGTON II** AR Α 1 See instructions for **ROGERS II** Α AR additional information on alphabetization. SPRINGDALE II AR Α 1 **WEST FORK II** AR Α 1 **ELKINS II** AR A 1 **GOSHEN** AR Α 1 Add rows as necessary. **ELM SPRINGS** AR Α 1 **EVANSVILLE** AR **BAXTER** AR C 3 WASHINGTON AR Α 1 **MADISON AR** C 3 **BENTON II** AR D 4 **FULTON II** AR C 3 **CLARK COUNTY UNINCORPORATED** AR D 4 4 AR D **AMITY ARKADELPHIA** AR D 4 C PIKE COUNTY UNINC AR 3 DALLAS COUNTY UNINC AR C 3 HOT SPRING COUNTY UNINC. C 3 AR **JOAN** AR D 4 **MIDWAY** 4 AR D D LAMBERT AR 4 **GUM SPRINGS AR** D 4 D 4 **FENDLEY** AR **DEGRAY** AR D D **CURTIS** AR 4 **BISMARCK** AR D 4 **ALPINE AR** D **CADDO VALLEY** AR D WEDINGTON **AR** Α 1 **GREENLAND** AR Α LINCOLN AR Α **STRICKLER** AR Α 1 **EDDIE WALKER** AR Α 1 **SOUTHWINDS** AR Α 1 **DYESS** AR

WYOLA	AR	Α	1
ROLLING HILLS SD	AR	Α	1

LEGAL NAME OF OWNER OF CABLE SYSTEM:

### OzarksGo, LLC

**Instructions:** List each separate community served by the cable system. A in FCC rules: "a separate and distinct community or municipal entity (includ areas and including single, discrete unincorporated areas." 47 C.F.R. §76.5 of system identification hereafter known as the "first community." Please us

**Note:** Entities and properties such as hotels, apartments, condominiums, o below the identified city or town.

If all communities receive the same complement of television broadcast star all communities with the channel line-up "A" in the appropriate column below on a partially distant or partially permitted basis in the DSE Schedule, associated by a number (based on your reporting from Part 9).

When reporting the carriage of television broadcast stations on a communit channel line-up designated by an alpha-letter(s) (based on your Space G re (based on your reporting from Part 9 of the DSE Schedule) in the appropria

CITY OR TOWN	STATE
TELLURIDE NORTH	AR
JOHNSON	AR
CHAPMAN	AR
GULLEY	AR
CARLEY	AR
VALLEY VIEW GC	AR
HINDSVILLE	AR
ST. PAUL	AR
COMBS	AR
WESLEY	AR
PARADISE	AR
ZION	AR
HARMON	AR
HARP HILL	AR
PETTIGREW	AR
BALDWIN	<u> </u> AR
HOWARD COUNTY UNINC.	AR
FRANKLIN COUNTY UNINC.	AR
GLENWOOD	AR
DELIGHT	AR
DAISY	AR

CLARKRIDGE CEDARVILLE AR ALMA ALMA AR KIBLER SHARP COUNTY UNINC. SOUTH FORK BULL SHOALS SEBASTIAN COUNTY UNINC. AR RANDOLPH COUNTY UNINC. AR MURFREESBORO MONTGOMERY UNINC. AR LOGAN UNINC. AR CALICO ROCK BRIARCLIFF PINEVILLE AR VIOLA SALESVILLE AR NORFOLK COTTER AR GASSVILLE AR	CRAWFORD COUNTY UNINC.	AR
CEDARVILLE ALMA AR  ALMA AR  KIBLER SHARP COUNTY UNINC. AR  SOUTH FORK BULL SHOALS SEBASTIAN COUNTY UNINC. AR  RANDOLPH COUNTY UNINC. AR  MURFREESBORO MONTGOMERY UNINC. AR  LOGAN UNINC. AR  CAR  CAR  CALICO ROCK BRIARCLIFF AR  PINEVILLE AR  VIOLA SALESVILLE AR  NORFOLK AR  COTTER AR  CASSVILLE AR  AR  CASSVILLE AR  HIGHLAND AR  KNOXVILLE HIGHLAND AR  CAR  CAR  CAR  CAR  HARDY AR  WILLIFORD SIDNEY EVENING SHADE CAVE CITY AR  RAVENDEN  AR  CHEROKEE VILLAGE AR  MELBOURNE FRANKLIN HORSESHOE BEND AR  MULBERRY AR  AR  AR  MULBERRY AR  AR  AR  AR  AR  AR  AR  AR  AR		۸P
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HARDY  WILLIFORD  AR  SIDNEY  AR  EVENING SHADE  CAVE CITY  AR  RAVENDEN  AR  ASH FLAT  COAL HILL  CHEROKEE VILLAGE  MELBOURNE  FRANKLIN  HORSESHOE BEND  MULBERRY  AR  AR  AR  AR  AR  AR  AR  AR  AR		
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SIDNEY  EVENING SHADE  CAVE CITY  AR  RAVENDEN  ASH FLAT  COAL HILL  CHEROKEE VILLAGE  MELBOURNE  FRANKLIN  HORSESHOE BEND  AR  MULBERRY  AR  AR  AR  AR  AR  AR  AR  AR  AR		
EVENING SHADE  CAVE CITY  AR  RAVENDEN  ASH FLAT  COAL HILL  CHEROKEE VILLAGE  MELBOURNE  FRANKLIN  HORSESHOE BEND  MULBERRY  AR  AR  AR  AR  AR  AR  AR  AR  AR	_	
CAVE CITY AR RAVENDEN AR ASH FLAT AR COAL HILL AR CHEROKEE VILLAGE AR MELBOURNE AR FRANKLIN AR HORSESHOE BEND AR MULBERRY AR ANTOINE AR	SIDNEY	AR
RAVENDEN AR ASH FLAT AR COAL HILL AR CHEROKEE VILLAGE AR MELBOURNE AR FRANKLIN AR HORSESHOE BEND AR MULBERRY AR ANTOINE AR	EVENING SHADE	AR
ASH FLAT  COAL HILL  AR  CHEROKEE VILLAGE  MELBOURNE  FRANKLIN  AR  HORSESHOE BEND  AR  MULBERRY  AR  ANTOINE  AR  AR		
MELBOURNE AR FRANKLIN AR HORSESHOE BEND AR MULBERRY AR ANTOINE AR	RAVENDEN	AR
MELBOURNE AR FRANKLIN AR HORSESHOE BEND AR MULBERRY AR ANTOINE AR	ASH FLAT	AR
MELBOURNE AR FRANKLIN AR HORSESHOE BEND AR MULBERRY AR ANTOINE AR	COAL HILL	AR
MELBOURNE AR FRANKLIN AR HORSESHOE BEND AR MULBERRY AR ANTOINE AR	CHEROKEE VILLAGE	AR
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HORSESHOE BEND AR MULBERRY AR ANTOINE AR	IIVAIIIVEIII	~!\
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ANTOINE AR		
	ANTOINE	AR
	LAMAR	AR
CLARKSVILLE AR	CLARKSVILLE	AR

WINSLOW	AR
MARKED TREE	AR
STILWELL	OK
WESTVILLE	OK
WATTS II	OK
TENKILLER	OK
POCOLA	OK
MONROE	OK
LE FLORE COUNTY UNINC.	OK
ADAIR UNINC.	OK
SEQUOYAH	OK
CHEROKEE COUNTY UNINC.	OK
ROLAND	OK
TENKILLER	OK
COOKSON	OK
FORT COFFEE	OK
GREASY	OK
WEST SILOAM SPRINGS	OK

# SYSTEM ID# 63751

 $\iota$  "community" is the same as a "community unit" as defined ling unincorporated communities within unincorporated  $\mathfrak{i}(dd)$ . The first community that you list will serve as a form se it as the first community on all future filings.

or mobile home parks should be reported in parentheses

ations (i.e., one channel line-up for all), then either associate w or leave the column blank. If you report any stations ciate each relevant community with a subscriber group,

ty-by-community basis, associate each community with a eporting) and a subscriber group designated by a number ite columns below.

CH LINE UP	SU	B GRP#	
Α	1		
Α	1		
Α	1		
Α	1		
Α	1		
Α	1		Can imply the configuration of
Α	1		See instructions for additional information on alphabetization.
Α	1		, , , , , , , , , , , , , , , , , , ,
Α	1		
Α	1		
Α	1		Add roug or noncessary
С	3		Add rows as necessary.
Α	1		
С	3		
Α	1		
Α	1		
С	3		
Α	1		
С	3		
С	3		
С	3		

D

Area Served

Α	1
D	4
Α	1
Α	1
A	1
E	5
С	3
D	4
Α	1
E	5
С	3
С	3
Α	1
E	5
D	4
С	3
С	3
D	4
С	3
D	4
D	4
D	4
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	5
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E	5
	3
C	3
A	1
	3
Α	1
Α	1

Α	1
Е	5
В	2
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В	2
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В	2
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В	2
В	2
В	2
В	2
В	2
В	2

Name LEGAL NAME OF OWNER OF CABLE SYSTEM:

OzarksGo, LLC

SYSTEM ID#

### 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.

BLOCK 1					BLOCK 2				
	NO. OF					NO. OF			
CATEGORY OF SERVICE	SUBSCRIBERS		RATE		CATEGORY OF SERVICE	SUBSCRIBERS	RATE		
Residential:									
<ul> <li>Service to first set</li> </ul>	15,383	\$	56.90						
<ul> <li>Service to additional set(s)</li> </ul>									
<ul> <li>FM radio (if separate rate)</li> </ul>									
Motel, hotel									
Commercial	79	\$	56.90						
Converter									
Residential	13,631								
Non-residential	79	ļ							
						<b>+</b>			

### F

#### Services Other Than Secondary Transmissions: Rates

### SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

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

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

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

	BLOCK 2			
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE RATE
Continuing Services:		Installation: Non-residential		
• Pay cable	\$ 17.95	• Motel, hotel		
<ul> <li>Pay cable—add'l channel</li> </ul>	\$ 16.95	Commercial		
Fire protection		• Pay cable		
•Burglar protection		<ul> <li>Pay cable-add'l channel</li> </ul>		
Installation: Residential		Fire protection		
• First set	-	Burglar protection		
<ul> <li>Additional set(s)</li> </ul>	\$ 40.00	Other services:		
<ul> <li>FM radio (if separate rate)</li> </ul>		Reconnect	\$ 40.00	
Converter	-	Disconnect		
		Outlet relocation	\$ 40.00	
		<ul> <li>Move to new address</li> </ul>		

**KPBI-CD Estrel** 

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No

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 63751 OzarksGo. LLC PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a Primary substitute program basis, as explained in the next paragraph. Transmitters: Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program Television basis under specifc FCC rules, regulations, or authorizations: • Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WFTA-simulcast) Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP A-Fayetteville 2. B'CAST 3. TYPE 4. DISTANT? 1. CALL 5. BASIS OF 6. LOCATION OF STATION CHANNEL CARRIAGE SIGN OF (Yes or No) STATION NUMBER (If Distant) KFSM True Cri 5.2 I-M No Fort Smith, AR KFSM Antenna 5.3 I-M No Fort Smith, AR KXNW My Netv 34.1 Ν No Fort Smith, AR KFSM CBS 5.1 Ν No Fort Smith, AR KAFT\_PBS Ε Fayetteville, AR 9.1 No **KAFT Create** E-M Fayetteville, AR 9.2 No KAFT Kids 9.3 E-M No Favetteville, AR KAFT\_World 9.4 E-M Fayetteville, AR No **KEGW Telemu** 30.1 Fayetteville, AR Ν No KAJL-LD Sonli 16.2 I-M No Fayetteville, AR KAJL-LD GetT 16.3 I-M No Fayetteville, AR KAJL-LD Buzz 16.4 I-M No Fayetteville, AR KFTA Fox 24-1 Ft. Smith, AR Ν No KHOG\_ABC 29.1 Ν No Fayetteville, AR KHOG CW 29.2 N-M No Fayetteville, AR Fayetteville, AR KHOG MeTV 29.3 I-M No Ν **KWNL-CD Univ** 31.1 No Bentonville, AR

U.S. Copyright Office Form SA3E Long Form (Rev. 05-17)

Winslow, AR

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM Name 63751 OzarksGo. LLC PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a Primary substitute program basis, as explained in the next paragraph. Transmitters: Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program Television basis under specifc FCC rules, regulations, or authorizations: • Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP A-Fayetteville (continued) 2. B'CAST 3. TYPE 4. DISTANT? 5. BASIS OF 6. LOCATION OF STATION 1. CALL CHANNEL CARRIAGE SIGN OF (Yes or No) STATION NUMBER (If Distant) KKAF-LD COZI 44.2 I-M No Fayetteville, AR **KWOG Daystar** 57.1 Ν No Springdale, AR KFTA NBC 24.2 N-M No Ft. Smith, AR Ft. Smith, AR KFTA Court TV M 24.3 I-M No I-M Ft. Smith, AR KFTA\_Bounce 24.4 No

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM Name 63751 OzarksGo. LLC PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a Primary substitute program basis, as explained in the next paragraph. Transmitters: Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program Television basis under specifc FCC rules, regulations, or authorizations: • Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WFTA-simulcast) Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP B=Westville 2. B'CAST 3. TYPE 4. DISTANT? 5 BASIS OF 1. CALL 6. LOCATION OF STATION CARRIAGE CHANNEL SIGN OF (Yes or No) NUMBER STATION (If Distant) KJRH NBC 2.1 N No Tulsa, OK **KJRH Bounce** 2.2 I-M No Tulsa, OK **KJRH Laff** 2.3 I-M No Tulsa, OK **KOTV News on 6** 6.3 I-M No Tulsa, OK KOTV\_CBS Ν Tulsa, OK 6.1 No KTUL TBD I-M Tulsa, OK 8.4 No Tulsa, OK KTUL ABC 8.1 Ν No 8.2 I-M Tulsa, OK KTUL \_Comet No KTUL Antenna 8.3 I-M No Tulsa, OK Ε Tulsa, OK KOED PBS 11.1 No E-M Tulsa, OK KOED OK Ch. 11.2 No **KOED Create** 11.3 E-M No Tulsa, OK **KOED Kids** 11.4 E-M Tulsa, OK No KQCW CW 19.1 N-M No Muskogee, OK **KOKI Fox** 23.1 Ν No Tulsa, OK Tulsa, OK **KOKI MeTV** 23.2 I-M No

U.S. Copyright Office Form SA3E Long Form (Rev. 05-17)

Tulsa, OK

Tulsa, OK

23.3

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KOKI\_Court TV M

KMYT\_MyNet

I-M

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LEGAL NAME OF OWN	IER OF CABLE SY	STEM:			SYSTEM ID#	Nome	
OzarksGo, LLC	;				63751	Name	
PRIMARY TRANSMITTE	RS: TELEVISIO	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						G	
FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph.							
Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program							
basis under specifc FCC rules, regulations, or authorizations:							
• Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis.							
List the station here, basis. For further in	and also in spanformation cond	ace I, if the st			tute basis and also on some other of the general instructions located		
in the paper SA3 fo		sign. Do not	report originatio	n program service	s such as HBO, ESPN, etc. Identify		
each multicast stream	associated wit	h a station ac	ccording to its ov	er-the-air designa	tion. For example, report multi-		
cast stream as "WETA WETA-simulcast).	\-2". Simulcast	streams mus	st be reported in	column 1 (list eac	h stream separately; for example		
,	e channel num	per the FCC I	has assigned to	the television stat	ion for broadcasting over-the-air in		
1	•		nannel 4 in Wasl	hington, D.C. This	may be different from the channel		
on which your cable sy			station is a netwo	ork station, an inde	ependent station, or a noncommercial		
educational station, by	entering the le	tter "N" (for r	network), "N-M" (	for network multic	ast), "I" (for independent), "I-M"		
					ommercial educational multicast).		
For the meaning of the Column 4: If the st	,		0		ne paper SA3 form. es". If not, enter "No". For an ex-		
planation of local servi	ice area, see p	age (v) of the	general instruc	tions located in the	e paper SA3 form.		
•				•	stating the basis on which your		
carried the distant stat		-		•	tering "LAC" if your cable system capacity.		
					payment because it is the subject		
				-	stem or an association representing ry transmitter, enter the designa-		
•			•	• .	ther basis, enter "O." For a further		
1 .	-				ed in the paper SA3 form.		
					y to which the station is licensed by the which the station is identifed.		
Note: If you are utilizing							
		CHANN	EL LINE-UP	Westville, OK	(continued)		
1. CALL	2. B'CAST	3. TYPE	4. DISTANT?	5. BASIS OF	6. LOCATION OF STATION		
SIGN	CHANNEL	OF	(Yes or No)	CARRIAGE			
KMYT Cozi	41.2	STATION I-M	No	(If Distant)	Tulsa, OK		
KMYT Start TV	41.3	I-M	No		Tulsa, OK		
KMYT H&I	41.4	I-M	No		Tulsa, OK		
KWIII_IIGI	71.7	1-141	140		Tuisa, OK		
		ļ		<b>.</b>			
		<b>†</b>					

KKYK-CD\_Telemu

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SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM Name 63751 OzarksGo. LLC PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a Primary substitute program basis, as explained in the next paragraph. Transmitters: Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program Television basis under specifc FCC rules, regulations, or authorizations: • Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WFTA-simulcast) Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP C-Arkadelphia 2. B'CAST 3. TYPE 1. CALL 4. DISTANT? 5. BASIS OF 6. LOCATION OF STATION CARRIAGE CHANNEL SIGN OF (Yes or No) NUMBER STATION (If Distant) **KETS Create** 2.2 E-M No Little Rock, AR KETS PBS 2.1 Ε No Little Rock, AR **KETS Kids** 2.3 E-M No Little Rock, AR **KETS World** 2.4 E-M No Little Rock, AR KARK\_NBC 4.1 Ν Little Rock, AR No 4.2 I-M KARK Laff Little Rock, AR No **KARK Grit** 4.3 I-M No Little Rock, AR KATV ABC 7.1 Ν Little Rock, AR No KATV\_Comet 7.2 I-M No Little Rock, AR **KATV Charge** 7.3 I-M No Little Rock, AR KATV\_TBD 7.4 I-M No Little Rock, AR KTHV CBS 11.1 N No Little Rock, AR KTHV Court TV 11.2 Little Rock, AR I-M No KTHV\_True Crime 11.3 I-M No Little Rock, AR KTHV Quest 11.4 I-M No Little Rock, AR Little Rock, AR KLRT\_Fox 16.1 Ν No 16.2 I-M KLRT\_Court TV M No Little Rock, AR

U.S. Copyright Office Form SA3E Long Form (Rev. 05-17)

Little Rock, AR

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM Name 63751 OzarksGo. LLC PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a Primary substitute program basis, as explained in the next paragraph. Transmitters: Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program Television basis under specifc FCC rules, regulations, or authorizations: • Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP C-Arkadelphia (continued) 2. B'CAST 3. TYPE 4. DISTANT? 5. BASIS OF 6. LOCATION OF STATION 1. CALL CHANNEL CARRIAGE SIGN OF (Yes or No) STATION NUMBER (If Distant) KKYK-CD Stadius 30.2 I-M No Little Rock, AR KKYK-CD Buzzr 30.3 I-M No Little Rock, AR KKAP-DT Daysta 36.1 Ν No Little Rock, AR KASN CW 38.1 Ν No Pine Bluff, AR Little Rock, AR KARZ\_My Networ 42.1 Ν No 42.2 I-M **KARZ Bounce** Little Rock, AR No

KSPR-LD\_ABC

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No

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 63751 OzarksGo. LLC PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a Primary substitute program basis, as explained in the next paragraph. Transmitters: Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program Television basis under specifc FCC rules, regulations, or authorizations: • Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WFTA-simulcast) Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP D-Salem 2. B'CAST 3. TYPE 4. DISTANT? 5 BASIS OF 1. CALL 6. LOCATION OF STATION CHANNEL CARRIAGE SIGN OF (Yes or No) STATION NUMBER (If Distant) **KYCW-LD** Cozi 3.2 I-M No Branson, MO KYTV NBC 3.1 Ν No Springfield, MO KYCW-LD CW 25.1 Ν No Branson, MO 49.1 KRBK Fox Ν No Osage Beach, MO KRBK\_Antenna 49.2 I-M Osage Beach, MO No I-M **KRBK Movies!** 49.3 No Osage, MO KOLR CBS 10.1 Ν No Springfield, MO **KOLR Laff** 10.2 I-M Springfield, MO No **KOLR Grit** 10.3 I-M No Springfield, MO Ε **KEMV PBS** 13.1 Yes 0 Mountain View, AR Ε KOZK\_PBS 21.1 No Springfield, MO **KOZK Kids** 21.2 E-M No Springfield, MO **KOZK** Create 21.3 E-M No Springfield, MO KOZK\_World 21.4 E-M No Springfield, MO **KOZL MyNet** 27.1 Ν No Springfield, MO **KOZL Court TV M** 27.2 I-M No Springfield, MO 27.3 I-M **KOZL\_Bounce** No Springfield, MO

U.S. Copyright Office Form SA3E Long Form (Rev. 05-17)

Springfield, MO

LEGAL NAME OF OWN	IER OF CABLE SY	/STEM:			SYSTEM ID#	Nome		
OzarksGo, LLC	;				63751	Name		
PRIMARY TRANSMITTE	RS: TELEVISIO	ON						
•		•	, ,		and low power television stations) d only on a part-time basis under	G		
	6.61(e)(2) and (	4), or 76.63 (	referring to 76.6		ain network programs [sections and (2) certain stations carried on a	Primary Transmitters:		
. •				s carried by your c	able system on a substitute program	Television		
basis under specifc FC				Ci-l Ct-t	ant and Drawnan Lan) if the			
<ul> <li>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.</li> </ul>								
List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form.								
		sign. Do not	report originatio	n program service	s such as HBO, ESPN, etc. Identify			
			-	-	tion. For example, report multi- h stream separately; for example			
WETA-simulcast).	N-2 . Simulcasi	Streams mus	i be reported in	column i (list eac	п ѕпеатт ѕерагатету, тог ехаттрге			
			-		ion for broadcasting over-the-air in			
on which your cable sy	•		iannei 4 in vvasi	nington, D.C. This	may be different from the channel			
					ependent station, or a noncommercial			
					ast), "I" (for independent), "I-M" ommercial educational multicast).			
For the meaning of the	ese terms, see	page (v) of th	e general instru	ctions located in th	ne paper SA3 form.			
Column 4: If the st planation of local servi					es". If not, enter "No". For an ex-			
					stating the basis on which your			
-		-		-	tering "LAC" if your cable system			
carried the distant stat For the retransmiss	•				сараску. / payment because it is the subject			
-				•	stem or an association representing			
			•	• .	ry transmitter, enter the designa- her basis, enter "O." For a further			
` ' '			•	•	ed in the paper SA3 form.			
				-	y to which the station is licensed by the			
<b>Note:</b> If you are utilizing				•	which the station is identifed. channel line-up.			
,		CHANN	EL LINE-UP	D-Salem (con	tinued)			
1. CALL	2. B'CAST	3. TYPE	4. DISTANT?	5. BASIS OF	6. LOCATION OF STATION			
SIGN	CHANNEL	OF	(Yes or No)	CARRIAGE				
KERR LD Me TV	NUMBER	STATION		(If Distant)	Springfield MO			
KSPR-LD_Me TV	33.3 3.2	I-M	No No		Springfield, MO Branson, MO			
KYCW-LD_Cozi	•	I-M	No No					
KO7XL-D_Homete	26.1	N	No		Mountain Home, AR			
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FORM SA3E. PAGE 3. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM Name 63751 OzarksGo. LLC PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a Primary substitute program basis, as explained in the next paragraph. Transmitters: Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program Television basis under specifc FCC rules, regulations, or authorizations: • Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WFTA-simulcast) Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP E-Marked Tree 2. B'CAST 4. DISTANT? 5 BASIS OF 3. TYPE 6. LOCATION OF STATION 1. CALL CARRIAGE CHANNEL SIGN OF (Yes or No) NUMBER STATION (If Distant) KAIT ABC 8.1 Ν No Jonesboro, AR KAIT NBC 8.2 N-M No Jonesboro, AR KAIT CW 8.3 N-M No Jonesboro, AR KTEJ PBS 20.1 Ε No Jonesboro, AR **KTEJ Create** 20.2 E-M No Jonesboro, AR KTEJ Kids 20.3 E-M Jonesboro, AR No **KTEJ World** 20.4 E-M No Jonesboro, AR **KJNB-LD Fox** 39.1 Ν Jonesboro, AR No KJNB-LD CBS 39.2 N-M No Jonesboro, AR N-M KJNB-LD MyNet/ 39.3 No Jonesboro, AR KVTJ-DT VTN 48.1 Ν No Jonesboro, AR

ACCOUNTING PERIOD: 2022/1 FORM SA3E. PAGE 4. LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name 63751 OzarksGo. LLC PRIMARY TRANSMITTERS: RADIO Н In General: List every radio station carried on a separate and discrete basis and list those FM stations carried on an all-band basis whose signals were "generally receivable" by your cable system during the accounting period. **Primary** Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally Transmitters: receivable if (1) it is carried by the system whenever it is received at the system's headend, and (2) it can be expected, Radio on the basis of monitoring, to be received at the headend, with the system's FM antenna, during certain stated intervals. For detailed information about the the Copyright Office regulations on this point, see page (vi) of the general instructions located in the paper SA3 form. Column 1: Identify the call sign of each station carried. Column 2: State whether the station is AM or FM. Column 3: If the radio station's signal was electronically processed by the cable system as a separate and discrete signal, indicate this by placing a check mark in the "S/D" column. Column 4: Give the station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified). CALL SIGN AM or FM LOCATION OF STATION CALL SIGN LOCATION OF STATION S/D AM or FM S/D

FORM SA3E. PAGE 5.						ACCOUNTING	5 PERIOD: 2022/1
LEGAL NAME OF OWNER OF	CABLE SYST	EM:			;	SYSTEM ID#	Name
OzarksGo, LLC						63751	Name
SUBSTITUTE CARRIAGE	E: SPECIAI	L STATEMEN	IT AND PROGRAM LOG				
In General: In space I, identi substitute basis during the ad explanation of the programm	counting pe	riod, under spec	cific present and former FCC	rules, regula	ations, or authorizations.	For a further	Substitute
1. SPECIAL STATEMENT	CONCER	NING SUBST	TITUTE CARRIAGE				Carriage:
During the accounting per broadcast by a distant stat	-	r cable system	carry, on a substitute bas	s, any nonne	etwork television progra		Special Statement and Program Log
<b>Note:</b> If your answer is "No log in block 2.	," leave the	rest of this pag	ge blank. If your answer is	'Yes," you m	ust complete the progra	am	
period, was broadcast by a under certain FCC rules, re SA3 form for futher informatitles, for example, "I Love L Column 2: If the prograr Column 3: Give the call Column 4: Give the broatthe case of Mexican or Can Column 5: Give the mor first. Example: for May 7 give Column 6: State the time to the nearest five minutes. stated as "6:00–6:30 p.m."	titute progra ce, please a of every no distant stati gulations, o tion. Do no Lucy" or "NE m was broad sign of the s adcast static adian statio ath and day we "5/7." es when the Example: a er "R" if the and regulatic ogramming	am on a separa attach additionannetwork televi ion and that your authorizationant at use general of BA Basketball: dicast live, ente station broadca on's location (thous, if any, the when your sys a substitute pro a program carri- listed program ons in effect du	al pages. ision program (substitute pour cable system substitute so See page (vi) of the generategories like "movies", or 76ers vs. Bulls." r "Yes." Otherwise enter "Nasting the substitute programe community to which the community with which the tem carried the substitute gram was carried by your ed by a system from 6:01: was substituted for programing the accounting period	rogram) that d for the program instruction "basketball" lo." m. station is lice station is ide program. Use cable system 15 p.m. to 6: amming that it; enter the le	t, during the accounting gramming of another stons located in the pape List specific program ensed by the FCC or, in entified).  In List the times accurate 28:30 p.m. should be your system was requirater "P" if the listed pro	ation r onth ely	
·					EN SUBSTITUTE	7. REASON	
1. TITLE OF PROGRAM	UBSTITUT 2. LIVE?	E PROGRAM  3. STATION'S		CARRIAGE OCCURRED FOR  5. MONTH 6. TIMES DELETION			
	Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM — TO		
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ACCOUNTING PERIOD: 2022/1 FORM SA3E. PAGE 6.

N	LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM I								YSTEM ID#	
Name	OzarksGo, I	LC							63751	
<b>J</b> Part-Time Carriage Log	PART-TIME CARRIAGE LOG In General: This space ties in with column 5 of space G. If you listed a station's basis of carriage as "LAC" for part-time carriage due to lack of activated channel capacity, you are required to complete this log giving the total dates and hours your system carried that station. If you need more space, please attach additional pages.  Column 1 (Call sign): Give the call sign of every distant station whose basis of carriage you identified by "LAC" in 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 "4/10."  State the starting and ending times of carriage to the nearest quarter hour. In any case where carriage ran to the end of the television station's broadcast day, you may give an approximate ending hour, followed by the abbreviation "app." Example: "12:30 a.m.— 3:15 a.m. app."  You may group together any dates when the hours of carriage were the same. Example: "5/10-5/14, 6:00 p.m.— 12:00 p.m."									
			DATE	S AND HOURS	OF F	PART-TIME CAR	RIAGE			
	0411 01011	WHEN	N CARRIAGE OCCI	JRRED		0411 01011	WHEI	N CARRIAGE OCCUR	RED	
	CALL SIGN	DATE	HOU FROM	RS TO		CALL SIGN	DATE	HOURS		
		DATE	PROWI	10			DATE	FROM _	ТО	
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	SAJE. PAGE 7. AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#							
	arksGo, LLC	63751	Name						
GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Enter the total of all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission service (as identified in space E) during the accounting period. For a further explanation of how to compute this amount, see page (vii) of the general instructions.  Gross receipts from subscribers for secondary transmission service(s)  during the accounting period.  \$ 4,801,811.40									
IMP	IMPORTANT: You must complete a statement in space P concerning gross receipts.  (Amount of gross receipts)								
• Con • Con • If you fee: • If you accompany	COPYRIGHT ROYALTY FEE Instructions: Use the blocks in this space L to determine the royalty fee you owe:  Complete block 1, showing your minimum fee.  Complete block 2, showing whether your system carried any distant television stations.  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.  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.  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								
bloc	k 3 below.								
	ort 6 of the DSE schedule was completed, the amount from line 7 of block C should be er elow.	tered on line 2 in block							
	rt 7 or part 9, block B, of the DSE schedule was completed, the surcharge amount shoul block 4 below.	d be entered on line							
Block 1	MINIMUM FEE: All cable systems with semiannual gross receipts of \$527,600 or more least the minimum fee, regardless of whether they carried any distant stations. This fee system's gross receipts for the accounting period.  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.								
	This is your minimum fee.	\$ 51,091.27							
Block 2	DISTANT TELEVISION STATIONS CARRIED: Your answer here must agree with the i space G. If, in space G, you identified any stations as "distant" by stating "Yes" in column "Yes" in this block.  • Did your cable system carry any distant television stations during the accounting period Yes—Complete the DSE schedule.  No—Leave block 3 below blank and the properties of the pro	n 4, you must check							
Block 3	Line 1. BASE RATE FEE: Enter the base rate fee from either part 8, section 3 or 4, or part 9, block A of the DSE schedule. If none, enter zero.	\$ -							
	Line 2. <b>3.75 Fee:</b> Enter the total fee from line 7, block C, part 6 of the DSE schedule. If none, enter zero.	0.00							
	Line 3. Add lines 1 and 2 and enter here.	\$ -							
Block 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.	\$ 51,091.27	Cable systems						
	Line 2. <b>SYNDICATED EXCLUSIVITY SURCHARGE:</b> Enter the fee from either part 7 (block D, section 3 or 4) or part 9 (block B) of the DSE schedule. If none, enter	0.00	submitting additional						
	zero.  Line 3. INTEREST CHARGE: Enter the amount from line 4, space Q, page 9  (Interest Worksheet)	\$ 184.79	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								
	EFT Trace # or TRANSACTION ID #								
	Remit this amount via <i>electronic payment</i> payable to Register of Copyrights. (S general instructions located in the paper SA3 form and the Excel instructions ta	, ,							

ACCOUNTING PERIOD: 2022/1

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:  OzarksGo, LLC	SYSTEM ID# 63751
M	CHANNELS  Instructions: You must give (1) the number of channels on which the cable system carried television broadcas to its subscribers and (2) the cable system's total number of activated channels, during the accounting period.	t stations
Channels	Enter the total number of channels on which the cable     system carried television broadcast stations	100
	Enter the total number of activated channels     on which the cable system carried television broadcast stations     and nonbroadcast services	255
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 Pete Wagner Telephone	217 620-1018
	Address 1627 Locust Street Ste. 402 (Number, street, rural route, apartment, or suite number)	
	St. Louis, Missouri 63103 (City, town, state, zip)  Finally poto@wagnersonsulting use com Finally 214 228	1514
	Email pete@wagnerconsulting-usa.com Fax (optional) 314 328-  CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office reg	
O Certification	I, the undersigned, hereby certify that (Check one, <i>but only one</i> , of the boxes.)	uiations.)
	(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 s in line 1 of space B and that the owner is not a corporation or partnership; or	system as identified
	(Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as ow in line 1 of space B.	
	<ul> <li>I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained 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)]</li> </ul>	Inerein
	X /s/ Steven Bandy	
	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 button, then type /s/ and your name. Pressing the "F2" button will avoid enabling Excel's Lotus comparation.	
	Typed or printed name: Steven Bandy	
	Title: General Manager  (Title of official position held in corporation or partnership)	
	Date: January 5, 2023	

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

LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	Name
OzarksGo, LLC	63751	Name
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS  The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the lowing sentence:  "In determining the total number of subscribers and the gross amounts paid to the cable system for the beservice of providing secondary transmissions of primary broadcast transmitters, the system shall not inclusively service and amounts collected from subscribers receiving secondary transmissions pursuant to section.  For more information on when to exclude these amounts, see the note on page (vii) of the general instructions in paper SA3 form.  During the accounting period did the cable system exclude any amounts of gross receipts for secondary transmit made by satellite carriers to satellite dish owners?  X NO  YES. Enter the total here and list the satellite carrier(s) below	asic ude sub- 119." n the	P Special Statement Concerning Gross Receipts Exclusion
Name Mailing Address Mailing Address		
INTEREST ASSESSMENTS		
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underposed an explanation of interest assessment, see page (viii) of the general instructions in the paper SA3 form.	ayment.	Q
Line 1 Enter the amount of late payment or underpayment	51,091.27 1%	Interest Assessment
Line 2 Multiply line 1 by the interest rate* and enter the sum here	510.91	
Line 3 Multiply line 2 by the number of days late and enter the sum here	132 days 67,440.48	
Line 4 Multiply line 3 by 0.00274** enter here and on line 3, block 4, space L (page 7)	<b>184.79</b> t charge)	
* To view the interest rate chart click on <a href="www.copyright.gov/licensing/interest-rate.pdf">www.copyright.gov/licensing/interest-rate.pdf</a> . For further assistance contact the Licensing Division at (202) 707-8150 or licensing@copyright.gov.  ** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.  NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Office please list below the owner, address, first community served, accounting period, and ID number as given in the filing.  Owner  Address	e please	
First community served		
Accounting period		
ID number		

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

ACCOUNTING PERIOD: 2022/1

DSE SCHEDULE, PAGE 10.

# INSTRUCTIONS FOR DSE SCHEDULE WHAT IS A "DSE"

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

#### FORMULAS FOR COMPUTING A STATION'S DSE

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

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

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

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

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

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

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

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

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

#### **TOTAL OF DSEs**

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

#### THE ROYALTY FEE

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

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

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

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

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

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

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

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

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

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

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

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

Form SA3E Long Form (Rev. 05-17)

U.S. Copyright Office

# 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:

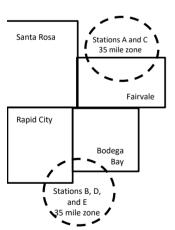
- When the fourth decimal point is 1, 2, 3, or 4, the third decimal remains unchanged (example: .34647 is rounded to .346).
- When the fourth decimal point is 5, 6, 7, 8, or 9, the third decimal is rounded up (example: .34651 is rounded to .347).

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		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 DSFs	2 472		TOTAL GROSS RECEIPTS	\$600,000,00

 Minimum Fee Total Gross Receipts
 \$600,000.00

 x
 .01064

 \$6.384.00

		φο,σο 1.σο				
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)

	LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID#									
1	OzarksGo, LLC					63751				
	SUM OF DSEs OF CATEGOR	RY "O" STATION	IS:							
	• Add the DSEs of each station.									
	Enter the sum here and in line	1 of part 5 of this	schedule.		0.25					
2	Instructions:									
	n 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	of space G (page 3).  In the column headed "DSE": for each independent station, give the DSE as "1.0"; for each network or noncom-									
of DSEs for	mercial educational station, give the DSE as ".25."  CATEGORY "O" STATIONS: DSEs									
Category "O"										
Stations	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE				
	KEMV_PBS	0.250								
						<u> </u>				
Add rows as										
necessary.										
Remember to copy all		ļ				<u> </u>				
formula into new										
rows.										
						<b></b>				
						l				
						<b></b>				
						<u> </u>				
						<u> </u>				
		<u> </u>				<u> </u>				

	 p		

Name	OzarksGo, L	OWNER OF CABLE SYSTEM:						SYSTEM ID# 63751
Computation of DSEs for Stations Carried Part Time Due to Lack of Activated Channel	Column 2 figure should Column 3 Column 4 be carried out Column 5 give the type- Column 6	CAPACITY st the call sign of all dista : For each station, give torrespond with the infor : For each station, give to the color of the call signs of the color of the call signs of t	he number of mation given i he total number umn 2 by the final point. This station, give the lumn 4 by the	hours your cable system in space J. Calculate or or of hours that the statement of the column 3, and or its the "basis of carriage the "type-value" as "1.0."	m carried the starnly one DSE for eight on the control of the cont	tion during the accourted the station.  The station the station the station of the station of the station.  The station of the	ccounting period. This figure must educational station,	
Capacity		(	CATEGORY	LAC STATIONS:	COMPUTAT	ION OF DSEs		
	1. CALL SIGN	2. NUMBE OF HOU CARRIE SYSTE	JRS ED BY M	3. NUMBER OF HOURS STATION ON AIR	4. BASIS OI CARRIAG VALUE	GE VA	LUE	SE
			÷		=	x x		
			÷		=	x	=	
			÷		=	x	=	
			÷		=	x x	=	
			÷		=	x	=	
			÷		=	x	=	
	Add the DSEs	OF CATEGORY LAC S of each station. m here and in line 2 of p		hedule,	▶	0.	00	
Computation of DSEs for Substitute-Basis Stations	Was carried tions in efference to Broadcast of space I).     Column 2: at your option.     Column 3: Column 4:	e the call sign of each stands of the call sign of each stands of the control of the call sign of each station give the call sign of the call	itution for a pricas shown by took programs of number of live spond with the sin the calend on 2 by the figures.	ogram that your systen he letter "P" in column luring that optional carr e, nonnetwork program information in space I. ar year: 365, except in ure in column 3, and given the letter in column 4 in the letter in the lett	n was permitted to 7 of space I); and iage (as shown by s carried in substance) a leap year.	o delete under FCC right the word "Yes" in colur titution for programs to blumn 4. Round to no	ules and regular- nn 2 of hat were deleted less than the third	orm).
		SL	JBSTITUTE	-BASIS STATION	IS: COMPUT/	ATION OF DSEs		
	1. CALL SIGN	2. NUMBER OF PROGRAMS	3. NUMB OF DA' IN YEA	YS	1. CALL SIGN	2. NUMBER OF PROGRAM	3. NUMBER OF DAYS S IN YEAR	4. DSE
		-		=			÷	=
		-		=			÷	=
		-	-	=			÷	=
		-		=			÷	=
	Add the DSEs	OF SUBSTITUTE-BASI of each station. m here and in line 3 of p	IS STATIONS:		▶	0.	00	=
5		ER OF DSEs: Give the am		boxes in parts 2, 3, and	I 4 of this schedule	e and add them to prov	ride the total	
Total Number		of DSEs from part 2 ●				•	0.25	
of DSEs		of DSEs from part 3 ●				<b>-</b>	0.00	
		of DSEs from part 4 ●				•	0.00	
	TOTAL NUMBE	R OF DSEs					<u> </u>	0.25

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

LEGAL NAME OF O		SYSTEM:					S	YSTEM ID# 63751	Name
Instructions: Bloc In block A:	ck A must be comp								6
<ul> <li>If your answer if ' schedule.</li> </ul>	"Yes," leave the re	mainder of pa	art 6 and part 7	of the DSE schedu	ule blank and	complete part 8	3, (page 16) of the		6
If your answer if '	"No," complete blo	cks B and C l		TELEVISION MA	ARKETS				Computation of
	1981?  nplete part 8 of the	schedule—D	ajor and smalle	er markets as defin	ed under sect		C rules and regula	tions in	3.75 Fee
X No—Comp	olete blocks B and								
Caliuman 4				IAGE OF PERM					
Column 1: CALL SIGN	Column 1: List the call signs of distant stations listed in part 2, 3, and 4 of this schedule that your system was permitted to carry under FCC rules and regulations prior to June 25, 1981. For further explanation of permitted stations, see the instructions for the DSE Schedule. (Note: The letter M below refers to an exempt multicast stream as set forth in the Satellite Television Extension and Localism Act of 2010.)								
Column 2: BASIS OF PERMITTED CARRIAGE	(Note the FCC ru A Stations carrie 76.61(b)(c)] B Specialty static C Noncommerce D Grandfatherec instructions fo E Carried pursua *F A station pre	lles and reguled pursuant to on as defined all educationad is station (76.6 or DSE sched ant to individuviously carried the station w	lations cited beloo the FCC mark I in 76.5(kk) (76 I station [76.59 55) (see paragnule). I lat waiver of FC I don a part-time I and waiver of SC I don a part-time I and I waiver of SC I don a part-time I waiver of SC I don a part-time I waiver of SC I don a part-time I don a part-time	e or substitute basi ontour, [76.59(d)(5)	e in effect on a .57, 76.59(b), .61), 76.63(a) .63(a) referring t stitution of grads	June 24, 1981. 76.61(b)(c), 76 referring to 76.6 o 76.61(d)] ndfathered stat	6.63(a) referring to 61(e)(1)		
Column 3:	*(Note: For those this schedule to c	e stations idea determine the	ntified by the le	parts 2, 3, and 4 of tter "F" in column 2	t, you must co	mplete the wor	т	Т	
1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	
KEMV_PBS	S M	0.25							
	···		··			<u> </u>	•	0.25	
			21 001/ 0 00	MADUTATION OF	- 0 75 555			0.25	
		t	BLOCK C: CC	MPUTATION OF	- 3./5 FEE				
Line 1: Enter the								0.25	
Line 2: Enter the	sum of permitted	d DSEs fron	n block B abo	ve				0.25	
Line 3: Subtract (If zero, le	line 2 from line 1 eave lines 4–7 bl			•		ate.		0.00	
Line 4: Enter gro	oss receipts from	space K (pa	age 7)				x 0.03	375	Do any of the DSEs represent partially
Line 5: Multiply li	ine 4 by 0.0375 a	and enter su	m here						permited/ partially nonpermitted
Line 6: Enter tota	al number of DSE	Es from line	3				x	<u>-</u>	carriage? If yes, see part 9 instructions.
Line 7: Multiply li	ine 6 by line 5 an	d enter here	e and on line 2	2. block 3. space	L (page 7)			0.00	

ACCOUNTING PERIOD: 2022/1

LEGAL NAME OF OWNER OF CABLE SYSTEM:  OzarksGo, LLC  SYSTEM ID# 63751									Name
1. CAL	L 2. PERMITTED		A: TELEVIS	SION MARKETS 2. PERMITTED	3. DSE	UED) 1. CALL	2. PERMITTED	3. DSE	6
SIGN			SIGN	BASIS		SIGN	BASIS		
									Computation of 3.75 Fee
		···							
		<u> </u>							
		<u></u>							
					l				
					<u> </u>				
		<u> </u>		T		1	1		

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name OzarksGo, LLC 63751 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 DSE **PERIOD** CARRIAGE DSE SIGN 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** Surcharge Is any portion of the cable system within a top 100 major television market as defined by section 76.5 of FCC rules in effect June 24, 1981? Yes—Complete blocks B and C . No—Proceed to part 8 BLOCK B: Carriage of VHF/Grade B Contour Stations **BLOCK C: Computation of Exempt DSEs** 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 to former FCC rule 76.159) or in part, over the cable system? Yes—List each station below with its appropriate permitted DSE Yes—List each station below with its appropriate permitted DSE X No—Enter zero and proceed to part 8. X No-Enter zero and proceed to part 8. CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE 0.00 0.00 **TOTAL DSEs** TOTAL DSEs

LEGAL NA	ME OF OWNER OF CABLE SYSTEM:  OzarksGo, LLC  63	751	Name
	BLOCK D: COMPUTATION OF THE SYNDICATED EXCLUSIVITY SURCHARGE		
Section 1	Enter the amount of gross receipts from space K (page 7)	.40	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.		
	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 DSE		
	is 1.0 or less, multiply the gross receipts by .00599 by the DSE. Enter the result on line A below.		
	A. Enter 0.00599 of gross receipts (the amount in section1)		
	B. Enter 0.00377 of gross receipts (the amount in section.1)		
	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 DSE 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)		
	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	LEGAL NAME OF OWNER OF CABLE SYSTEM:									
	•	OzarksGo, LLC	63751							
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		B. Enter 0.00189 of gross receipts (the amount in section 1) ▶ _\$								
Exclusivity Surcharge										
		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. \$								
	Inchm	ctions:								
8	You m	ctions: ust complete this part of the DSE schedule for the SUM OF PERMITTED DSEs in part 6, block B; however, if block A of p checked "Yes," use the total number of DSEs from part 5.	art							
		ock A, indicate, by checking "Yes" or "No," whether your system carried any partially distant stations.								
Computation of	_	ır answer is "No," compute your system's base rate fee in block B. Leave part 9 blank. ır answer is "Yes" (that is, if you carried one or more partially distant stations), you must complete part 9. Leave block B be	low							
Base Rate Fee	blank									
		is a partially distant station? A station is "partially distant" if, at the time your system carried it, some of your subscribers								
		ated within that station's local service area and others were located outside that area. For the definition of a station's "local rea," see page (v) of the general instructions.								
	BLOCK A: CARRIAGE OF PARTIALLY DISTANT STATIONS									
	• Did your cable system retransmit the signals of any partially distant television stations during the accounting period?									
	X Yes—Complete part 9 of this schedule. No—Complete the following sections.									
	BLOCK B: NO PARTIALLY DISTANT STATIONS—COMPUTATION OF BASE RATE FEE									
	Section  1 Enter the amount of gross receipts from space K (page 7)									
	Section	Enter the total number of permitted DSEs from block B, part 6 of this schedule.								
	2	(If block A of part 6 was checked "Yes," use the total number of DSEs from part 5.)▶								
	Section	ace the total name of 5525 from part o.).								
	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:	STEM ID#	
OzarksGo, LLC	63751 Name	ie
Section If the figure in section 2 is more than 4.000, compute your base rate fee here and leave section 3 blank.		
4	8	
A. Enter 0.01064 of gross receipts  (the amount in section 1)  ▶\$		
B. Enter 0.00701 of gross receipts  (the amount in section 1)  **State	Compute	
	Base Rate	te Fee
C. Multiply line B by 3.000 and enter here <b>\$</b>		
D. Enter 0.00330 of gross receipts  (the amount in section 1)		
E. Subtract 4.000 from total DSEs  (the figure in section 2) and enter here		
F. Multiply line D by line E and enter here <b>\$</b>		
G. Add lines A, C, and F. This is your base rate fee. Enter here and in block 3, line 1, space L (page 7)		
Base Rate Fee	0.00	
<b>IMPORTANT:</b> It is no longer necessary to report television signals on a system-wide basis. Carriage of television broadcast sign instead be reported on a community-by-community basis (subscriber groups) if the cable system reported multiple channel line-		
Space G.	9	
In General: If any of the stations you carried were partially distant, the statute allows you, in computing your base rate fee, to ex receipts from subscribers located within the station's local service area, from your system's total gross receipts. To take advantage	age of this   Compute	
exclusion, you must:	of Base Rate	
First: Divide all of your subscribers into subscriber groups, each group consisting entirely of subscribers that are distant to the s	same Syndica	
station or the same group of stations. Next: Treat each subscriber group as if it were a separate cable system. Determine the nu DSEs and the portion of your system's gross receipts attributable to that group, and calculate a separate base rate fee for each	aroup. Exclusi	ivity
Finally: Add up the separate base rate fees for each subscriber group. That total is the base rate fee for your system.	Surcha	-
NOTE: If any portion of your cable system is located within the top 100 television market and the station is not exempt in part 7,		•
also compute a Syndicated Exclusivity Surcharge for each subscriber group. In this case, complete both block A and B below. It your cable system is wholly located outside all major television markets, complete block A only.	Stations,	s, and
How to Identify a Subscriber Group for Partially Distant Stations	for Parti Permitt	•
Step 1: For each community served, determine the local service area of each wholly distant and each partially distant station yo carried to that community.	u <b>Statio</b>	ns
Step 2: For each wholly distant and each partially distant station you carried, determine which of your subscribers were located		
outside the station's local service area. A subscriber located outside the local service area of a station is distant to that station (a same token, the station is distant to the subscriber.)	and, by the	
Step 3: Divide your subscribers into subscriber groups according to the complement of stations to which they are distant. Each		
subscriber group must consist entirely of subscribers who are distant to exactly the same complement of stations. Note that a ca	able system	
will have only one subscriber group when the distant stations it carried have local service areas that coincide.	au haaribar	
Computing the base rate fee for each subscriber group: Block A contains separate sections, one for each of your system's groups.	subscriber	
In each section:		
<ul> <li>Identify the communities/areas represented by each subscriber group.</li> <li>Give the call sign for each of the stations in the subscriber group's complement—that is, each station that is distant to all of the</li> </ul>	2	
subscribers in the group.		
• If:		
<ol> <li>your system is located wholly outside all major and smaller television markets, give each station's DSE as you gave it in parts</li> <li>of this schedule; or,</li> </ol>	3 2, 3, and	
2) 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 E part 6 of this schedule.	3,	
<ul> <li>Add the DSEs for each station. This gives you the total DSEs for the particular subscriber group.</li> </ul>		
<ul> <li>Calculate gross receipts for the subscriber group. For further explanation of gross receipts see page (vii) of the general instruction.</li> </ul>	tions	
in the paper SA3 form.		
<ul> <li>Compute a base rate fee for each subscriber group using the formula outline in block B of part 8 of this schedule on the precedenge.</li> <li>In making this computation, use the DSE and gross receipts figure applicable to the particular subscriber group (that is, the particular subscriber group).</li> </ul>	-	
DSEs for that group's complement of stations and total gross receipts from the subscribers in that group). You do not need to sl actual calculations on the form.		

	LEGAL NAME OF OWNER OF CABLE SYSTEM:	YSTEM ID#
Name	OzarksGo, LLC	63751
	Guidance for Computing the Royalty Fee for Partially Permitted/Partially Nonpermitted Signals	
	<b>Step 1:</b> 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 nonpermittee	ed 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 reporte for each part 9 used in steps 1 and 2 must equal the amount reported in space K.	d
	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 Re	ate
	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	nt
	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 OzarksGo, LLC	R OF CABL	E SYSTEM:				SY	63751	Name
B	BLOCK A:	COMPUTATION OF	BASE RA	TE FEES FOR EACH	SUBSCRI	BER GROUP		
		SUBSCRIBER GROU		SECOND SUBSCRIBER GROUP				_
COMMUNITY/ AREA	Fayette	ville		COMMUNITY/ AREA	Westville			9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
07.122 0.0.1	302	0/122 0/0/1		0,122 0.011		07.22 0.011	302	Base Rate Fee
	···							and
								Syndicated
								Exclusivity
								Surcharge
								for
								Partially
								Distant
								Stations
							<b> </b>	
							<b> </b>	
							†	
Total DSEs			0.00	Total DSEs	•		0.00	
Gross Receipts First Gr	roup	s 3,323,	472.10	Gross Receipts Second	d Group	\$ 704	1,478.90	
C. 555 1 1555, <b>p</b> . 6 1 1151 C.		, ,,,,,		Oroso rasso, pas sossina	. О.оцр	<u> </u>	.,	
Base Rate Fee First Gr	roup	\$	0.00	Base Rate Fee Second	d Group	\$	0.00	
	THIRD	SUBSCRIBER GROU	Р		FOURTH	SUBSCRIBER GROUP		
COMMUNITY/ AREA	Salem			COMMUNITY/ AREA	Arkadel	phia		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
					<u> </u>		<u> </u>	
					<u> </u>		<u> </u>	
							<u> </u>	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third Group \$ 428,358.80		Gross Receipts Fourth	Group	\$ 285	5,405.00			
Base Rate Fee Third Group \$ 0.00		Base Rate Fee Fourth	Group	\$	0.00			
Base Rate Fee: Add the base rate fees for each subscriber group				s shown in the boxes ab	ove.		0.00	
nter here and in block 3, line 1, space L (page 7)						\$	0.00	

OzarksGo, LLC							63751	Name
В				TE FEES FOR EACH				
COMMUNITY/ AREA	Marked	SUBSCRIBER GRO	DUP	SIXTH SUBSCRIBER GROUP				9
COMMUNITY AREA	Market	11166	COMMUNITY AREA	COMMUNITY/ AREA 0				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computat of
								Base Rate
	<u>.</u>							and
	<del> </del>		<u></u>		<u></u>			Syndicate Exclusivi
	<del></del>							Surcharg
					••••	. =		for
								Partially
						-		Distant
								Stations
	<del></del>					-		
	···		···		····	-		
otal DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gr	roup	\$ 6	0,096.60	Gross Receipts Secon	nd Group	\$	0.00	
sase Rate Fee First Gr	roup	\$	0.00	Base Rate Fee Secon	nd Group	\$	0.00	
	SEVENTH	SUBSCRIBER GRO	)UP		EIGHTH	SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
	<del></del>							
	···				····	-		
			••••		••••	. =		
	<del></del>							
			····		····			
otal DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	Group	\$	0.00	Gross Receipts Fourt	h Group	\$	0.00	
	*	·		- I succession out	ap	_ <u></u>		
Base Rate Fee Third G	iroup	\$	0.00	Base Rate Fee Fourt	h Group	\$	0.00	
				ļ				
Base Rate Fee: Add the Inter here and in block			criber group a	as shown in the boxes a	above.	\$		
	,, •							

### **Nonpermitted 3.75 Stations**

LEGAL NAME OF OWNE OzarksGo, LLC	R OF CABL	E SYSTEM:				S	YSTEM ID# 63751	Name
В	LOCK A:	COMPUTATION OF	BASE RA	TE FEES FOR EACH	SUBSCR	BER GROUP		
		SUBSCRIBER GROU	JP			SUBSCRIBER GROU	IP	9
COMMUNITY/ AREA	Fayette	ville		COMMUNITY/ AREA	Westville			Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
		5.122.5.5		3.122.213.1				Base Rate Fe
								and
								Syndicated
								Exclusivity
			<b>_</b>					Surcharge
						-		for
								Partially
			ļ					Distant
			<b>.</b>					Stations
	<u> </u>		<u></u>					
			<b></b>					
	<del>.  </del>		<b>†</b>		<u> </u>		·····	
	<del></del>		<b>†</b>		<b> </b>			
			<b>†</b>		<b></b>			
T / I DOF			0.00	T	I		0.00	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gr	oup	\$ 3,323,	472.10	Gross Receipts Secon	d Group	\$ 7	04,478.90	
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Second	d Group	\$	0.00	
	TUDD	OLIDOODIDED ODOL	ID.		FOURTU	SUBSCRIBER GROU	iD.	
		SUBSCRIBER GROU	JP					
COMMUNITY/ AREA	Salem			COMMUNITY/ AREA				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
						-		
	<u> </u>							
	<del>.  </del>		<b>_</b>					
	<del>.  </del>					H		
			•••••					
			<u> </u>					
			ļ					
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	roup	\$ 428,	358.80	Gross Receipts Fourth	Group	\$ 2	85,405.00	
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block			iber group a	as shown in the boxes at	oove.	\$	0.00	

### Nonpermitted 3.75 Stations

LEGAL NAME OF OWNE OzarksGo, LLC	EGAL NAME OF OWNER OF CABLE SYSTEM:  DzarksGo, LLC  63751								
В	LOCK A: (	COMPUTATION OF	BASE RA	TE FEES FOR EACH	SUBSCR	IBER GROUP			
	FIFTH	SUBSCRIBER GROU	UP		SIXTH	SUBSCRIBER GROU	Р	•	
COMMUNITY/ AREA	Marked	l Tree		COMMUNITY/ AREA	<b>9</b> Computation				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of	
								Base Rate Fee	
								and	
								Syndicated	
								Exclusivity	
								Surcharge	
			-					for Partially	
			<u>.</u>					Distant	
			•			-		Stations	
			<u>-</u>			-	····		
			•						
Total DSEs			0.00	Total DSEs			0.00		
Gross Receipts First Gr	oup	\$ 60	,096.60	Gross Receipts Second	d Group	\$	0.00		
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Second	d Group	\$	0.00		
	SEVENTH	SUBSCRIBER GROU	UP		EIGHTH	SUBSCRIBER GROU	Р		
COMMUNITY/ AREA			0	COMMUNITY/ AREA					
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE		
						-			
			<del>-</del>						
			<del>-</del>				<del></del>		
	<u></u>		<b>+</b>						
			<u> </u>		<b></b>				
			<u>.</u>						
Total DSEs			0.00	Total DSEs			0.00		
	roup	¢	0.00		Group	¢	0.00		
Gross Receipts Third G	iioup	\$	0.00	Gross Receipts Fourth	Group	\$	0.00		
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00		
Base Rate Fee: Add th Enter here and in block			riber group a	as shown in the boxes at	oove.	\$			