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				
02/28/23	\$ ALLOCATION NUMBER				

Return completed workbook by email to:

coplicsoa@copyright.gov

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

Α	ACCOUNTING PERIOD COVERED BY THIS STATEMENT:							
Accounting	2022/2							
Period								
B Owner	Instructions: Give the full legal name of the owner of the cable system. If the owner is a rate title of the subsidiary, not that of the parent corporation. List any other name or names under which the owner conducts the busine: If there were different owners during the accounting period, only the owner a single statement of account and royalty fee payment covering the entire acco Check here if this is the system's first filling. If not, enter the system's ID  LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM  Armstrong Utilities, Inc.	ss of the cable system on the last day of the nunting period.	em. he accounting period should su					
	34166202112							
				34166 2022/2				
	One Armstrong Place Butler, PA 16001							
С	INSTRUCTIONS: In line 1, give any business or trade names used to							
	names already appear in space B. In line 2, give the mailing address of	in the system, ii di	nerent from the address giv	ен ін ѕрасе в.				
System	1   IDENTIFICATION OF CABLE SYSTEM: 2   Zelienople Head End							
	MAILING ADDRESS OF CABLE SYSTEM:							
	531 Perry Way PO Box 40 2 (Number, street, rural route, apartment, or suite number)							
	Zelienople, PA 16063 (City, town, state, zip code)							
D	Instructions: For complete space D instructions, see page 1b. Identify	only the frst com	munity served below and re	elist on page 1b				
Area	with all communities.							
Served	CITY OR TOWN	STATE						
First	ADAMS TWP - BUTLER COUNTY	PA						
Community	Below is a sample for reporting communities if you report multiple ch	annel line-ups in	Space G.					
	CITY OR TOWN (SAMPLE)	STATE	CH LINE UP	SUB GRP#				
Sample	Allana	MD	A	1				
	Alliance Gering	MD MD	B B	3				
	Coming	IVID		<b>,</b>				

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

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SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Armstrong Utilities, Inc. 34166 Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined D in FCC rules: "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single, discrete unincorporated areas." 47 C.F.R. §76.5(dd). The frst community that you list will serve as a form Area of system identification hereafter known as the "first community." Please use it as the first community on all future 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. CITY OR TOWN STATE CH LINE UP SUB GRP# **PORTERSVILLE BORO - BUTLER COUNTY** PA 12 AL First PRESIDENT - VENANGO COUNTY PA AD Community PRESIDENT TWP - VENANGO COUNTY 15 PΔ AO PROCTORVILLE VILLAGE - LAWRENCE COUNTY OH 13 AΜ PROSPECT BORO - BUTLER COUNTY PA 12 AL RANDOLPH TWP - CRAWFORD COUNTY PΑ 23 AS See instructions for **RANGER - LINCOLN COUNTY** WV 8 AΗ additional information on alphabetization. 12 **RICHLAND TWP - ALLEGHENY COUNTY** PΔ AL RICHMOND TOWNSHIP - CRAWFORD COUNTY PA AT 27 RICHMOND TWP - ASHTABULA COUNTY OH 6 AF RICHMOND TWP - CRAWFORD COUNTY PA 23 AS Add rows as necessary. RITCHIE COUNTY - RITCHIE COUNTY WV AG **ROCHESTER TWP - LORAIN COUNTY** OH 14 AN 14 **ROCHESTER VILLAGE - LORAIN COUNTY** OH AN **ROCKDALE TOWNSHIP - CRAWFORD COUNT** 27 PA ΑT **ROCKLAND TWP - VENANGO COUNTY** PA 20 AQ **ROCKMERE - NO SUBS COUNTY** PA 4 AD 23 **ROME TOWNSHIP - CRAWFORD COUNTY** PA AS PA ROME TWP - CRAWFORD COUNTY 16 AO **ROME TWP - LAWRENCE COUNTY** OH 13 AM **ROSCOE BORO - WASHINGTON COUNTY** PA 9 ΑI **RUGGLES TWP - ASHLAND COUNTY** ОН 14 AN S CONNELLSVILLE BORO - FAYETTE COUNT PA 9 ΑI S SHENANGO TWP - CRAWFORD COUNTY PA AS SADSBURY TWP - CRAWFORD COUNTY PA 23 AS SAEGERTOWN BORO - CRAWFORD COUNT PA 23 AS SALT LICK TWP - FAYETTE COUNTY PA 3 AC **SALT LICK TWP - FAYETTE COUNTY** PA ΑI SANDY CREEK TWP - MERCER COUNTY PA 21 AR SANDY LAKE BORO - MERCER COUNTY PA 2 AB 2 **SANDY LAKE TWP - MERCER COUNTY** PA AB SAXONBURG BORO - BUTLER COUNTY PA 12 AL SCOTTDALE BORO - WESTMORELAND COUNTY 9 ΑI PA **SEVEN FIELDS BORO - BUTLER COUNTY** PA 12 AL SHARON TOWNSHIP - MEDINA COUNTY OH 10 AJ SHEAKLEYVILLE BORO - MERCER COUNTY PA 21 AR PA SHENANGO TWP - LAWRENCE COUNTY 12 AL SLIPPERY ROCK BORO - BUTLER COUNTY PA 19 AQ **SLIPPERY ROCK TWP - BUTLER COUNTY** PA 19 AQ SLIPPERY ROCK TWP - LAWRENCE COUNTY PΑ 12 ΔI **SMITH TWP - MAHONING COUNTY** OH 18 AP SMITHBURG - DODDRIDGE COUNTY WV 7 AG **SOMERSET - SOMERSET COUNTY** PA AC

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Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

Armstrong Utilities, Inc.

SYSTEM ID#

34166

# 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.

BLG	OCK 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>	126,468	\$ 41.45				
<ul> <li>Service to additional set(s)</li> </ul>						
<ul> <li>FM radio (if separate rate)</li> </ul>						
Motel, hotel						
Commercial						
Converter						
Residential						
Non-residential					,	
1	<b>†</b>	<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	\$ 20.95	Motel, hotel			
<ul> <li>Pay cable—add'l channel</li> </ul>	\$17.95/14.95	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>		Other services:			
• FM radio (if separate rate)		Reconnect	\$ 20.00		
Converter		Disconnect			
		Outlet relocation			
		Move to new address			

U.S. Copyright Office

Armstrong Util	IER OF CABLE SY I <b>ities, Inc.</b>	SIEM:			SYSTEM ID# 34166	Name
PRIMARY TRANSMITT		ON				
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FORM SA3E. PAGE 3. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 34166 Armstrong Utilities, Inc. 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 specific FCC rules, regulations, or authorizations; Do not list the station here in space G-but do list it in space I (the Special Statement and Program Log)-if the station was carried only on a substitute basis List the station here, and also in space I, if the station was carried both on a substitute basis and also on some othe basis. For further information concerning substitute basis stations, see page (v) of the general instructions located Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multi cast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air ir its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channe on which your cable system carried the station Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercia educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast) For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an ex planation of local service area, see page (v) of the general instructions located in the paper SA3 form Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which you cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable syster carried the distant station on a part-time basis because of lack of activated channel capacity For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representin the cable system and a primary transmitter or an association representing the primary transmitter, enter the designa tion "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a furthe explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AA 2. B'CAST 3. TYPE 4. DISTANT? 5. BASIS OF 1. CALL 6. LOCATION OF STATION SIGN **CHANNEL** OF (Yes or No) CARRIAGE NUMBER **STATION** (If Distant) **WQCW** 17 I-M Portsmouth. OH WQCW-DT2 30.2 I-M Portsmouth, OH **WQCW-DT3** 30.3 I-M Portsmouth, OH WQCW-DT4 30.4 I-M Portsmouth, OH **WQCW-HD** 30.1 I-M Portsmouth, OH WSAZ 3 Ν Huntington, WV WSAZ-DT2 3.2 I-M Huntington, WV 3.3 I-M **Huntington, WV** WSAZ-DT3 WSAZ-DT4 3.4 I-M **Huntington, WV** WSAZ-DT5 3.5 I-M **Huntington, WV** WSAZ-HD 3.1 Ν Huntington, WV WTSF 44 I Ashland, KY

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

Ashland, KY

Charleston, WV

Charleston, WV

Charleston, WV

Charleston, WV

Huntington, WV

WTSF-HD

WVAH-DT2

WVAH-DT3

WVAH-DT4

WVAH-DT5

**WVPB** 

44.1

11.2

11.3

11.4

11.5

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I-M

I-M

I-M

I-M

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LEGAL NAME OF OWN	ER OF CABLE SY	STEM:			SYSTEM ID#	
Armstrong Util	ities, Inc.				34166	Name
PRIMARY TRANSMITTI	ERS: TELEVISION	ON				
carried by your cable s FCC rules and regulat 76.59(d)(2) and (4), 76 substitute program bas	system during t ions in effect o 3.61(e)(2) and ( sis, as explaine	he accounting n June 24, 19 (4), or 76.63 ( ed in the next	g period except 981, permitting to referring to 76.6 paragraph	(1) stations carrie he carriage of cer 61(e)(2) and (4))];	s and low power television stations) d only on a part-time basis under tain network programs [sections and (2) certain stations carried on a cable system on a substitute program	Primary Transmitters: Television
station was carried List the station here, basis. For further in in the paper SA3 fo Column 1: List eac each multicast stream cast stream as "WETA WETA-simulcast). Column 2: Give the its community of licens on which your cable sy Column 3: Indicate educational station, by (for independent multic For the meaning of the Column 4: If the st planation of local servi Column 5: If you cable system carried ti carried the distant stat For the retransmiss of a written agreement the cable system and tion "E" (exempt). For explanation of these th Column 6: Give the	a here in space only on a substant also in space and also in space only on a substant also in space only on a substant associated with associated with associated with a section and a section is outside in each case of entering the lecast), "E" (for nese terms, see ation is outside ice area, see pare and a substant staticion on a part-tision of a distant tentered into on a primary transsimulcasts, also ree categories e location of each	G—but do listitute basis ace I, if the state range must ber the FCC I be, WRC is Chhe station whether the setter "N" (for moncommercia page (v) of the the local ser age (v) of the me basis bect multicast strain or before Jumitter or an aco enter "E". If see page (v) ch station. For each whether the setter "Sefer in column on during the me basis bect multicast strain or before Jumitter or an aco enter "E". If see page (v) ch station. For each in the see page (v) ch station.	at it in space I (the ation was carried tute basis station report origination coording to its own to be reported in mass assigned to mannel 4 in Waslatton is a network), "N-M" all educational), one general instructivice area, (i.e. "general instructivity of the general or U.S. stations, in the same area in the same area.	d both on a substons, see page (v) of an program service ver-the-air designation column 1 (list each the television starnington, D.C. This ork station, an ind (for network multipor "E-M" (for noncictions located in the distant"), enter "Y tions located in the mplete column 5, ind. Indicate by eractivated channel subject to a royalt etween a cable systeenting the primal channel on any constructions located list the communit	es". If not, enter "No". For an ex e paper SA3 form stating the basis on which you ntering "LAC" if your cable syster	
Note: If you are utilizing	ng multiple cna	•	EL LINE-UP	•	n cnannei line-up.	
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION	
WVPB-DT2	34.2	Е			Huntington, WV	
	34.1	E			Huntington, WV	

LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID# 34166	Name
Armstrong Utilities, Inc.	34100	
PRIMARY TRANSMITTERS: TELEVISION		

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

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

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

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

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

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

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

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

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

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

		CHANN	EL LINE-UP	AB	
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION
KDKA	25	N			Pittsburgh, PA
KDKA-HD	25.1	N			Pittsburgh, PA
WFMJ	20	N			Youngstown, OH
WFMJ-DT2	20.2	I			Youngstown, OH
WFMJ-DT2-HD	20.2	I			Youngstown, OH
WFMJ-HD	20.1	N			Youngstown, OH
WKBN	27	N			Youngstown, OH
WKBN-HD	27.1	N			Youngstown, OH
WNEO	45	Е			Alliance OH
WPCB	50	I	Yes	0	Jeanette, PA
WPCB-DT2	50.2	I-M	Yes	0	Jeanette, PA
WPCB-HD	50.1	I	Yes	E	Jeanette, PA
WQED	13	Е	Yes	0	Pittburgh, PA
WQED-DT2	13.2	E-M	Yes	E	Pittburgh, PA
WQED-DT3	13.3	E-M	Yes	E	Pittburgh, PA
WQED-DT4	14.4	E-M	Yes	Е	Pittburgh, PA
WQED-DT5	14.5	E-M	Yes	E	Pittburgh, PA
WQED-HD	13.1	Е	Yes	E	Pittburgh, PA

G

**Primary** Transmitters: Television

FORM SA3E, PAGE 3.	STEM ID#	
LEGAL NAME OF OWNER OF CABLE SYSTEM:  Armstrong Utilities, Inc.	34166	Name
PRIMARY TRANSMITTERS: TELEVISION		
In General: In space G, identify every television station (including translator stations and low power television station 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 o 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.		Primary Transmitters: 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		
<ul> <li>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.</li> <li>Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Ider</li> </ul>	:	
each multicast stream associated with a station according to its over-the-air designation. For example, report multi cast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast).		
Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the chann 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 noncomment.	е	
educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast) For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an ex		
planation of local service area, see page (v) of the general instructions located in the paper SA3 form  Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which you cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable syster		
carried the distant station on a part-time basis because of lack of activated channel capacity  For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association represent		
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		

explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form

Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified

Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.

		CHANN	EL LINE-UP	AB			
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	_	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION		
WYFX	19	ı			Youngstown, OH		
WYFX-DT2	19.6	I-M			Youngstown, OH		
WYFX-HD	41.2	I			Youngstown, OH		
WYFX-LD3	19.5	I-M			Youngstown, OH		
WYTV	36	N			Youngstown, OH		
WYTV-DT2	36.1	I-M			Youngstown, OH		
WYTV-DT2-HD	36.1	I-M			Youngstown, OH		
WYTV-HD	36.1	N			Youngstown, OH		
					0		

LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	
Armstrong Utilities, Inc.	34166	Name
PRIMARY TRANSMITTERS: TELEVISION		
In General: In space G, identify every television station (including translator stations and low power television carried by your cable system during the accounting period except (1) stations carried only on a part-time basing FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [see	is under	G
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 coubstitute 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.	arried on a	Primary Transmitters Television
<ul> <li>basis under specifc FCC rules, regulations, or authorizations:</li> <li>Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—i station was carried only on a substitute basis</li> </ul>	f the	
<ul> <li>List the station here, and also in space I, if the station was carried both on a substitute basis and also on so basis. For further information concerning substitute basis stations, see page (v) of the general instructions in the paper SA3 form.</li> </ul>		
Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, $\epsilon$		
each multicast stream associated with a station according to its over-the-air designation. For example, report		
cast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for e WETA-simulcast).	example	
Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over	-the-air ir	
ts community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the con which your cable system carried the station	e channe	
Column 3: Indicate in each case whether the station is a network station, an independent station, or a not	ncommercia	
educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent		
(for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational m	ulticast)	
For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form <b>Column 4:</b> If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For	r an ex	
planation of local service area, see page (v) of the general instructions located in the paper SA3 form  Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on whic	h you	
cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable	e syster	
carried the distant station on a part-time basis because of lack of activated channel capacity		
For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the		
of a written agreement entered into on or before June 30, 2009, between a cable system or an association re	enresentin	

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

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

		CHANN	EL LINE-UP	AC	
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION
WATM	23	N			Pittsburgh, PA
WATM-DT3	23.3	I-M			Pittsburgh, PA
WATM-DT4	23.4	N			Pittsburgh, PA
WATM-HD	23.1	N			Pittsburgh, PA
WJAC	34	N			Johnstown, PA
WJAC-CW-HD	34.4	I-M			Johnstown, PA
WJAC-DT2	34.3	I-M			Johnstown, PA
WJAC-DT3	34.3	I-M			Johnstown, PA
WJAC-DT6	34.4	I-M			Johnstown, PA
WJAC-HD	34.1	N			Johnstown, PA
WPCB	50	I	Yes	0	Jeanette, PA
WPCB-HD	50.1	I	Yes	E	Jeanette, PA
WPCW	19	I			Jeanette, PA
WQED	13	E			Pittburgh, PA
WQED-HD	13.1	E			Pittburgh, PA
WTAE	51	N			Pittsburgh, PA
WTAJ	32	N			Altoona, PA
WTAJ-DT2	32.2	I-M			Altoona, PA

LEGAL NAME OF OWN	ER OF CABLE SY	STEM:			SYSTEM ID#	N
Armstrong Util	ities, Inc.				34166	Name
PRIMARY TRANSMITTE	ERS: TELEVISIO	ON				
carried by your cable s FCC rules and regulat	system during t ions in effect or 5.61(e)(2) and (	he accounting n June 24, 19 (4), or 76.63 (	g period except 81, permitting the referring to 76.6	(1) stations carrie he carriage of cer	s and low power television stations) d only on a part-time basis under tain network programs [sections and (2) certain stations carried on a	<b>G</b> Primary  Transmitters:
				s carried by your	cable system on a substitute progran	Television
station was carried • List the station here, basis. For further in in the paper SA3 fo	here in space only on a subs and also in spa formation cond rm.	G—but do lis titute basis ace I, if the sta cerning substi	et it in space I (the ation was carrie tute basis statio	d both on a subst	nent and Program Log)—if the itute basis and also on some othe of the general instructions located as such as HBO, ESPN, etc. Identify	
cast stream as "WETA WETA-simulcast). <b>Column 2:</b> Give the	a-2". Simulcast e channel numl	streams must ber the FCC h	t be reported in	column 1 (list each	ation. For example, report multi th stream separately; for example tion for broadcasting over-the-air ir may be different from the channe	
on which your cable sy Column 3: Indicate educational station, by (for independent multion For the meaning of the Column 4: If the st planation of local servi Column 5: If you had cable system carried the carried the distant state For the retransmiss of a written agreement the cable system and atton "E" (exempt). For explanation of these the Column 6: Give the	ystem carried the in each case of the entering the lecast), "E" (for noise terms, see ation is outside in each entered "Ye he distant staticion of a distant the entered into of a primary transsimulcasts, also ree categories e location of each andian static	whether the setter "N" (for noncommercial page (v) of the the local seriage (v) of the es" in column on during the me basis becar multicast strong the meter "E". If , see page (v) ch station. Foons, if any, givennel line-ups,	tation is a network), "N-M" (all educational), of e general instructive area, (i.e. "general instruction 4, you must confuse of lack of a earn that is not sume 30, 2009, bussociation repreyou carried the of the general or U.S. stations, we the name of t	ork station, an ind (for network multion "E-M" (for noncuctions located in the distant"), enter "Y tions located in the mplete column 5, iod. Indicate by eractivated channel subject to a royalt etween a cable sy essenting the prima channel on any constructions located list the community with space G for each	ependent station, or a noncommercia cast), "I" (for independent), "I-M ommercial educational multicast) he paper SA3 form es". If not, enter "No". For an ex e paper SA3 form stating the basis on which you stering "LAC" if your cable syster capacity y payment because it is the subject estem or an association representing the paper SA3 form the paper SA3 form y to which the station is licensed by the howhich the station is identified.	
1. CALL	2. B'CAST	3. TYPE	4. DISTANT?	5. BASIS OF	6. LOCATION OF STATION	
SIGN	CHANNEL NUMBER	OF STATION	(Yes or No)	CARRIAGE (If Distant)		
WTAJ-DT3	32.3	I-M		(ii Distaint)	Altoona, PA	
WWCP	8.1	I			Johnstown. PA	
WWCP-DT2-HD	8.1	I			Johnstown, PA	
WWCP-DT3	8.3	I-M			Johnstown, PA	
-510	0.0	1-101			Journal of the state of the sta	

ACCOUNTING PERIOD: 2022/2 FORM SA3E. PAGE 3. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 34166 Armstrong Utilities, Inc. 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 € **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 specific FCC rules, regulations, or authorizations; Do not list the station here in space G-but do list it in space I (the Special Statement and Program Log)-if the station was carried only on a substitute basis List the station here, and also in space I, if the station was carried both on a substitute basis and also on some othe basis. For further information concerning substitute basis stations, see page (v) of the general instructions located Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multi cast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air ir its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channe on which your cable system carried the station Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercia educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast) For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an ex planation of local service area, see page (v) of the general instructions located in the paper SA3 form Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which you cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable syster carried the distant station on a part-time basis because of lack of activated channel capacity For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representin the cable system and a primary transmitter or an association representing the primary transmitter, enter the designa tion "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a furthe

explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form

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

		CHANN	EL LINE-UP	AD	
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION
KDKA	25	N			Pittsburgh, PA
KDKA-DT2	25.2	I-M			Pittsburgh, PA
KDKA-HD	25.1	N			Pittsburgh, PA
WINP	38	I			Pittburgh, PA
WINP-DT2	38.2	I-M			Pittsburgh, PA
WINP-HD	38.1	I			Pittsburgh, PA
WPCB-HD	50.1	I			Jeanette, PA
WPCB-DT2	50.2	I-M			Jeanette, PA
WPCB-HD	50.1	I			Jeanette, PA
WPCW	19	I			Jeanette, PA
WPCW-HD	19.1	I			Jeanette, PA
WPGH	53	I			Pittsburgh, PA
WPGH-DT2	53.2	I-M			Pittsburgh, PA
WPGH-DT3	53.3	I-M			Pittsburgh, PA
WPGH-HD	53.1	I			Pittsburgh, PA
WPNT	22	I			Pittsburgh, PA
WPNT-DT2	22.2	I-M			Pittsburgh, PA
WPNT-DT3	22.3	I-M			Pittsburgh. PA

FORM SA3E. PAGE 3.		
LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	
Armstrong Utilities, Inc.	34166	Name
PRIMARY TRANSMITTERS: TELEVISION		
In General: In space G. identify every television station (including translator stations and low	nower television stations)	I

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

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

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

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

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

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

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

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

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

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

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

		CHANN	EL LINE-UP	AD	
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION
WPNT-DT4	22.4	I-M			Pittsburgh, PA
WPNT-HD	22.1	I			Pittsburgh, PA
WPXI	48	N			Pittsburgh, PA
WPXI-DT2	48.2	I-M			Pittsburgh, PA
WPXI-DT3	48.3	I-M			Pittsburgh, PA
WPXI-HD	48.1	N			Pittsburgh, PA
WQED	13	Е			Pittburgh, PA
WQED-DT2	13.2	E-M			Pittburgh, PA
WQED-DT3	13.3	E-M			Pittburgh, PA
WQED-DT4	14.4	E-M			Pittburgh, PA
WQED-DT5	14.5	E-M			Pittburgh, PA
WQED-HD	13.1	E			Pittburgh, PA
WTAE	51	N			Pittsburgh, PA
WTAE-DT2	51.2	I-M			Pittsburgh, PA
WTAE-HD	51.1	N			Pittsburgh, PA
					<b>.</b>
		1			

G

Primary Transmitters: Television

FORM SA3E. PAGE 3. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 34166 Armstrong Utilities, Inc. 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 ٤ **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 specific FCC rules, regulations, or authorizations; Do not list the station here in space G-but do list it in space I (the Special Statement and Program Log)-if the station was carried only on a substitute basis List the station here, and also in space I, if the station was carried both on a substitute basis and also on some othe basis. For further information concerning substitute basis stations, see page (v) of the general instructions located Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multi cast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air ir its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channe on which your cable system carried the station Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercia educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast) For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an ex planation of local service area, see page (v) of the general instructions located in the paper SA3 form Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which you cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable syster carried the distant station on a part-time basis because of lack of activated channel capacity For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representin the cable system and a primary transmitter or an association representing the primary transmitter, enter the designa tion "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a furthe explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AE 1. CALL 2. B'CAST 3. TYPE 4. DISTANT? 5. BASIS OF 6. LOCATION OF STATION **CARRIAGE** SIGN **CHANNEL** OF (Yes or No) NUMBER **STATION** (If Distant) **WFMJ** 20 Ν Youngstown, OH WFMJ-DT2 20.2 I Youngstown, OH WFMJ-DT2-HD 20.2 I Youngstown, OH WFMJ-DT3 20.3 Youngstown, OH ı WFMJ-HD 20.1 Ν Youngstown, OH WKBN 27 Ν Youngstown, OH WKBN-HD 27.1 Ν Youngstown, OH 45 Ε WNEO **Alliance OH** WNEO-DT2 45.2 Ε Alliance OH WNEO-DT3 45.3 Ε Alliance OH WNEO-HD 45 Ε Alliance OH

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

Youngstown, OH

**WYFX** 

WYFX-DT2

WYFX-DT3

WYFX-HD

WYFX-LD3

WYTV-HD

WYTV-DT2

19

19.6

19.4

41.2

19.5

36.1

36.1

ı

I-M

I-M

ı

I-M

Ν

I-M

LEGAL NAME OF OWN	IER OF CABLE SY	STEM:			SYSTEM ID#	
Armstrong Util	ities, Inc.				34166	Name
PRIMARY TRANSMITT	ERS: TELEVISION	ON				
carried by your cable s FCC rules and regulat 76.59(d)(2) and (4), 76 substitute program ba	system during to ions in effect of 5.61(e)(2) and of sis, as explaine	the accounting n June 24, 19 (4), or 76.63 ( ed in the next	g period except 81, permitting tl referring to 76.6 paragraph	(1) stations carrie he carriage of cer 61(e)(2) and (4))];	s and low power television stations) d only on a part-time basis under tain network programs [sections and (2) certain stations carried on a	Primary Transmitters: Television
basis under specifc FC  Do not list the station station was carried List the station here, basis. For further ir in the paper SA3 fc Column 1: List eac each multicast stream cast stream as "WETA- WETA-simulcast). Column 2: Give th its community of licens on which your cable sy Column 3: Indicate educational station, by (for independent multi For the meaning of the Column 4: If the st planation of local serv Column 5: If you h cable system carried t carried the distant stat For the retransmiss of a written agreemen the cable system and tion "E" (exempt). For explanation of these th Column 6: Give th	CC rules, regular here in space only on a substand also in spanformation conform. The second of the conformation is associated with the conformation of the conformation of the conformation of the conformation is associated with the conformation of the conformation o	ations, or auth G—but do listitute basis ace I, if the state erning substitute sign. Do not the attation act attation act attation act attation act attation act attation whether the setter "N" (for a noncommercial page (v) of the attation act attation. It is attation. For act act attation. For act act attation. For act act attation. For act act act attation. For act act act act attation. For act	norizations. It it in space I (the ation was carried tute basis station report origination cording to its own to be reported in the assigned to annel 4 in Wasletwork), "N-M" all educational), of e general instructivice area, (i.e. "general instructivity of lack of a seam that is not se	the Special Statem and both on a substitute one, see page (v) of the program service of the television statement of the television statement of the television statement of the television of the television of the television and (for network multipor "E-M" (for noncuctions located in the television located channel subject to a royalt etween a cable systement of the primal channel on any constructions located list the communit	nent and Program Log)—if the situte basis and also on some othe of the general instructions located as such as HBO, ESPN, etc. Identify ation. For example, report multi the stream separately; for example tion for broadcasting over-the-air ir amay be different from the channe ependent station, or a noncommercia cast), "I" (for independent), "I-M ommercial educational multicast) the paper SA3 form es". If not, enter "No". For an ex e paper SA3 form stating the basis on which you thering "LAC" if your cable syster capacity y payment because it is the subject stem or an association representing any transmitter, enter the designal other basis, enter "O." For a furthe ed in the paper SA3 form	
Note: If you are utilizing		nnel line-ups,	use a separate	space G for each	h which the station is identifed n channel line-up.	
	I	CHANN	EL LINE-UP	AE		
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION	
WYTV-DT2-HD	36.1	I-M			Youngstown, OH	
WYTV-HD	36.1	N			Youngstown, OH	

ACCOUNTING PERIOD: 2022/2 FORM SA3E. PAGE 3. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 34166 Armstrong Utilities, Inc. 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 € **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 specific FCC rules, regulations, or authorizations; Do not list the station here in space G-but do list it in space I (the Special Statement and Program Log)-if the station was carried only on a substitute basis List the station here, and also in space I, if the station was carried both on a substitute basis and also on some othe basis. For further information concerning substitute basis stations, see page (v) of the general instructions located Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multi cast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air ir its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channe on which your cable system carried the station Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercia educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast) For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an ex planation of local service area, see page (v) of the general instructions located in the paper SA3 form Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which you cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable syster carried the distant station on a part-time basis because of lack of activated channel capacity For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representin the cable system and a primary transmitter or an association representing the primary transmitter, enter the designa

tion "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a furthe explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form

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

		CHANN	AF	_	
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION
WBNX	55	I			Akron, OH
WBNX-DT2	55.2	I-M			Akron, OH
WBNX-DT4	55.4	I-M			Akron, OH
WBNX-DT5	55.5	I-M			Akron, OH
WBNX-HD	55.1	I-M			Akron, OH
WDLI	17	I			Canton, OH
WEWS	5	N			Cleveland, OH
WEWS-DT2	5.2	I-M			Cleveland, OH
WEWS-DT3	5.3	I-M			Cleveland, OH
WEWS-DT4	5.4	I-M			Cleveland, OH
WEWS-HD	5.1	N			Cleveland, OH
WJW	8	I			Cleveland, OH
WJW-DT2	8.2	I-M			Cleveland, OH
WJW-DT3	8.3	I-M			Cleveland, OH
WJW-DT4	8.4	I-M			Cleveland, OH
WJW-HD	8.1	I			Cleveland, OH
WNEO	45	Е			Alliance OH
WNEO-HD	45	Е			Alliance OH

WUAB-DT3

**WUAB-HD** 

WVIZ-DT2

WVIZ-DT3

WVIZ-DT4

WVIZ

43.3

43.1

25

25.2

25.3

25.4

I-M

I

Ε

E-M

E-M

E-M

FORM SA3E. PAGE 3. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 34166 Armstrong Utilities, Inc. 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 specific FCC rules, regulations, or authorizations; Do not list the station here in space G-but do list it in space I (the Special Statement and Program Log)-if the station was carried only on a substitute basis List the station here, and also in space I, if the station was carried both on a substitute basis and also on some othe basis. For further information concerning substitute basis stations, see page (v) of the general instructions located Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multi cast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air ir its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channe on which your cable system carried the station Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercia educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast) For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an ex planation of local service area, see page (v) of the general instructions located in the paper SA3 form Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which you cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable syster carried the distant station on a part-time basis because of lack of activated channel capacity For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representin the cable system and a primary transmitter or an association representing the primary transmitter, enter the designa tion "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a furthe explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AF 2. B'CAST 3. TYPE 4. DISTANT? 5. BASIS OF 1. CALL 6. LOCATION OF STATION SIGN CHANNEL OF (Yes or No) CARRIAGE NUMBER **STATION** (If Distant) WKYC-HD 17.1 Ν Cleveland, OH WKYC-DT2 17.2 I-M Cleveland, OH WKYC-DT3 17.3 I-M Cleveland, OH WKYC-DT4 17.4 I-M Cleveland, OH WKYC-DT5 17.5 I-M Cleveland, OH WKYC-HD 17.1 Ν Cleveland, OH **WOIO** 10 Ν Shaker Heights, OH 10.2 I-M WOIO-DT2 Shaker Heights, OH WOIO-DT3 10.3 I-M Shaker Heights, OH WOIO-HD 10.1 Ν Shaker Heights, OH **WUAB-HD** 43.1 I Lorain, OH **WUAB-DT2** 43.2 I-M Lorain, OH

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

Lorain, OH

Lorain. OH

Cleveland, OH

Cleveland, OH

Cleveland, OH

Cleveland, OH

LEGAL NAME OF OW	/NER OF CABLE SY	STEM:			SYSTEM ID#	
Armstrong Ut		OTEM.			34166	Name
PRIMARY TRANSMIT	TERS: TELEVISION	ON				
In General: In space carried by your cable FCC rules and regula 76.59(d)(2) and (4), substitute Basis basis under specific Po not list the static station was carrie List the station here basis. For further in the paper SA3 Column 1: List each multicast stream cast stream as "WET WETA-simulcast). Column 2: Give tits community of lice on which your cable Column 3: Indica educational station, I (for independent mul For the meaning of the Column 5: If you cable system carried the distant stream the cable system and tion "E" (exempt). Fo explanation of these	e G, identify ever a system during the ations in effect of 76.61(e)(2) and the asis, as explaints as stations: With ECC rules, regulation here in space of only on a subset, and also in spainformation conform.  The ach station's call meassociated with TA-2". Simulcast the channel number of the channel number of the end of the case of the cas	y television signer accounting accounting a June 24, 19 (4), or 76.63 (4), or 76.63 (4), or 76.63 (4), or 76.63 (4), or autions, it the station substitute basis become station or autions, or autions	g period except get period except per get per	(1) stations carried he carriage of cer in the carried by your the Special Statem of the television state of the television state of the television of television of the tel	es". If not, enter "No". For an ex e paper SA3 form stating the basis on which you ntering "LAC" if your cable syster	Primary Transmitters: Television
FCC. For Mexican or Note: If you are utilize				•	th which the station is identifed	
Troto. Il you are danz	ing malapic ona		EL LINE-UP		Tonamormic up.	
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION	
WVIZ-DT5	25.5	E-M			Cleveland, OH	
WVIZ-HD	25.1	E			Cleveland, OH	
WVPX	23	I			Akron, OH	
WVPX-HD	23.1	I			Akron, OH	

	ACCOUNTIN	NG PERIOD: 2022
FORM SA3E. PAGE 3.  LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	
Armstrong Utilities, Inc.	34166	Name
PRIMARY TRANSMITTERS: TELEVISION		
n General: In space G, identify every television station (including translator stations and low power telearried by your cable system during the accounting period except (1) stations carried only on a part-time FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network program	ne basis under	G
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 stati 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 s	tions carried on a	Primary Transmitters: Television
basis under specifc FCC rules, regulations, or authorizations:		
<ul> <li>Do not list the station here in space G—but do list it in space I (the Special Statement and Program L station was carried only on a substitute basis</li> </ul>	.og)—if the	
<ul> <li>List the station here, and also in space I, if the station was carried both on a substitute basis and also basis. For further information concerning substitute basis stations, see page (v) of the general instru</li> </ul>		

cast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast).

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

**Column 1:** List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multi

in the paper SA3 form.

on which your cable system carried the station

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

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

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

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

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

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

		CHANN	EL LINE-UP	AG	
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION
WBOY	12.1	N			Clarksburg, WV
WBOY-DT2	12.2	N			Clarksburg, WV
WBOY-DT2-HD	12.2	N			Clarksburg, WV
WBOY-DT3	12.3	I-M			Clarksburg, WV
WBOY-DT4	12.4	I-M			Clarksburg, WV
WBOY-HD	12.1	N			Clarksburg, WV
WDTV	5	N			Weston, WV
WDTV-DT2	5.2	I-M			Weston, WV
WDTV-DT3	5.3	I-M			Weston, WV
WDTV-DT4	5.4	I-M			Weston, WV
WDTV-HD	5.1	N			Weston, WV
WNPB	33	E			Morgtantown, WV
WNPB-HD	33.1	E			Morgtantown, WV
WTAP	49	N			Parkersburg, WV
WTAP-HD	49.1	N			Parkersburg, WV
WVFX	10	I			Clarksburg, WV
WVFX-DT2	46.2	I-M			Clarksburg, WV
WVFX-DT2-HD	46.2	I-M			Clarksburg, WV

LEGAL NAME OF OWN	NER OF CABLE SY	STEM:			SYSTEM ID#	Nama
Armstrong Util	lities, Inc.				34166	Name
PRIMARY TRANSMITT	ERS: TELEVISI	ON				
carried by your cable FCC rules and regula	system during tions in effect o	the accounting on June 24, 19	g period except 981, permitting t	(1) stations carrie he carriage of cer	s and low power television stations) ed only on a part-time basis under tain network programs [sections	G
substitute program ba	sis, as explaine	ed in the next	paragraph	( / ( / ) ( //2	and (2) certain stations carried on a cable system on a substitute progran	Primary Transmitters: Television
basis under specifc F	CC rules, regul	ations, or auth	norizations			
Do not list the station station was carried			st it in space I (t	ne Special Statem	nent and Program Log)—if the	
<ul> <li>List the station here,</li> </ul>	, and also in sp nformation con	ace I, if the st			itute basis and also on some othe of the general instructions located	
each multicast stream	n associated wi	th a station ac	cording to its ov	/er-the-air designa	es such as HBO, ESPN, etc. Identify ation. For example, report multi	
WETA-simulcast).			•	`	ch stream separately; for example tion for broadcasting over-the-air ir	
its community of licen on which your cable s	se. For exampl system carried t	e, WRC is Ch he station	annel 4 in Was	hington, D.C. This	may be different from the channe	
educational station, by (for independent multi For the meaning of th Column 4: If the si planation of local serv	y entering the licast), "E" (for rese terms, see tation is outside rice area, see p	etter "N" (for r noncommercia page (v) of the the local ser age (v) of the	network), "N-M" al educational), de general instru vice area, (i.e. " general instruc	(for network multi or "E-M" (for nonc actions located in distant"), enter "Y tions located in th	es". If not, enter "No". For an ex	
carried the distant sta For the retransmiss of a written agreemen the cable system and tion "E" (exempt). For explanation of these t	tion on a part-ti sion of a distan at entered into c a primary trans simulcasts, als hree categories	ime basis bec t multicast str on or before Jo smitter or an a so enter "E". If s, see page (v	ause of lack of eam that is not une 30, 2009, b association repro you carried the of the general	activated channel subject to a royall etween a cable syesenting the prima channel on any constructions locat	ntering "LAC" if your cable syster capacity  ty payment because it is the subjec ystem or an association representine ary transmitter, enter the designation between the sisk, enter "O." For a furthe ed in the paper SA3 form by to which the station is licensed by the	
FCC. For Mexican or <b>Note:</b> If you are utilizi		. , ,		•	h which the station is identifed a channel line-up.	
		CHANN	EL LINE-UP	AG		
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION	
WVFX-DT3	46.3	I-M			Clarksburg, WV	
WVFX-HD	46.1	I			Clarksburg, WV	

Television

	ACCOUNTIN	IG PERIOD: 2022/2
FORM SA3E. PAGE 3.		
LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	
Armstrong Utilities, Inc.	34166	Name
PRIMARY TRANSMITTERS: TELEVISION		
In General: In space G, identify every television station (including translator stations and low power televisio carried by your cable system during the accounting period except (1) stations carried only on a part-time bas	is under	G
FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [se		
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 c	arried 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 basis under specific FCC rules, regulations, or authorizations:

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

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

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

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

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

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

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

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

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

		CHANN	EL LINE-UP	AH	
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION
WCHS	8	N			Charleston, WV
WCHS-DT2	8.2	N			Charleston, WV
WCHS-DT2-HD	8.2	I-M			Charleston, WV
WCHS-DT3	8.3	I-M			Charleston, WV
WCHS-HD	8.1	N			Charleston, WV
WKAS	26	E			Ashland, KY
WKAS-DT2	26.2	E-M			Ashland, KY
WKAS-DT2-HD	26.4	E-M			Ashland, KY
WKAS-DT4	26.4	E-M			Ashland, KY
WKAS-HD	26.2	E-M			Ashland, KY
WLPX	39	I			Charleston, WV
WLPX-DT2	39.2	I			Charleston, WV
WLPX-HD	39.1	I			Charleston, WV
WOWK	13	N			Huntington, WV
WOWK-DT2	13.2	I-M			Huntington, WV
WOWK-DT3	13.3	I-M			Huntington, WV
WOWK-DT4	13.4	I-M			Huntington, WV
WOWK-HD	13.1	N			Huntington, WV

LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	
Armstrong Utilities, Inc.	34166	Name
PRIMARY TRANSMITTERS: TELEVISION		
<b>In General:</b> In space G, identify every television station (including translator stations and low power television st carried by your cable system during the accounting period except (1) stations carried only on a part-time basis u FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [section	ndeı	G
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 carries 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	ed on a	Primary Transmitters 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	ŧ	
<ul> <li>List the station here, and also in space I, if the station was carried both on a substitute basis and also on some basis. For further information concerning substitute basis stations, see page (v) of the general instructions loc in the paper SA3 form.</li> </ul>		
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 mu	ulti	
cast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example the column 1)	mple	
WETA-simulcast).  Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the	a air ir	
its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the ch		
on which your cable system carried the station	iaiiic	
Column 3: Indicate in each case whether the station is a network station, an independent station, or a nonco	mmercia	
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 multic	cast)	
For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form		
Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an	ex	
planation of local service area, see page (v) of the general instructions located in the paper SA3 form		

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

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

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

		CHANN	EL LINE-UP	AH	
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION
WQCW	17	I-M			Portsmouth, OH
WQCW-DT2	30.2	I-M			Portsmouth, OH
WQCW-DT3	30.3	I-M			Portsmouth, OH
WQCW-DT4	30.4	I-M			Portsmouth, OH
WQCW-DT5	30.5	I-M			Portsmouth, OH
WQCW-HD	30.1	I-M			Portsmouth, OH
WSAZ	3	N			Huntington, WV
WSAZ-DT2	3.2	I-M			Huntington, WV
WSAZ-DT3	3.3	I-M			Huntington, WV
WSAZ-DT4	3.4	I-M			Huntington, WV
WSAZ-DT5	3.5	I-M			Huntington, WV
WSAZ-HD	3.1	N			Huntington, WV
WTSF	44	I			Ashland, KY
WTSF-HD	44.1	I			Ashland, KY
WVAH-DT2	11.2	I-M			Charleston, WV
WVAH-DT3	11.3	I-M			Charleston, WV
WVAH-DT4	11.4	I-M			Charleston, WV
WVAH-DT5	11.5	I-M			Charleston. WV

LEGAL NAME OF OWN	ER OF CABLE SY	STEM:			SYSTEM ID#	Nama
Armstrong Util	ities, Inc.				34166	Name
PRIMARY TRANSMITTE	ERS: TELEVISIO	ON				
carried by your cable s FCC rules and regulat	system during to ions in effect or	he accounting n June 24, 19	g period except 981, permitting the	(1) stations carrie he carriage of cert	s and low power television stations) d only on a part-time basis under tain network programs [sections and (2) certain stations carried on a	<b>G</b> Primary
	Stations: With	respect to any	y distant station	s carried by your	cable system on a substitute progran	Transmitters: Television
<ul><li>basis under specifc FC</li><li>Do not list the station</li></ul>				ne Special Statem	nent and Program Log)—if the	
· · · · · · · · · · · · · · · · · · ·	and also in spa	ace I, if the sta			itute basis and also on some othe of the general instructions located	
in the paper SA3 fo		sian. Do not	report originatio	n program service	es such as HBO, ESPN, etc. Identify	
each multicast stream cast stream as "WETA WETA-simulcast).	associated wit -2". Simulcast	h a station ac streams mus	cording to its ov t be reported in	er-the-air designa column 1 (list eac	ation. For example, report multi ch stream separately; for example	
	se. For example	e, WRC is Ch	-		tion for broadcasting over-the-air ir may be different from the channe	
					ependent station, or a noncommercia cast), "I" (for independent), "I-M	
(for independent multion	cast), "E" (for n	oncommercia	al educational), o	or "E-M" (for nonc	ommercial educational multicast)	
For the meaning of the Column 4: If the st	,	,	O .		the paper SA3 form es". If not, enter "No". For an ex	
planation of local servi					e paper SA3 form stating the basis on which you	
cable system carried the	he distant statio	on during the	accounting peri	od. Indicate by en	ntering "LAC" if your cable syster	
carried the distant stat For the retransmiss	•				y payment because it is the subjec	
_				•	stem or an association representin ary transmitter, enter the designa	
tion "E" (exempt). For	simulcasts, als	o enter "E". If	you carried the	channel on any o	other basis, enter "O." For a furthe ed in the paper SA3 form	
Column 6: Give the	e location of ea	ch station. Fo	or U.S. stations,	list the communit	y to which the station is licensed by the	
FCC. For Mexican or C Note: If you are utilizing				•	h which the station is identifed nchannel line-up.	
		CHANN	EL LINE-UP	AH	·	
1. CALL	2. B'CAST	3. TYPE	4. DISTANT?	5. BASIS OF	6. LOCATION OF STATION	
SIGN	CHANNEL	OF	(Yes or No)	CARRIAGE		
WVAH-DT5	11.5	STATION I-M		(If Distant)	Charleston, WV	
WVPB	34	I-IVI E			Huntington, WV	
WVPB-DT2	34.2	E			Huntington, WV	
WVPB-HD	34.1	E			Huntington, WV	
	U-1.1					

FORM SA3E. PAGE 3. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 34166 Armstrong Utilities, Inc. 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 € **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 specific FCC rules, regulations, or authorizations; Do not list the station here in space G-but do list it in space I (the Special Statement and Program Log)-if the station was carried only on a substitute basis List the station here, and also in space I, if the station was carried both on a substitute basis and also on some othe basis. For further information concerning substitute basis stations, see page (v) of the general instructions located Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multi cast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WFTA-simulcast) Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air ir its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channe on which your cable system carried the station Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercia educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast) For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an ex planation of local service area, see page (v) of the general instructions located in the paper SA3 form Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which you cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable syster carried the distant station on a part-time basis because of lack of activated channel capacity For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representin the cable system and a primary transmitter or an association representing the primary transmitter, enter the designa tion "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a furthe explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AI 2. B'CAST 3. TYPE 4. DISTANT? 5. BASIS OF 1. CALL 6. LOCATION OF STATION SIGN **CHANNEL** OF (Yes or No) CARRIAGE NUMBER **STATION** (If Distant) **KDKA** 25 Ν Pittsburgh, PA Pittsburgh, PA KDKA-DT2 25.2 I-M KDKA-HD 25.1 Ν Pittsburgh, PA WINP 38 ı Pittburgh, PA WINP-DT2 38.2 I-M Pittsburgh, PA WINP-HD 38.1 I Pittsburgh, PA **WNPB** 33 Ε Morgtantown, WV 50 **WPCB** I Jeanette, PA WPCB-DT2 50.2 I-M Jeanette, PA WPCB-HD 50.1 ı Jeanette, PA **WPCW** 19 I Jeanette, PA **WPCW-HD** I 19.1 Jeanette, PA

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

Pittsburgh, PA

Pittsburgh, PA

Pittsburgh, PA Pittsburgh, PA

Pittsburgh, PA

Pittsburgh, PA

**WPGH** 

WPGH-DT2

WPGH-DT3

WPGH-HD

WPNT-DT2

WPNT

53

53.2

53.3

53.1

22

22.2

I-M

I-M

I

ı

I-M

LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	
Armstrong Utilities, Inc.	34166	Name
DDIMADY TDANSMITTERS: TELEVISION		

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

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

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

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

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

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

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

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

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

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

		CHANN	EL LINE-UP	Al	
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION
WPNT-DT3	22.3	I-M			Pittsburgh, PA
WPNT-DT4	22.4	I-M			Pittsburgh, PA
WPNT-HD	22.1	I			Pittsburgh, PA
WPXI	48	N			Pittsburgh, PA
WPXI-DT2	48.2	I-M			Pittsburgh, PA
WPXI-DT3	48.3	I-M			Pittsburgh, PA
WPXI-HD	48.1	N			Pittsburgh, PA
WQED	13	Е			Pittburgh, PA
WQED-DT2	13.2	E-M			Pittburgh, PA
WQED-DT3	13.3	E-M			Pittburgh, PA
WQED-DT4	14.4	E-M			Pittburgh, PA
WQED-DT5	14.5	E-M			Pittburgh, PA
WQED-HD	13.1	Е			Pittburgh, PA
WTAE	51	N			Pittsburgh, PA
WTAE-DT2	51.2	I-M			Pittsburgh, PA
WTAE-HD	51.1	N			Pittsburgh, PA

G

**Primary** Transmitters: Television

FORM SA3E. PAGE 3.		
LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	
Armstrong Utilities, Inc.	34166	Name
PRIMARY TRANSMITTERS: TELEVISION		
In General: In space G, identify every television station (including translator stations and low po	ower television stations)	

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

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

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

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

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

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

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

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

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

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

		CHANN	EL LINE-UP	AJ	
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION
WBNX	55	I			Akron, OH
WBNX-DT2	55.2	I-M			Akron, OH
WBNX-DT3	55.3	I-M			Akron, OH
WBNX-DT4	55.4	I-M			Akron, OH
WBNX-DT5	55.5	I-M			Akron, OH
WBNX-HD	55.1	I-M			Akron, OH
WDLI	17	I			Canton, OH
WEWS	5	N			Cleveland, OH
WEWS-DT2	5.2	I-M			Cleveland, OH
WEWS-DT3	5.3	I-M			Cleveland, OH
WEWS-DT4	5.4	I-M			Cleveland, OH
WEWS-HD	5.1	N			Cleveland, OH
WJW	8	I			Cleveland, OH
WJW-DT2	8.2	I-M			Cleveland, OH
WJW-DT3	8.3	I-M			Cleveland, OH
WJW-DT4	8.4	I-M			Cleveland, OH
WJW-HD	8.1	I			Cleveland, OH
WNEO	45	Е			Alliance OH

G

**Primary** Transmitters: Television

ACCOUNTING PERIOD: 2022/2 FORM SA3E. PAGE 3. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 34166 Armstrong Utilities, Inc. 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 specific FCC rules, regulations, or authorizations; Do not list the station here in space G-but do list it in space I (the Special Statement and Program Log)-if the station was carried only on a substitute basis List the station here, and also in space I, if the station was carried both on a substitute basis and also on some othe basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multi cast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WFTA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air ir its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channe on which your cable system carried the station Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercia educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast) For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an ex planation of local service area, see page (v) of the general instructions located in the paper SA3 form Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which you cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable syster carried the distant station on a part-time basis because of lack of activated channel capacity For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representin the cable system and a primary transmitter or an association representing the primary transmitter, enter the designa tion "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a furthe explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.

•	0 .		•	•	· ·
		CHANN	EL LINE-UP	AJ	
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION
WKYC	17	N			Cleveland, OH
WKYC-DT2	17.2	I-M			Cleveland, OH
WKYC-DT3	17.3	I-M			Cleveland, OH
WKYC-DT4	17.4	I-M			Cleveland, OH
WKYC-DT5	17.5	I-M			Cleveland, OH
WKYC-HD	17.1	N			Cleveland, OH
WOIO	10	N			Shaker Heights, OH
WOIO-DT2	10.2	I-M			Shaker Heights, OH
WOIO-DT3	10.3	I-M			Shaker Heights, OH
WOIO-HD	10.1	N			Shaker Heights, OH
WRLM	47	I			Canton, OH
WUAB	43	I			Lorain, OH
WUAB-DT2	43.2	I-M			Lorain, OH
WUAB-DT3	43.3	I-M			Lorain, OH
WUAB-HD	43.1	I			Lorain, OH
WVIZ	25	Е			Cleveland, OH
WVIZ-DT2	25.2	E-M			Cleveland, OH
WVIZ-DT3	25.3	E-M			Cleveland, OH

LEGAL NAME OF OV		CTEM:			SYSTEM ID#	
Armstrong Ut		34166	Name			
PRIMARY TRANSMIT		ON				
In General: In space carried by your cable FCC rules and regul 76.59(d)(2) and (4), substitute program b	e G, identify ever e system during ations in effect o 76.61(e)(2) and asis, as explaine	y television s the accountin n June 24, 19 (4), or 76.63 ed in the next	g period except 981, permitting t (referring to 76.6 paragraph	(1) stations carrie he carriage of cer 61(e)(2) and (4))];	s and low power television stations) d only on a part-time basis under tain network programs [sections and (2) certain stations carried on a cable system on a substitute program	<b>G</b> Primary  Transmitters:  Television
basis under specific leads to not list the station was carrie List the station here basis. For further in the paper SA3 Column 1: List eeach multicast strea cast stream as "WE" WETA-simulcast). Column 2: Give tits community of lice on which your cable Column 3: Indicated and the planation of the meaning of the planation of local serication of local serication of the distant street the cable system carried the distant street for the retransming of a written agreement the cable system antion "E" (exempt). For explanation of these Column 6: Give the station was column 6: Give the stati	FCC rules, regulon here in space of only on a subse, and also in spinformation conform.  ach station's call massociated will ra-2". Simulcast the channel numnse. For exampl system carried to the in each case by entering the letticast), "E" (for rhese terms, see station is outside ruice area, see phave entered "Y I the distant statiation on a part-tission of a distant tentered into cod a primary transor simulcasts, also three categories the location of ear Canadian static	ations, or aut G—but do listitute basis ace I, if the st cerning subst sign. Do not th a station ac streams mus ber the FCC e, WRC is Ch he station whether the se teter "N" (for re concommercia page (v) of the fest in column on during the me basis bee to multicast stream on or before J smitter or an a so enter "E". It s, see page (v ach station. Fe cons, if any, gir	horizations: stit in space I (ti ation was carried itute basis station report origination coording to its own to be reported in thas assigned to hannel 4 in Was station is a network), "N-M" all educational), the general instructivice area, (i.e. "to accounting per cause of lack of the period in the space of lack of the spa	the Special Statement of both on a substants, see page (v) or program service over-the-air designate column 1 (list each the television state that the television state in the television, D.C. This ork station, an indeformetwork multipor "E-M" (for noncuctions located in the distant"), enter "Y tions located in the mplete column 5, iod. Indicate by eractivated channel subject to a royalt etween a cable sy essenting the primary channel on any constructions located list the community with the community with the community with the community of the primary channel on any constructions located list the community with th	nent and Program Log)—if the situte basis and also on some othe of the general instructions located as such as HBO, ESPN, etc. Identify ation. For example, report multi the stream separately; for example tion for broadcasting over-the-air in a may be different from the channe ependent station, or a noncommercia cast), "I" (for independent), "I-M commercial educational multicast) the paper SA3 form es". If not, enter "No". For an ex e paper SA3 form stating the basis on which you attering "LAC" if your cable syster capacity y payment because it is the subject stem or an association representing any transmitter, enter the designal other basis, enter "O." For a furthe end in the paper SA3 form y to which the station is identified.	
		CHANN	EL LINE-UP	AJ		
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION	
WVIZ-DT4	25.4	E-M			Cleveland, OH	
WVIZ-DT5	25.5	E-M			Cleveland, OH	
WVIZ-HD	25.1	Е			Cleveland, OH	
WVPX	23	I			Akron, OH	
WVPX-HD	23.1	I			Akron, OH	

ACCOUNTING PERIOD: 2022/2 FORM SA3E. PAGE 3. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 34166 Armstrong Utilities, Inc. 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 € **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 specific FCC rules, regulations, or authorizations; Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis List the station here, and also in space I, if the station was carried both on a substitute basis and also on some othe basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multi cast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WFTA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air ir its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channe on which your cable system carried the station Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercia educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast) For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an ex planation of local service area, see page (v) of the general instructions located in the paper SA3 form Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which you cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable syster carried the distant station on a part-time basis because of lack of activated channel capacity For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representin the cable system and a primary transmitter or an association representing the primary transmitter, enter the designa tion "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a furthe explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.

		CHANN	EL LINE-UP	AK	
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION
WBNX	55	I			Akron, OH
WBNX-DT2	55.2	I-M			Akron, OH
WBNX-DT3	55.3	I-M			Akron, OH
WBNX-DT4	55.4	I-M			Akron, OH
WBNX-DT5	55.5	I-M			Akron, OH
WBNX-HD	55.1	I-M			Akron, OH
WDLI	17	l			Canton, OH
WEWS	5	N			Cleveland, OH
WEWS-DT2	5.2	I-M			Cleveland, OH
WEWS-DT3	5.3	I-M			Cleveland, OH
WEWS-DT4	5.4	I-M			Cleveland, OH
WEWS-HD	5.1	N			Cleveland, OH
WJW	8	I			Cleveland, OH
WJW-DT2	8.2	I-M			Cleveland, OH
WJW-DT3	8.3	I-M			Cleveland, OH
WJW-DT4	8.4	I-M			Cleveland, OH
WJW-HD	8.1	I			Cleveland, OH

**WKYC** 

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

Cleveland, OH

WUAB-DT3

**WUAB-HD** 

WVIZ-DT2

WVIZ-DT3

WVIZ-DT4

WVIZ

43.3

43.1

25

25.2

25.3

25.4

I-M

I

Ε

E-M

E-M

E-M

FORM SA3E. PAGE 3. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 34166 Armstrong Utilities, Inc. 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 ٤ **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 specific FCC rules, regulations, or authorizations; Do not list the station here in space G-but do list it in space I (the Special Statement and Program Log)-if the station was carried only on a substitute basis List the station here, and also in space I, if the station was carried both on a substitute basis and also on some othe basis. For further information concerning substitute basis stations, see page (v) of the general instructions located Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multi cast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air ir its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channe on which your cable system carried the station Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercia educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast) For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an ex planation of local service area, see page (v) of the general instructions located in the paper SA3 form Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which you cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable syster carried the distant station on a part-time basis because of lack of activated channel capacity For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representin the cable system and a primary transmitter or an association representing the primary transmitter, enter the designa tion "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a furthe explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AK 2. B'CAST 3. TYPE 4. DISTANT? 5. BASIS OF 1. CALL 6. LOCATION OF STATION SIGN CHANNEL OF (Yes or No) CARRIAGE NUMBER **STATION** (If Distant) WKYC-DT2 17.2 I-M Cleveland, OH WKYC-DT3 17.3 I-M Cleveland, OH WKYC-DT4 17.4 I-M Cleveland, OH WKYC-DT5 17.5 I-M Cleveland, OH WKYC-HD 17.1 Ν Cleveland, OH **WNEO** 45 Ε Alliance OH WOIO 10 Ν Shaker Heights, OH 10.2 I-M WOIO-DT2 Shaker Heights, OH WOIO-HD 10.1 Ν Shaker Heights, OH WRLM 47 I Canton, OH **WUAB-HD** 43.1 I Lorain, OH **WUAB-DT2** 43.2 I-M Lorain, OH

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

Lorain, OH

Lorain, OH

Cleveland, OH

Cleveland, OH

Cleveland, OH

Cleveland, OH

LEGAL NAME OF OWN	NER OF CABLE SY	STEM:			SYSTEM ID#	
Armstrong Uti	lities, Inc.				34166	Name
PRIMARY TRANSMITT	ERS: TELEVISION	ON				
In General: In space carried by your cable FCC rules and regula 76.59(d)(2) and (4), 7 substitute program ba Substitute Basis basis under specifc F • Do not list the station station was carried • List the station here, basis. For further in in the paper SA3 fc Column 1: List eace and multicast stream cast stream as "WETA-simulcast). Column 2: Give the its community of licen on which your cable s Column 3: Indicate educational station, be (for independent mult For the meaning of the Column 5: If you reable system carried the distant state For the retransmis of a written agreement the cable system and tion "E" (exempt). For explanation of these tecolumn 6: Give the	G, identify ever system during to tions in effect of 6.61(e)(2) and (asis, as explaine Stations: With CC rules, regular neric in space donly on a subset, and also in spanformation concorn.  Ch station's call no associated with A-2". Simulcast ne channel number in each case by entering the legicast), "E" (for nese terms, see tation is outside vice area, see penave entered "Y the distant station on a part-tission of a distant at entered into o a primary transet simulcasts, also three categories ne location of each	y television signer accounting a comment of the next respect to an ations, or autility of the same accounting a comment of the same account of the station of the station of the same	g period except 981, permitting to 76.6 paragraph y distant station horizations: st it in space I (thation was carried itute basis station to be reported in the sassigned to hannel 4 in Was station is a network), "N-M" all educational), he general instructive area, (i.e. "a general instruction of a you must consume to 14, you must consume 30, 2009, be association report you carried the your stations, as the same that is not the general for U.S. stations,	(1) stations carrie he carriage of cere carriage of cere carriage of cere carried by your he Special Staten and both on a substans, see page (v) on program service ver-the-air design column 1 (list each the television statington, D.C. This cork station, an incomplete column 5, inco	es". If not, enter "No". For an ex e paper SA3 form stating the basis on which you ntering "LAC" if your cable syster	G Primary Transmitters: Television
Note: If you are utilizi		, , ,		•		
		CHANN	EL LINE-UP	AK		
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION	
WVIZ-DT5	25.5	E-M			Cleveland, OH	
WVIZ-HD	25.1	Е			Cleveland, OH	
WVPX	23	<u> </u>			Akron, OH	
WVPX-HD	23.1	I			Akron, OH	

WPGH-HD

WPNT-DT2

WPNT-DT3

**WPNT** 

53.1

22

22.2

22.3

ı

I

I-M

I-M

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 34166 Armstrong Utilities, Inc. 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 € **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 specific FCC rules, regulations, or authorizations; Do not list the station here in space G-but do list it in space I (the Special Statement and Program Log)-if the station was carried only on a substitute basis List the station here, and also in space I, if the station was carried both on a substitute basis and also on some othe basis. For further information concerning substitute basis stations, see page (v) of the general instructions located Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multi cast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WFTA-simulcast) Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air ir its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channe on which your cable system carried the station Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercia educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast) For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an ex planation of local service area, see page (v) of the general instructions located in the paper SA3 form Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which you cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable syster carried the distant station on a part-time basis because of lack of activated channel capacity For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representin the cable system and a primary transmitter or an association representing the primary transmitter, enter the designa tion "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a furthe explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AL 2. B'CAST 3. TYPE 4. DISTANT? 5. BASIS OF 1. CALL 6. LOCATION OF STATION SIGN **CHANNEL** OF (Yes or No) CARRIAGE NUMBER **STATION** (If Distant) **KDKA** 25 Ν Pittsburgh, PA Pittsburgh, PA KDKA-DT2 25.2 I-M KDKA-HD 25.1 Ν Pittsburgh, PA WINP 38 ı Pittburgh, PA WINP-DT2 38.2 I-M Pittsburgh, PA WINP-HD 38.1 I Pittsburgh, PA **WPCB** 50 ı Jeanette, PA 50.2 I-M WPCB-DT2 Jeanette, PA WPCB-HD 50.1 I Jeanette, PA **WPCW** 19 ı Jeanette, PA WPCW-HD 19.1 I Jeanette, PA **WPGH** 53 ı Pittsburgh, PA I-M Pittsburgh, PA WPGH-DT2 53.2 WPGH-DT3 53.3 I-M Pittsburgh, PA

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

Pittsburgh, PA

Pittsburgh, PA

Pittsburgh, PA

Pittsburgh, PA

PRIMARY TRANSMITTERS: TELEVISION		
Armstrong Utilities, Inc.	34166	Name
LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	Nama
1 ONW SASE, 1 AGE 3.		

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

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

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

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

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

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

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

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

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

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

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

		CHANN	EL LINE-UP	AL	
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION
WPNT-DT4	22.4	I-M			Pittsburgh, PA
WPNT-HD	22.1	I			Pittsburgh, PA
WPXI	48	N			Pittsburgh, PA
WPXI-DT2	48.2	I-M			Pittsburgh, PA
WPXI-DT3	48.3	I-M			Pittsburgh, PA
WPXI-HD	48.1	N			Pittsburgh, PA
WQED	13	Е			Pittburgh, PA
WQED-DT2	13.2	Е-М			Pittburgh, PA
WQED-DT3	13.3	Е-М			Pittburgh, PA
WQED-DT4	14.4	Е-М			Pittburgh, PA
WQED-DT5	14.5	E-M			Pittburgh, PA
WQED-HD	13.1	Е			Pittburgh, PA
WTAE	51	N			Pittsburgh, PA
WTAE-DT2	51.2	I-M			Pittsburgh, PA
	51.1	N			Pittsburgh, PA

G

Primary
Transmitters:
Television

Transmitters:

Television

FORM SA3E. PAGE 3.	Accounting	3 1 EMIOD: 2022
LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	
Armstrong Utilities, Inc.	34166	Name
PRIMARY TRANSMITTERS: TELEVISION		
In General: In space G, identify every television station (including translator stations and low power televis carried by your cable system during the accounting period except (1) stations carried only on a part-time b FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs	asis under	G
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		Primary

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, and also in space I, if the station was carried both on a substitute basis and also on some othe basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form.

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

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

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

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

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

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

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

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

		AM			
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION
WCHS	8	N			Charleston, WV
WCHS-DT2	8.2	N			Charleston, WV
WCHS-DT2-HD	8.2	I-M			Charleston, WV
WCHS-DT3	8.3	I-M			Charleston, WV
WCHS-HD	8.1	N			Charleston, WV
WKAS	26	E			Ashland, KY
WKAS-DT2	26.2	E-M			Ashland, KY
WKAS-DT2-HD	26.4	E-M			Ashland, KY
WKAS-DT4	26.4	E-M			Ashland, KY
WKAS-HD	26.2	E-M			Ashland, KY
WLPX	39	l			Charleston, WV
WLPX-DT2	39.2	I			Charleston, WV
WLPX-HD	39.1	I			Charleston, WV
WOWK	13	N			Huntington, WV
WOWK-DT2	13.2	I-M			Huntington, WV
WOWK-DT3	13.3	I-M			Huntington, WV
WOWK-DT4	13.4	I-M			Huntington, WV
WOWK-HD	13.1	N			Huntington, WV

ACCOUNTING PERIOD: 2022/2 FORM SA3E. PAGE 3. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 34166 Armstrong Utilities, Inc. 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 specific FCC rules, regulations, or authorizations; Do not list the station here in space G-but do list it in space I (the Special Statement and Program Log)-if the station was carried only on a substitute basis List the station here, and also in space I, if the station was carried both on a substitute basis and also on some othe basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multi cast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air ir its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channe on which your cable system carried the station Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercia educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast) For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an ex planation of local service area, see page (v) of the general instructions located in the paper SA3 form Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which you cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable syster carried the distant station on a part-time basis because of lack of activated channel capacity For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representin

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

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

		CHANN	EL LINE-UP	AM	
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION
WQCW	17	I-M			Portsmouth, OH
WQCW-DT2	30.2	I-M			Portsmouth, OH
WQCW-DT3	30.3	I-M			Portsmouth, OH
WQCW-DT4	30.4	I-M			Portsmouth, OH
WQCW-DT5	30.5	I-M			Portsmouth, OH
WQCW-HD	30.1	I-M			Portsmouth, OH
WSAZ	3	N			Huntington, WV
WSAZ-DT2	3.2	I-M			Huntington, WV
WSAZ-DT3	3.3	I-M			Huntington, WV
WSAZ-DT4	3.4	I-M			Huntington, WV
WSAZ-DT5	3.5	I-M			Huntington, WV
WSAZ-HD	3.1	N			Huntington, WV
WTSF	44	I			Ashland, KY
WTSF-HD	44.1	I			Ashland, KY
WVAH-DT2	11.2	I-M			Charleston, WV
WVAH-DT3	11.3	I-M			Charleston, WV
WVAH-DT4	11.4	I-M			Charleston, WV
WVAH-DT5	11.5	I-M			Charleston, WV

LEGAL NAME OF OWN	IER OF CABLE SY	STEM:			SYSTEM ID#				
Armstrong Util	ities, Inc.				34166	Name			
PRIMARY TRANSMITT	ERS: TELEVISION	ON							
carried by your cable s FCC rules and regulat	system during t ions in effect o	he accounting n June 24, 19	g period except 981, permitting t	(1) stations carrie he carriage of cert	s and low power television stations) d only on a part-time basis under tain network programs [sections	<b>G</b>			
substitute program ba	76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a sais, as explained in the next paragraph  Stations: With respect to any distant stations carried by your cable system on a substitute program								
basis under specifc F0 • Do not list the station	CC rules, regulant here in space	ations, or auth G—but do lis	norizations		ent and Program Log)—if the	Television			
basis. For further in the paper SA3 fo	and also in spanformation condormation	ace I, if the sta cerning substi	tute basis static	ons, see page (v) o	itute basis and also on some othe of the general instructions located				
		-			es such as HBO, ESPN, etc. Identify ation. For example, report multi				
WETA-simulcast).			•	`	the for broadcasting ever the ciril				
			-		tion for broadcasting over-the-air ir may be different from the channe				
on which your cable sy Column 3: Indicate	ystem carried to e in each case	he station whether the s	tation is a netwo	ork station, an ind	ependent station, or a noncommercia				
-	-	,	,	•	cast), "I" (for independent), "I-M ommercial educational multicast)				
For the meaning of the Column 4: If the st	ese terms, see ation is outside	page (v) of the the local ser	e general instru vice area, (i.e. "	ictions located in t distant"), enter "Y	he paper SA3 form es". If not, enter "No". For an ex				
•	ave entered "Y	es" in column	4, you must co	mplete column 5,	e paper SA3 form stating the basis on which you ttering "LAC" if your cable syster				
carried the distant stat	tion on a part-ti	me basis bec	ause of lack of	activated channel	capacity				
					y payment because it is the subjec stem or an association representin				
the cable system and	a primary trans	mitter or an a	ssociation repre	esenting the prima	ry transmitter, enter the designa				
explanation of these th	ree categories	s, see page (v	) of the general	instructions locate	ther basis, enter "O." For a furthe ed in the paper SA3 form				
					y to which the station is licensed by the high which the station is identifed				
Note: If you are utilizing				•					
		CHANN	EL LINE-UP	AM					
1. CALL	2. B'CAST	3. TYPE	4. DISTANT?	5. BASIS OF	6. LOCATION OF STATION				
SIGN	CHANNEL	OF	(Yes or No)	CARRIAGE					
140 (77	NUMBER	STATION		(If Distant)					
WVPB	34	E			Huntington, WV				
WVPB-DT2	34.2	Е			Huntington, WV				
WVPB-HD	34.1	Е			Huntington, WV	1			
						1			
						1			
						1			

FORM SA3E. PAGE 3. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 34166 Armstrong Utilities, Inc. 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 ٤ **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 specific FCC rules, regulations, or authorizations; Do not list the station here in space G-but do list it in space I (the Special Statement and Program Log)-if the station was carried only on a substitute basis List the station here, and also in space I, if the station was carried both on a substitute basis and also on some othe basis. For further information concerning substitute basis stations, see page (v) of the general instructions located Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multi cast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air ir its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channe on which your cable system carried the station Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercia educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast) For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an ex planation of local service area, see page (v) of the general instructions located in the paper SA3 form Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which you cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable syster carried the distant station on a part-time basis because of lack of activated channel capacity For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representin the cable system and a primary transmitter or an association representing the primary transmitter, enter the designa tion "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a furthe explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AN 2. B'CAST 3. TYPE 4. DISTANT? 5. BASIS OF 1. CALL 6. LOCATION OF STATION SIGN **CHANNEL** OF (Yes or No) CARRIAGE NUMBER **STATION** (If Distant) **WBNX** 55 Akron. OH ı WBNX-DT2 55.2 I-M Akron, OH WBNX-DT3 55.3 I-M Akron, OH I-M Akron. OH WBNX-DT4 55.4 WBNX-DT5 55.5 I-M Akron, OH **WBNX-HD** 55.1 I-M Akron, OH 17 WDLI ı Canton, OH 5 Ν **WEWS** Cleveland, OH WEWS-DT2 5.2 I-M Cleveland, OH WEWS-DT3 5.3 I-M Cleveland, OH WEWS-DT4 5.4 I-M Cleveland, OH **WEWS-HD** 5.1 Ν Cleveland, OH WJW 8 ı Cleveland, OH

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

Cleveland, OH

Cleveland, OH

Cleveland, OH

Cleveland, OH

**Alliance OH** 

WJW-DT2

WJW-DT3

WJW-DT4

WJW-HD

**WNEO** 

8.2

8.3

8.4

8.1

45

I-M

I-M

I-M

I

Ε

WUAB

WUAB-DT2

WUAB-DT3

**WUAB-HD** 

WVIZ

43

43.2

43.3

43.1

25

I

I-M

I-M

I

Ε

FORM SA3E. PAGE 3. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 34166 Armstrong Utilities, Inc. 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 € **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 specific FCC rules, regulations, or authorizations; Do not list the station here in space G-but do list it in space I (the Special Statement and Program Log)-if the station was carried only on a substitute basis List the station here, and also in space I, if the station was carried both on a substitute basis and also on some othe basis. For further information concerning substitute basis stations, see page (v) of the general instructions located Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multi cast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WFTA-simulcast) Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air ir its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channe on which your cable system carried the station Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercia educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast) For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an ex planation of local service area, see page (v) of the general instructions located in the paper SA3 form Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which you cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable syster carried the distant station on a part-time basis because of lack of activated channel capacity For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representin the cable system and a primary transmitter or an association representing the primary transmitter, enter the designa tion "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a furthe explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AN 2. B'CAST 3. TYPE 4. DISTANT? 5. BASIS OF 1. CALL 6. LOCATION OF STATION SIGN CHANNEL OF (Yes or No) CARRIAGE NUMBER **STATION** (If Distant) WKYC 17 Ν Cleveland, OH WKYC-DT2 17.2 I-M Cleveland, OH WKYC-DT3 17.3 I-M Cleveland, OH WKYC-DT4 17.4 I-M Cleveland, OH WKYC-DT5 17.5 I-M Cleveland, OH WKYC-HD 17.1 Ν Cleveland, OH WMFD 12 ı Mansfield, OH WMFD-HD 68.1 I Mansfield, OH 10 Ν Shaker Heights, OH WOIO WOIO-DT2 10.2 I-M Shaker Heights, OH WOIO-DT3 10.3 I-M Shaker Heights, OH **WOIO-HD** 10.1 Ν Shaker Heights, OH 47 Canton, OH WRLM I

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

Lorain, OH

Lorain, OH

Lorain, OH

Lorain, OH

Cleveland, OH

FORM SA3E. PAGE 3.	IED OF OAD! F OV	OTEM			SYSTEM ID#					
	g Utilities, Inc. SYSTEM ID#									
		<b></b>			34100					
PRIMARY TRANSMITT										
carried by your cable of FCC rules and regulate 76.59(d)(2) and (4), 70 substitute program ba	system during tions in effect of 6.61(e)(2) and sis, as explaine	the accountin in June 24, 19 (4), or 76.63 ( ed in the next	g period except 981, permitting to (referring to 76.0 paragraph	(1) stations carrie the carriage of cer 61(e)(2) and (4))];	is and low power television stations) and only on a part-time basis under tain network programs [sections] and (2) certain stations carried on a	G Primary Transmitters: Television				
	stitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program der specifc FCC rules, regulations, or authorizations.									
Do not list the station station was carried	n here in space only on a subs	G—but do lis stitute basis	st it in space I (t	•	nent and Program Log)—if the					
in the paper SA3 fo	orm.	ŭ		,	of the general instructions located es such as HBO, ESPN, etc. Identify					
		-			ation. For example, report multi					
WETA-simulcast).			·	`	ch stream separately; for example					
			0		s may be different from the channe					
	e in each case	whether the s			dependent station, or a noncommercia					
		,	, .	•	cast), "I" (for independent), "I-M commercial educational multicast)					
For the meaning of the	ese terms, see	page (v) of th	ne general instru	uctions located in	,					
planation of local serv	ice area, see p	age (v) of the	general instruc	tions located in th	ne paper SA3 form , stating the basis on which you					
					ntering "LAC" if your cable syster					
carried the distant stat	•									
					ty payment because it is the subjec ystem or an association representin					
the cable system and	a primary trans	smitter or an a	association repr	esenting the prima	ary transmitter, enter the designa					
` '			•	•	other basis, enter "O." For a furthe ted in the paper SA3 form					
Column 6: Give th	e location of ea	ach station. Fo	or U.S. stations	, list the communi	ty to which the station is licensed by the					
				•	th which the station is identifed					
Note: If you are utilizing	ng muliipie cha		•	•	т спаппетше-ир.					
		CHANN	EL LINE-UP	AN						
1. CALL SIGN	2. B'CAST CHANNEL	3. TYPE OF	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE	6. LOCATION OF STATION					
M//// DT0	NUMBER	STATION		(If Distant)	Oleverland Oll					
WVIZ-DT2	25.2	E-M			Cleveland, OH					
WVIZ-DT3 WVIZ-DT4	25.3 25.4	E-M E-M			Cleveland, OH Cleveland, OH					
WVIZ-DT5	25.5	E-M			Cleveland, OH					
		_								
WVIZ-HD WVPX	25.1	E			Cleveland, OH					
	23				Akron, OH					
WVPX-HD	23.1	<b>I</b>			Akron, OH					

FORM SA3E. PAGE 3. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 34166 Armstrong Utilities, Inc. 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 specific FCC rules, regulations, or authorizations; Do not list the station here in space G-but do list it in space I (the Special Statement and Program Log)-if the station was carried only on a substitute basis List the station here, and also in space I, if the station was carried both on a substitute basis and also on some othe basis. For further information concerning substitute basis stations, see page (v) of the general instructions located Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multi cast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WFTA-simulcast) Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air ir its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channe on which your cable system carried the station Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercia educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast) For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an ex planation of local service area, see page (v) of the general instructions located in the paper SA3 form Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which you cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable syster carried the distant station on a part-time basis because of lack of activated channel capacity For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representin the cable system and a primary transmitter or an association representing the primary transmitter, enter the designa tion "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a furthe explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AO 2. B'CAST 3. TYPE 4. DISTANT? 5. BASIS OF 1. CALL 6. LOCATION OF STATION SIGN **CHANNEL** OF (Yes or No) **CARRIAGE** NUMBER **STATION** (If Distant) **KDKA** 25 Ν Yes 0 Pittsburgh, PA KDKA-HD 25.1 Ν Yes Ε Pittsburgh, PA WFXP 66 0 Erie, PA Ī Yes WFXP-DT2 I-M Yes Ε 66.2 Erie. PA WFXP-DT3 66.3 Ε I-M Yes Erie, PA WFXPDT4 66.4 I-M Yes 0 Erie, PA WFXP-HD 66.1 ı YES Ε Erie, PA Ν WICU 12 Erie, PA WICU-DT2 I-M 12.2 Erie, PA WICU-DT4 12.4 I-M Erie, PA **WICU-HD** 12.1 Ν Erie, PA **WJET** 24 Ν Erie, PA WJET-DT2 Erie, PA 24.2 I-M

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

Erie. PA

Erie, PA

Erie, PA

Erie, PA

Erie, PA

I-M

I-M

Ν

Ε

E-M

24.3

24.4

24.1

50

50.1

WJET-DT3

WJET-DT4

WJET-HD

WQLN-HD

WQLN

LEGAL NAME OF OWN	IER OF CABLE SY	STEM:			SYSTEM ID#	Nama
Armstrong Util	ities, Inc.				34166	Name
PRIMARY TRANSMITT	ERS: TELEVISIO	ON				
carried by your cable s FCC rules and regulat 76.59(d)(2) and (4), 76 substitute program ba	system during t tions in effect or 6.61(e)(2) and ( sis, as explaine	he accounting n June 24, 19 (4), or 76.63 ( ed in the next	g period except 81, permitting to referring to 76.6 paragraph	(1) stations carrie the carriage of cert (31(e)(2) and (4))];	s and low power television stations) d only on a part-time basis under tain network programs [sections and (2) certain stations carried on s	G Primary Transmitters:
basis under specifc FC  Do not list the station station was carried  List the station here, basis. For further ir in the paper SA3 fc  Column 1: List eac each multicast stream cast stream as "WETA-Simulcast).  Column 2: Give th its community of licens on which your cable steeducational station, by	CC rules, regular here in space only on a substand also in spanformation concorm.  associated with A-2". Simulcast e channel numles. For example ystem carried the in each case of entering the left.	ations, or auth G—but do lis titute basis ace I, if the state that sign. Do not I has a station ac streams must ber the FCC has, WRC is Chae station whether the station whether "N" (for n	norizations. It it in space I (the ation was carried tute basis station report origination coording to its own to be reported in the assigned to annel 4 in Wash tation is a network), "N-M"	ne Special Statem d both on a substins, see page (v) on program service ver-the-air designate column 1 (list each the television state inington, D.C. This pork station, an indefor network multic	cable system on a substitute program tent and Program Log)—if the fitute basis and also on some othe of the general instructions located ses such as HBO, ESPN, etc. Identify ation. For example, report multi the stream separately; for example tion for broadcasting over-the-air ir may be different from the channe ependent station, or a noncommercia cast), "I" (for independent), "I-M commercial educational multicast)	Television
For the meaning of the Column 4: If the st planation of local serv Column 5: If you h cable system carried the distant state For the retransmiss of a written agreemen the cable system and tion "E" (exempt). For explanation of these the	ese terms, see tation is outside ice area, see privave entered "Y the distant station on a part-tipsion of a distant tentered into o a primary trans simulcasts, alsonee categories	page (v) of the the local servage (v) of the es" in column on during the me basis becaute multicast street or or before Jumitter or an a column on the enter "E". If the see page (v)	e general instructivice area, (i.e. " general instructivice area, (i.e. " general instructivity of a your must conducted accounting period ause of lack of a geam that is not sure 30, 2009, but it is sociation repression of the general instruction."	ctions located in the distant"), enter "Ye tions located in the mplete column 5, od. Indicate by enactivated channel subject to a royalt etween a cable sy esenting the prima channel on any of instructions located.	the paper SA3 form es". If not, enter "No". For an ex e paper SA3 form stating the basis on which you stering "LAC" if your cable syster	
FCC. For Mexican or ( Note: If you are utilizing)				•	h which the station is identifed channel line-up.	
-		CHANN	EL LINE-UP	AO	·	
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION	
WSEE	16	N			Erie, PA	
WSEE-DT2	35.2	I-M			Erie, PA	
WSEE-DT3	35.3	I-M			Erie, PA	
WSEE-HD	35.1	N			Erie, PA	

FORM SA3E. PAGE 3. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 34166 Armstrong Utilities, Inc. 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 specific FCC rules, regulations, or authorizations; Do not list the station here in space G-but do list it in space I (the Special Statement and Program Log)-if the station was carried only on a substitute basis List the station here, and also in space I, if the station was carried both on a substitute basis and also on some othe basis. For further information concerning substitute basis stations, see page (v) of the general instructions located Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multi cast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air ir its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channe on which your cable system carried the station Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercia educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast) For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an ex planation of local service area, see page (v) of the general instructions located in the paper SA3 form Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which you cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable syster carried the distant station on a part-time basis because of lack of activated channel capacity For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representin the cable system and a primary transmitter or an association representing the primary transmitter, enter the designa tion "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a furthe explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AP 1. CALL 2. B'CAST 3. TYPE 4. DISTANT? 5. BASIS OF 6. LOCATION OF STATION CARRIAGE SIGN **CHANNEL** OF (Yes or No) NUMBER **STATION** (If Distant) **WFMJ** 20 Ν Youngstown, OH WFMJ-DT2 20.2 I Youngstown, OH WFMJ-DT2-HD 20.2 I Youngstown, OH WFMJ-HD 20.1 Ν Youngstown, OH WKBN 27 Ν Youngstown, OH WKBN-HD 27.1 Ν Youngstown, OH WNEO 45 Ε Alliance OH 45.2 Ε **Alliance OH** WNEO-DT2 WNEO-DT3 45.3 Ε Alliance OH WNEO-HD 45 Ε Alliance OH **WQED** 13 Ε YES Pittburgh, PA 0

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

Youngstown, OH

**WYFX** 

WYFX-DT2

WYFX-DT3

WYFX-HD

WYTV-DT2

WYTV-HD

WYTV

19

19.6

19.4

41.2

36

36.1

36.1

ı

I-M

I-M

ı

Ν

I-M

Ν

ACCOUNTING PERIOD: 2022/2 FORM SA3E. PAGE 3. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 34166 Armstrong Utilities, Inc. 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 € **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 specific FCC rules, regulations, or authorizations; Do not list the station here in space G-but do list it in space I (the Special Statement and Program Log)-if the station was carried only on a substitute basis List the station here, and also in space I, if the station was carried both on a substitute basis and also on some othe basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multi cast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air ir its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channe on which your cable system carried the station Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercia educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast) For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an ex planation of local service area, see page (v) of the general instructions located in the paper SA3 form Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which you cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable syster carried the distant station on a part-time basis because of lack of activated channel capacity For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representin the cable system and a primary transmitter or an association representing the primary transmitter, enter the designa tion "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a furthe explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.

		CHANN	EL LINE-UP	AQ		
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION	
KDKA	25	N			Pittsburgh, PA	
KDKA-DT2	25.2	I-M			Pittsburgh, PA	
KDKA-HD	25.1	N			Pittsburgh, PA	
WINP	38	I			Pittburgh, PA	
WINP-DT2	38.2	I-M			Pittsburgh, PA	
WINP-HD	38.1	I			Pittsburgh, PA	
WNEO	45	Е	Yes	O	Alliance OH	
WPCB	50	I			Jeanette, PA	
WPCB-DT2	50.2	I-M			Jeanette, PA	
WPCB-HD	50.1	I			Jeanette, PA	
WPCW	19	I			Jeanette, PA	
WPCW-HD	19.1	I			Jeanette, PA	
WPGH	53	I			Pittsburgh, PA	
WPGH-DT2	53.2	I-M			Pittsburgh, PA	
WPGH-DT3	53.3	I-M			Pittsburgh, PA	
WPGH-HD	53.1	I			Pittsburgh, PA	
WPNT	22	I			Pittsburgh, PA	
WPNT-DT2	22.2	I-M			Pittsburgh, PA	

LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	-
Armstrong Utilities, Inc.	34166	Name
DDIMADY TRANSMITTERS: TELEVISION		

#### PRIMARY TRANSMITTERS: TELEVISION

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

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

- Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis
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**Column 1:** List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multi cast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast).

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

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

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

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

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

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

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

	CHANN	EL LINE-UP	AQ	
2. B'CAST CHANNEL NUMBER	OF	(Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION
22.3	I-M			Pittsburgh, PA
22.4	I-M			Pittsburgh, PA
22.1	I			Pittsburgh, PA
48	N			Pittsburgh, PA
48.2	I-M			Pittsburgh, PA
48.3	I-M			Pittsburgh, PA
48.1	N			Pittsburgh, PA
13	Е			Pittburgh, PA
13.2	E-M			Pittburgh, PA
13.3	E-M			Pittburgh, PA
14.4	Е-М			Pittburgh, PA
14.5	E-M			Pittburgh, PA
13.1	Е			Pittburgh, PA
51	N			Pittsburgh, PA
51.2	I-M			Pittsburgh, PA
51.1	N			Pittsburgh, PA
	CHANNEL NUMBER  22.3  22.4  22.1  48  48.2  48.3  48.1  13  13.2  13.3  14.4  14.5  13.1  51  51.2	2. B'CAST CHANNEL NUMBER STATION  22.3 I-M  22.4 I-M  22.1 I  48 N  48.2 I-M  48.3 I-M  48.1 N  13 E  13.2 E-M  13.3 E-M  14.4 E-M  14.5 E-M  13.1 E  51 N  51.2 I-M	2. B'CAST CHANNEL NUMBER STATION (Yes or No)  22.3 I-M 22.4 I-M 22.1 I 48 N 48.2 I-M 48.3 I-M 48.1 N 13 E 13.2 E-M 13.3 E-M 14.4 E-M 14.5 E-M 13.1 E 51 N 51.2 I-M	CHANNEL NUMBER         OF STATION         (Yes or No)         CARRIAGE (If Distant)           22.3         I-M         22.4         I-M           22.4         I-M         IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII

G

Primary Transmitters: Television

PRIMARY TRANSMITTERS: TELEVISION		
Armstrong Utilities, Inc.	34166	Name
LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	
FORM GASE. FAGE 3.		

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

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- List the station here, and also in space I, if the station was carried both on a substitute basis and also on some othe basis. For further information concerning substitute basis stations, see page (v) of the general instructions located

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		CHANN	EL LINE-UP	AR	
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION
KDKA	25	N			Pittsburgh, PA
KDKA-HD	25.1	N			Pittsburgh, PA
WFMJ	20	N			Youngstown, OH
WFMJ-DT2	20.2	I			Youngstown, OH
WFMJ-DT2-HD	20.2	I			Youngstown, OH
WFMJ-HD	20.1	N			Youngstown, OH
WKBN	27	N			Youngstown, OH
WKBN-HD	27.1	N			Youngstown, OH
WNEO	45	E			Alliance OH
WPCB	50	I	Yes	0	Jeanette, PA
WPCB-DT2	50.2	I-M	Yes	0	Jeanette, PA
WPCB-HD	50.1	I	Yes	E	Jeanette, PA
WQED	13	E	Yes	0	Pittburgh, PA
WQED-DT2	13.2	E-M	Yes	E	Pittburgh, PA
WQED-DT3	13.3	E-M	Yes	E	Pittburgh, PA
WQED-DT4	14.4	E-M	Yes	E	Pittburgh, PA
WQED-DT5	14.5	E-M	Yes	E	Pittburgh, PA
WQED-HD	13.1	E	Yes	E	Pittburgh, PA

G

**Primary** Transmitters: Television

FORM SA3E. PAGE 3.	
LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM	
Armstrong Utilities, Inc. 341	166 Name
PRIMARY TRANSMITTERS: TELEVISION	
In Ganaral: In space G. identify every television station (including translator stations and low nower television stations)	

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

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

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

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

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

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

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

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

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

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

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

		CHANN	EL LINE-UP	AR	
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	_	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION
WTAE-DT2	51.2	I-M	Yes	0	Pittsburgh, PA
WYFX	19	I			Youngstown, OH
WYFX-DT2	19.6	I-M			Youngstown, OH
WYFX-DT3	19.4	I-M			Youngstown, OH
WYFX-LD3	19.5	I-M			Youngstown, OH
WYFX-HD	41.2	I			Youngstown, OH
WYTV	36	N			Youngstown, OH
WYTV-DT2	36.1	I-M			Youngstown, OH
WYTV-HD	36.1	N			Youngstown, OH

G

Primary Transmitters: Television

Television

	ACCOUNTIN	IG PERIOD: 2022/2
FORM SA3E. PAGE 3.		
LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	
Armstrong Utilities, Inc.	34166	Name
PRIMARY TRANSMITTERS: TELEVISION		
In General: In space G, identify every television station (including translator stations and low power televisio carried by your cable system during the accounting period except (1) stations carried only on a part-time bas	is under	G
FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [se		
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 c	arried 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 basis under specific FCC rules, regulations, or authorizations:

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

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

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

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

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

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

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

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

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

		CHANN	EL LINE-UP	AS	
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION
KDKA	25	N	Yes	0	Pittsburgh, PA
KDKA-HD	25.1	N	Yes	E	Pittsburgh, PA
WFXP	66	I	Yes	0	Erie, PA
WFXP-DT2	66.2	I-M	Yes	E	Erie, PA
WFXP-DT3	66.3	I-M	Yes	E	Erie, PA
WFXPDT4	66.4	I-M	Yes	0	Erie, PA
WFXP-HD	66.1	I	Yes	E	Erie, PA
WICU	12	N	Yes	0	Erie, PA
WICU-DT2	12.2	I-M	Yes	0	Erie, PA
WICU-DT4	12.4	I-M	Yes	0	Erie, PA
WICU-HD	12.1	N	Yes	0	Erie, PA
WJET	24	N	Yes	0	Erie, PA
WJET-DT2	24.2	I-M	Yes	E	Erie, PA
WJET-DT3	24.3	I-M	Yes	E	Erie, PA
WJET-DT4	24.4	I-M	Yes	E	Erie, PA
WJET-HD	24.1	N	Yes	E	Erie, PA
WQLN	50	E	Yes	0	Erie, PA
WQLN-DT2	50.2	E-M	Yes	E	Erie, PA

LEGAL NAME OF OWN	ER OF CARLE SV	STEM:			SYSTEM ID#	
Armstrong Utili		STEWI.			34166	Name
PRIMARY TRANSMITTE	•	N.				
in General: In space 0 carried by your cable s FCC rules and regulati 76.59(d)(2) and (4), 76 substitute program base	G, identify every system during to ions in effect of 3.61(e)(2) and ( sis, as explaine	y television st he accounting n June 24, 19 (4), or 76.63 ( ed in the next	g period except 981, permitting t referring to 76.6 paragraph	(1) stations carrie he carriage of cer 61(e)(2) and (4))];	s and low power television stations) d only on a part-time basis under tain network programs [sections and (2) certain stations carried on a	<b>G</b> Primary  Transmitters:
basis under specifc FC  Do not list the station station was carried  List the station here, basis. For further in in the paper SA3 fo	CC rules, regula here in space only on a subs and also in spa formation cond rm.	ations, or auth G—but do lis titute basis ace I, if the sta cerning substi	norizations: st it in space I (tl ation was carrie tute basis statio	the Special Statement both on a substons, see page (v) o	cable system on a substitute program  ment and Program Log)—if the  ditute basis and also on some othe  of the general instructions located  as such as HBO, ESPN, etc. Identify	Television
cast stream as "WETA WETA-simulcast). Column 2: Give the its community of licens on which your cable sy Column 3: Indicate educational station, by (for independent multic For the meaning of the Column 4: If the st planation of local servi Column 5: If you h cable system carried tl carried the distant stat For the retransmiss of a written agreement the cable system and a tion "E" (exempt). For explanation of these th Column 6: Give the	a-2". Simulcast e channel numl se. For example ystem carried the in each case v e entering the le cast), "E" (for n ese terms, see ation is outside ice area, see pe ave entered "Y he distant static ion on a part-til icion of a distant at entered into o a primary trans simulcasts, also ree categories e location of ea Canadian static	streams mus ber the FCC I e, WRC is Ch ne station whether the s etter "N" (for n oncommercia page (v) of the the local ser age (v) of the es" in column on during the me basis bec multicast str. n or before Ju mitter or an a o enter "E". If , see page (v ch station. Fo ons, if any, giv	t be reported in the reported in the assigned to the tation is a network, "N-M" all educational), the general instruction area, (i.e. "general instruction accounting per ause of lack of the general instruction accounting per ause of lack of the general instruction accounting per ause of lack of the general instruction accounting per ause of lack of the general instruction accounting per ause of lack of the general instruction accounting per ause of lack of the general instruction accounting the second accounting per ause of the general or U.S. stations, we the name of the general of the general or U.S. stations, we the name of the general or U.S. stations, we the name of the general or U.S. stations, we the name of the general or U.S. stations, we the name of the general or U.S. stations, we the name of the general or U.S. stations, we the name of the general or U.S. stations, we the name of the general or U.S. stations of the general or U.S. s	the television starhington, D.C. This ork station, an ind (for network multion "E-M" (for noncitions located in the distant"), enter "Y tions located in the mplete column 5, iod. Indicate by eractivated channel subject to a royalt etween a cable sy esenting the primarchannel on any constructions located list the community with	es". If not, enter "No". For an ex e paper SA3 form stating the basis on which you stering "LAC" if your cable syster capacity y payment because it is the subject stem or an association representing the transmitter, enter the designa of the basis, enter "O." For a furthe ed in the paper SA3 form y to which the station is licensed by the h which the station is identifec	
		CHANN	EL LINE-UP	AS		
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION	
WQLN-DT3	50.3	E-M	Yes	E	Erie, PA	
WQLN-HD	50.1	E-M	Yes	E	Erie, PA	
WSEE	16	N	Yes	0	Erie, PA	
WSEE-DT2	35.2	I-M	Yes	E	Erie, PA	
WSEE-DT3	35.3	I-M	Yes	E	Erie, PA	
WSEE-HD	35.1	N	Yes	E	Erie, PA	

	ACCOUNTIN	NG PERIOD: 2022/
FORM SA3E. PAGE 3.		
LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	
Armstrong Utilities, Inc.	34166	Name
PRIMARY TRANSMITTERS: TELEVISION		
In General: In space G, identify every television station (including translator stations and low power 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 progression (4), 76.61(e)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain s	, .	Drimon
substitute program basis, as explained in the next paragraph	tations carried on a	Primary Transmitters:
Substitute Basis Stations: With respect to any distant stations carried by your cable system on	a substitute progran	Television
basis under specifc FCC rules, regulations, or authorizations:		
<ul> <li>Do not list the station here in space G—but do list it in space I (the Special Statement and Program station was carried only on a substitute basis</li> </ul>	ո Log)—if th։	
• List the station here, and also in space I, if the station was carried both on a substitute basis and al	Iso on some othe	

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

basis. For further information concerning substitute basis stations, see page (v) of the general instructions located

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

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

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

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

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

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

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

		CHANN	EL LINE-UP	AT	
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION
WFXP	66	I			Erie, PA
WFXP-DT2	66.2	I-M			Erie, PA
WFXP-DT3	66.3	I-M			Erie, PA
WFXPDT4	66.4	I-M			Erie, PA
WFXP-HD	66.1	I			Erie, PA
WICU	12	N			Erie, PA
WICU-DT2	12.2	I-M			Erie, PA
WICU-DT4	12.4	I-M			Erie, PA
WICU-HD	12.1	N			Erie, PA
WJET	24	N			Erie, PA
WJET-DT2	24.2	I-M			Erie, PA
WJET-DT3	24.3	I-M			Erie, PA
WJET-DT4	24.4	I-M			Erie, PA
WJET-HD	24.1	N			Erie, PA
WQLN	50	E			Erie, PA
WQLN-DT2	50.2	E-M			Erie, PA
WQLN-DT3	50.3	E-M			Erie, PA
WQLN-HD	50.1	E-M			Erie, PA

LECAL NAME OF OWNER OF CARLE SYSTEM  Armstrong Utilities, Inc.  3.4166  PRIMARY TRANSMITTERS; TELEVISION In General: In space G, Identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period except (1) stations carried only on a part-lime basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [section: 76,59(f)(2) and (4); 76.16(e)(2) and (4), 76.16(e) (2) and (4), 7	RM SA3E. PAGE 3.					0.0751	<u></u>
PRIMARY TRANSMITTERS: TELEVISION  In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [section: 76.59(q)(2)) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.51(e)(2) and (4)); and (2) certain stations carried on a substitute basis stations explained in the next paragraph.  Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute progran basis under specif 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 and also on some othe basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form.  Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream as accided with a station according to its over-the-air designation. For example, report multi cast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast).  Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air ir its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channe on which your cable system carried the station.  Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent). "How (for independent) in the paper SA3 form Column 4: If the station is outside the lo			EM:				Name
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-lime basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs (sections 76.59(q)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations.  • Do not list the station here, and also in space I, if the station was carried both on a substitute basis ror further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form.  Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each stream associated with a station according to its over-the-air designation. For example, report multi each 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 it its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channe on which your cable system carried the station  Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M (for independent multicast), "E" (for noncommercial educational) or "E-M" (for noncommercial educational) or "E-M" (for noncommercial educational) or "E-M" (for noncommercial educational multicast);  For th						3410	70
carried by your cable system during the accounting period except (1) stations carried only on a part-lime basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [section: 76.59(d)(2) and (4), 76.61(e)(2) and (4), 76.61(e)(2) and (4), 76.61(e)(2) and (4)); and (2) certain stations carried on a substitute program basis, as explained in the next paragraph Substitute program basis, as explained in the next paragraph Substitute program basis, as explained in the next paragraph Dasis under specific FCC rules, regulations, or authorizations.  Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis and also in space I, if the station was carried both on a substitute basis and also on some othe basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form.  Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multi cast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast).  Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air ir its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channe on which your cable system carried the station.  Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter 'N' (for network), 'N-M' (for network multicast), "' (for independent), "I-M (for independent multicast)," (for independent), "I-M (for network multicast)," (for independent), "I-M (for network multicast)," (for independent), "I-M (for ne	IMARY TRANSMITTER	RS: TELEVISION					
explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form  Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified.  Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.  CHANNEL LINE-UP  1. CALL 2. B'CAST CHANNEL OF (Yes or No) CARRIAGE (If Distant)  WSEE  16 N Erie, PA  WSEE-DT2 35.2 I-M  WSEE-DT3 35.3 I-M Erie, PA  Erie, PA	General: In space G, rried by your cable sy CC rules and regulatio .59(d)(2) and (4), 76.6 stitute program basis Substitute Basis St. sis under specific FCC to not list the station here, at basis. For further information in the paper SA3 for Column 1: List each ch multicast stream as the stream as "WETA-2ETA-simulcast).  Column 2: Give the community of license which your cable sys Column 3: Indicate it ucational station, by continuous rindependent multicar the meaning of thes Column 4: If the station of local service Column 5: If you have ble system carried the distant station. For the retransmission a written agreement of a cable system and a	identify every terstem during the strength of the least o	elevision standard and a conting June 24, 19 and 19	g period except general instruction is a network and a read accounting perial second in the second i	(1) stations carried he carriage of cers (e)(2) and (4))]; is carried by your me Special Statement of both on a substants, see page (v) on program service er-the-air designate column 1 (list each the television stanington, D.C. This park station, an ind (for network multipor "E-M" (for none located in 1 distant"), enter "Y tions located in the mplete column 5, od. Indicate by eractivated channel subject to a royalte etween a cable syesenting the prima	d only on a part-time basis under tain network programs [sections and (2) certain stations carried on a cable system on a substitute program tent and Program Log)—if the situte basis and also on some other of the general instructions located as such as HBO, ESPN, etc. Identify ation. For example, report multiple the stream separately; for example tion for broadcasting over-the-air in may be different from the channe separated educational multicast), "I" (for independent), "I-M commercial educational multicast) the paper SA3 form ses". If not, enter "No". For an existing the basis on which you stering "LAC" if your cable system capacity y payment because it is the subject stem or an association representing any transmitter, enter the designa	G Primary Transmitters Television
CHANNEL LINE-UP AT   1. CALL   2. B'CAST   3. TYPE   4. DISTANT?   5. BASIS OF   CARRIAGE (If Distant)   6. LOCATION OF STATION   CARRIAGE (If Distant)   CARRIAGE (If Dista	planation of these three Column 6: Give the CC. For Mexican or Ca	ee categories, se location of each anadian stations,	see page (v n station. Fo s, if any, giv	) of the general or U.S. stations, we the name of t	instructions locate list the communit he community wit	ed in the paper SA3 form y to which the station is licensed by the h which the station is identifed	
1. CALL SIGN       2. B'CAST CHANNEL NUMBER       3. TYPE OF STATION       4. DISTANT? (Yes or No)       5. BASIS OF CARRIAGE (If Distant)       6. LOCATION OF STATION         WSEE       16       N       Erie, PA         WSEE-DT2       35.2       I-M       Erie, PA         WSEE-DT3       35.3       I-M       Erie, PA	ie. II you are utilizing	•		•		г спаппет ште-ир.	
SIGN         CHANNEL NUMBER         OF STATION         (Yes or No)         CARRIAGE (If Distant)           WSEE         16         N         Erie, PA           WSEE-DT2         35.2         I-M         Erie, PA           WSEE-DT3         35.3         I-M         Erie, PA			CHANN	EL LINE-UP	AI	I	
WSEE-DT2         35.2         I-M         Erie, PA           WSEE-DT3         35.3         I-M         Erie, PA	-	CHANNEL	OF	(Yes or No)	CARRIAGE	6. LOCATION OF STATION	
WSEE-DT3 35.3 I-M Erie, PA	SEE	16	N			Erie, PA	
	SEE-DT2	35.2	I-M			Erie, PA	
	SEE-DT3	35.3	I-M			Erie. PA	
	SFF-HD						
	<u> </u>						

FORM SA3E. PAGE 3. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 34166 Armstrong Utilities, Inc. 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 € **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 specific FCC rules, regulations, or authorizations; Do not list the station here in space G-but do list it in space I (the Special Statement and Program Log)-if the station was carried only on a substitute basis List the station here, and also in space I, if the station was carried both on a substitute basis and also on some othe basis. For further information concerning substitute basis stations, see page (v) of the general instructions located Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multi cast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air ir its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channe on which your cable system carried the station Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercia educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast) For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an ex planation of local service area, see page (v) of the general instructions located in the paper SA3 form Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which you cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable syster carried the distant station on a part-time basis because of lack of activated channel capacity For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representin the cable system and a primary transmitter or an association representing the primary transmitter, enter the designa tion "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a furthe explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AV 2. B'CAST 3. TYPE 4. DISTANT? 5. BASIS OF 1. CALL 6. LOCATION OF STATION SIGN **CHANNEL** OF (Yes or No) **CARRIAGE** NUMBER **STATION** (If Distant) **WBNS** 10 Ν Columbus, OH WBNS-DT2 10.2 Ν Columbus, OH WBNS-DT3 10.3 Ν Columbus, OH **WBNS-HD** 10.1 Ν Columbus, OH **WCMH** 4 Ν Columbus, OH WCMH-DT2 4.2 I-M Columbus, OH WCMH-DT4 4.4 I-M Columbus, OH WCMH-HD 4.1 Ν Columbus, OH 34 Ε WOSU Columbus, OH WOSU-DT2 34.2 E-M Columbus, OH WOSU-DT3 34.3 E-M Columbus, OH WOSU-DT4 34.4 E-M Columbus, OH

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

WOSU-HD

WSYX-DT2

WSYX-DT3

WSYX-DT4

WSYX-DT3-HD

WSYX

34.1

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6.4

Ε

Ν

I-M

I-M

I-M

I-M

Columbus, OH

Columbus, OH

Columbus, OH

Columbus, OH

Columbus, OH

Columbus, OH

IER OF CABLE SY	STEM:			SYSTEM ID#	
ities, Inc.				34166	Name
ERS: TELEVISION	ON				
system during to tions in effect o 6.61(e)(2) and sis, as explaine	the accounting on June 24, 19 (4), or 76.63 ( ed in the next	g period except 981, permitting t referring to 76.6 paragraph	(1) stations carrie he carriage of cer 61(e)(2) and (4))];	d only on a part-time basis under tain network programs [sections and (2) certain stations carried on a	G  Primary  Transmitters:  Television
CC rules, regular here in space only on a substand also in spanformation conditions of the station's call associated with A-2". Simulcast e channel num se. For examply yetem carried the in each case yentering the lecast), "E" (for nese terms, see lation is outside ice area, see per lave entered "Y ithe distant station on a part-tission of a distant tentered into ca primary transisimulcasts, alshree categories e location of each	ations, or autite G—but do listitute basis ace I, if the stocerning substitute isign. Do not the a station ace streams must be the FCC I e, WRC is Chen the station whether the setter "N" (for moncommercial page (v) of the rest in column on during the importance of the multicast stream or before Justin and the station or before Justin and the station or before Justin or before J	norizations at it in space I (ti ation was carried itute basis station report origination of the report origination of the reported in the assigned to the reported in the rep	the Special Statement of both on a substant, see page (v) on program service over-the-air designation of the television state hington, D.C. This ork station, an indeferment of "E-M" (for noncuctions located in the television state of the television of "E-M" (for noncuctions located in the program of the television of	nent and Program Log)—if the  itute basis and also on some othe of the general instructions located  es such as HBO, ESPN, etc. Identify ation. For example, report multi the stream separately; for example tion for broadcasting over-the-air ir to may be different from the channe  ependent station, or a noncommercia cast), "I" (for independent), "I-M ommercial educational multicast) the paper SA3 form es". If not, enter "No". For an ex e paper SA3 form stating the basis on which you thering "LAC" if your cable syster capacity y payment because it is the subjec restem or an association representin any transmitter, enter the designa other basis, enter "O." For a furthe ed in the paper SA3 form y to which the station is licensed by the	
ng multiple cha	•	•	•	n channel line-up.	
2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION	
6.1	N			Columbus, OH	
28.2	I-M			Columbus, OH	
28.3	I-M			Columbus, OH	
	ities, Inc.  ERS: TELEVISI G, identify every system during tions in effect of 6.61(e)(2) and sis, as explaint Stations: With CC rules, regulated in here in space only on a substand also in space only on a substand in each case where terms, see the terms, see the terms, see the terms, see the distant statification on a partition of a distant tentered into a primary transismulcasts, alshree categories e location of each canadian station multiple characteristics.  2. B'CAST  CHANNEL  NUMBER  6.1	G, identify every television sisystem during the accountinations in effect on June 24, 18, 6.61(e)(2) and (4), or 76.63 (sis, as explained in the next Stations: With respect to an CC rules, regulations, or author here in space G—but do lisonly on a substitute basis and also in space I, if the stonformation concerning substitute of the station's call sign. Do not associated with a station active. Simulcast streams must be channel number the FCC (see For example, WRC is Chystem carried the station in each case whether the say entering the letter "N" (for reast), "E" (for noncommerciaese terms, see page (v) of the tation is outside the local serice area, see page (v) of the tation on a part-time basis because of a distant multicast strict entered into on or before Jia primary transmitter or an assimulcasts, also enter "E". If here categories, see page (v) e location of each station. FC Canadian stations, if any, giving multiple channel line-ups, channel line-ups, giving multiple channel line-ups, giving multiple channel line-ups, giving multiple channel line-ups, channel station. FC Canadian stations, if any, giving multiple channel line-ups, giving multiple channel line-ups, giving multiple channel line-ups, channel line-ups, giving multiple chan	ERS: TELEVISION  G, identify every television station (including system during the accounting period except tions in effect on June 24, 1981, permitting to 6.61(e)(2) and (4), or 76.63 (referring to 76.6 sis, as explained in the next paragraph Stations: With respect to any distant stations: With respect to any distant stations: In here in space G—but do list it in space I (tonly on a substitute basis and also in space I, if the station was carrienformation concerning substitute basis stations: In the station is call sign. Do not report origination associated with a station according to its or A-2". Simulcast streams must be reported in the echannel number the FCC has assigned to see. For example, WRC is Channel 4 in Was yestem carried the station en each case whether the station is a network of the energy of the general instruction is outside the local service area, (i.e., included a service area, included a service a service a service a service a service a	ERS: TELEVISION  G, identify every television station (including translator stations system during the accounting period except (1) stations carrietions in effect on June 24, 1981, permitting the carriage of cer 6.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; sis, as explained in the next paragraph Stations: With respect to any distant stations carried by your cCC rules, regulations, or authorizations:  In here in space G—but do list it in space I (the Special Statem only on a substitute basis and also in space I, if the station was carried both on a substinformation concerning substitute basis stations, see page (v) orm.  In station's call sign. Do not report origination program service associated with a station according to its over-the-air designary. A-2". Simulcast streams must be reported in column 1 (list each echannel number the FCC has assigned to the television states. For example, WRC is Channel 4 in Washington, D.C. This yestem carried the station is a network station, an individual of the electric management of the station is an entwork station, an individual of the electric management of the general instructions located in the cast, "E" (for noncommercial educational), or "E-M" (for noncommercial educational), or "E-M" (for noncomete terms, see page (v) of the general instructions located in the late entered "Yes" in column 4, you must complete column 5, the distant station during the accounting period. Indicate by ertion on a part-time basis because of lack of activated channel sion of a distant multicast stream that is not subject to a royalt tentered into on or before June 30, 2009, between a cable sy a primary transmitter or an association representing the prima simulcasts, also enter "E". If you carried the channel on any of the categories, see page (v) of the general instructions locate elecation of each station. For U.S. stations, list the community with the prima simulcasts, also enter "E". If you carried the channel on any of the categories, see page (v) of the general in	ERS: TELEVISION  G. identify every television station (including translator stations and low power television stations) system during the accounting period except (1) stations carried only on a part-time basis under titons in effect on June 24, 1981, permitting the carriage of certain network programs [section: 6.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a sis, as explained in the next paragraph Stations: With respect to any distant stations carried by your cable system on a substitute program CC rules, regulations, or authorizations  There in space G—but do list it in space I (the Special Statement and Program Log)—if the only on a substitute basis and also in space I, if the station was carried both on a substitute basis and also on some other formation concerning substitute basis stations, see page (v) of the general instructions located orm.  In station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identification's call sign. Do not report origination program services such as HBO, ESPN, etc. Identification's call sign. Do not report origination program services such as HBO, ESPN, etc. Identification's call sign. Do not report origination program services such as HBO, ESPN, etc. Identification's call sign. Do not report origination program services such as HBO, ESPN, etc. Identification's call sign. Do not report origination program services such as HBO, ESPN, etc. Identification's call sign. Do not report origination program services such as HBO, ESPN, etc. Identification's call sign. Do not report origination program services such as HBO, ESPN, etc. Identification's call sign. Program services such as HBO, ESPN, etc. Identification's call sign. Program services such as HBO, ESPN, etc. Identification's call services are services and separate system carried the station or a noncommercial educational, or "E-M" (for nextownshy," "H-M" (for network," "H-M" (for network," "H-M" (for network," "H-M" (for network," "H-M" (f

**ACCOUNTING PERIOD: 2022/2** FORM SA3E. PAGE 4.

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name 34166 Armstrong Utilities, Inc. PRIMARY TRANSMITTERS: RADIO Н In General: List every radio station carried on a separate and discrete basis and list those FM stations carried on an all-band basis whose signals were "generally receivable" by your cable system during the accounting period. Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally **Primary** Transmitters: receivable if (1) it is carried by the system whenever it is received at the system's headend, and (2) it can be expected, Radio on the basis of monitoring, to be received at the headend, with the system's FM antenna, during certain stated intervals. For detailed information about the the Copyright Office regulations on this point, see page (vi) of the general instructions located in the paper SA3 form. Column 1: Identify the call sign of each station carried. Column 2: State whether the station is AM or FM. Column 3: If the radio station's signal was electronically processed by the cable system as a separate and discrete signal, indicate this by placing a check mark in the "S/D" column. Column 4: Give the station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified). CALL SIGN AM or FM S/D LOCATION OF STATION CALL SIGN AM or FM LOCATION OF STATION S/D

FURM SAJE. PAGE 5.						ACCOUNTING	PERIOD: 2022/2
LEGAL NAME OF OWNER OF Armstrong Utilities, In		TEM:			S	34166	Namo
SUBSTITUTE CARRIAG	E: SPECIA	AL STATEME	ENT AND PROGRAM LO	G			
In General: In space I, ident substitute basis during the a explanation of the programm form.	ccounting pe	eriod, under spe	ecific present and former FC	C rules, regul	lations, or authorizations.	For a further	Substitute
1. SPECIAL STATEMEN	T CONCE	RNING SUBS	TITUTE CARRIAGE				Carriage:
During the accounting per broadcast by a distant start	riod, did yo			ısis, any nonı	network television progr		Special Statement and Program Log
<b>Note:</b> If your answer is "No log in block 2.	o", leave the	e rest of this pa	age blank. If your answer i	s "Yes," you	· ·	=	1109
period, was broadcast by a under certain FCC rules, re SA3 form for futher informatitles, for example, "I Love Column 2: If the progra Column 3: Give the call Column 4: Give the brothe case of Mexican or Ca Column 5: Give the mofirst. Example: for May 7 g Column 6: State the tim to the nearest five minutes stated as "6:00–6:30 p.m."	ace, please of every no a distant sta egulations, ation. Do n Lucy" or "N m was broa sign of the adcast stat nadian stati nth and day ive "5/7." nes when th . Example: ter "R" if the and regulat rogramming	attach additio connetwork tele- tion and that y or authorizatio ot use general BA Basketball adcast live, ent station broaddion's location ( ions, if any, the y when your sy he substitute pr a program car e listed progrations in effect of	nal pages. evision program (substitute rour cable system substitut ns. See page (vi) of the ge categories like "movies", 76ers vs. Bulls." for "Yes." Otherwise enter casting the substitute prog the community to which the community with which the extern carried the substitut rogram was carried by you ried by a system from 6:00 m was substituted for prog during the accounting perio	program) that ted for the program instruction "basketbal" "No." ram. te station is life station is ide program. U r cable syste 1:15 p.m. to 6 ramming that bod; enter the	at, during the accountin ogramming of another stions located in the pap II". List specific progran censed by the FCC or, lentified). Is a numerals, with the numerals, with the numerals of p.m. List the times accurate the second of the secon	g station er in nonth ately	
Circuit off October 10, 1070					EN SUBSTITUTE	7. REASON	
1. TITLE OF PROGRAM	UBSTITUT 2. LIVE?	E PROGRAM  3. STATION'S	1	5. MONTH	6. TIMES	FOR DELETION	
	Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM — TO		
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ACCOUNTING PERIOD: 2022/2 FORM SA3E. PAGE 6.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:  Armstrong Utilities, Inc.  34166									
										34100
J Part-Time Carriage Log	ge  Column 5 of space G.  Column 2 (Dates and hours of carriage): For each station, list the dates and hours when part-time carriage oc-									
			DATES	S AND HOURS	OF F	PART-TIME CAF	RRIAGE			
	CALL CICAL	WHEN	I CARRIAGE OCCI	JRRED		CALL CION	WHEI	N CARRIAGE OC	CUR	RED
	CALL SIGN	DATE	HOU! FROM	RS TO		CALL SIGN	DATE	FROM	URS	ТО
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			_						_	
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			_						_	
									_	
			_							

LEGA	L NAME OF OWNER OF CABLE SYSTEM:  nstrong Utilities, Inc.	SYSTEM ID# 34166	Name				
GROSS RECEIPTS Instructions: The figure you give in this space determines the form you fle 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.  \$ 39,132,500.21							
IMP	ORTANT: You must complete a statement in space P concerning gross receipts.	(Amount of gross receipts)					
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.							
	rt 8 or part 9, block A, of the DSE schedule was completed, the base rate fee should be k 3 below.	entered on line 1 of					
▶ If pa	rt 6 of the DSE schedule was completed, the amount from line 7 of block C should be en low.	ntered on line 2 in block					
	rt 7 or part 9, block B, of the DSE schedule was completed, the surcharge amount shou block 4 below.	ld be entered on line					
	<b>MINIMUM FEE:</b> All cable systems with semiannual gross receipts of \$527,600 or more least the minimum fee, regardless of whether they carried any distant stations. This fee system's gross receipts for the accounting period.	is 1.064 percent of the					
	Line 1. Enter the amount of gross receipts from space K Line 2. Multiply the amount in line 1 by 0.01064	\$ 39,132,500.21					
	Enter the result here. This is your minimum fee.	\$ 416,369.80					
	DISTANT TELEVISION STATIONS CARRIED: Your answer here must agree with the space G. If, in space G, you identifed any stations as "distant" by stating "Yes" in column "Yes" in this block.  • Did your cable system carry any distant television stations during the accounting perio  X Yes—Complete the DSE schedule.	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	\$ 77,724.62					
3	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	\$ 77,724.62					
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	\$ 416,369.80	Cable systems				
	Line 2. SYNDICATED EXCLUSIVITY SURCHARGE: Enter the fee from either part 7 (block D, section 3 or 4) or part 9 (block B) of the DSE schedule. If none, enter	0.00	submitting additional				
	zero.  Line 3. Line 3. INTEREST CHARGE: Enter the amount from line 4, space Q, page 9  (Interest Worksheet)	0.00	deposits under Section 111(d)(7) should contact the Licensing				
	Line 4. FILING FEE	\$ 725.00	additional fees. Division for the appropriate				
	TOTAL ROYALTY AND FILING FEES DUE FOR ACCOUNTING PERIOD. Add Lines 1, 2 and 3 of block 4 and enter total here	\$ 417,094.80	form for submitting the additional fees.				
	EFT Trace # or TRANSACTION ID #		additional 1663.				
	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: 2022/2 FORM SA3E, PAGE 8

		FUNIVI SASE, FAGE 6.						
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:  Armstrong Utilities, Inc.	SYSTEM ID# 34166						
M Channels	CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations to its subscribers and (2) the cable system's total number of activated channels, during the accounting period.  1. Enter the total number of channels on which the cable system carried television broadcast stations  2. Enter the total number of activated channels	216						
	on which the cable system carried television broadcast stations and nonbroadcast services	515						
N Individual to Be Contacted	ted er Name Ken Proudfoot Telephone (724) 283-0925							
for Further Information								
	Address One Armstrong Place (Number, street, rural route, apartment, or suite number)  Butler, PA 16001 (City, town, state, zip)							
	Email kproudfoot@agoc.com Fax (optional)							
O Certifcation	CERTIFICATION (This statement of account must be certifed and signed in accordance with Copyright Office regulations.)  • I, the undersigned, hereby certify that (Check one, but only one, of the boxes.)  [Owner other than corporation or partnership]   am the owner of the cable system as identified in line 1 of space B; or							
	(Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as identified in line 1 of space B and that the owner is not a corporation or partnership; or  X (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner of the cable system in line 1 of space B.							
	I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith.  [18 U.S.C., Section 1001(1986)]							
	Enter an electronic signature on the line above using an "/s/" signature to certify this statement. (e.g., /s/ John Smith). Before entering the first forward slash of the /s/ signature, place your cursor in the box as button, then type /s/ and your name. Pressing the "F" button will avoid enabling Excel's Lotus compatibility set  Typed or printed name: Diane Potochny  Title: Chief Financial Officer  (Title of official position held in corporation or partnership)							
	Date: February 28, 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 the form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephonumbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Office's public indexes and search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal sufficiency of the fling, a determination that would be made by a court of lav

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID#	
Armstrong Utilities, Inc. 34166	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 following sentence:  "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119."  For more information on when to exclude these amounts, see the note on page (vii) of the general instructions in the paper SA3 form.  During the accounting period did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners?  X NO  YES. Enter the total here and list the satellite carrier(s) below	Special Statement Concerning Gross Receipts Exclusion
Name Mailing Address Mailing Address Mailing Address	
INTEREST ASSESSMENTS	
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions in the paper SA3 form.	Q
Line 1 Enter the amount of late payment or underpayment	Interest Assessment
Line 2 Multiply line 1 by the interest rate* and enter the sum here	
Line 3 Multiply line 2 by the number of days late and enter the sum here	
Line 4 Multiply line 3 by 0.00274** enter here and on line 3, block 4,  space L, (page 7)	
* To view the interest rate chart click on <a href="mailto:www.copyright.gov/licensing/interest-rate.pdf">www.copyright.gov/licensing/interest-rate.pdf</a> . For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@copyright.gov.  ** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.	
NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Offce, please list below the owner, address, first community served, accounting period, and ID number as given in the original filing.	
Owner Address	
First community served Accounting period ID number	

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

ACCOUNTING PERIOD: 2022/2

DSE SCHEDULE. PAGE 10.

# INSTRUCTIONS FOR DSE SCHEDULE WHAT IS A "DSE"

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

### FORMULAS FOR COMPUTING A STATION'S DSE

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

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

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

• Independent: its type-value is	1.00
Network: its type-value is	0.25
Noncommercial educational: its type-value is	0.25
North Control of the	

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

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

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

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

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

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

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

#### **TOTAL OF DSEs**

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

#### THE ROYALTY FEE

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

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

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

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

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

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

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

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

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

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

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

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

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

#### SCHEDULE

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

#### 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;
   the total number of DSEs for that group's complement of stations;
   and
   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:

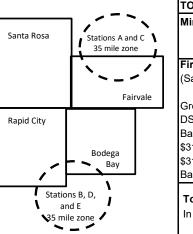
- When the fourth decimal point is 1, 2, 3, or 4, the third decimal remains unchanged (example: .34647 is rounded to .346).
- When the fourth decimal point is 5, 6, 7, 8, or 9, the third decimal is rounded up (example: .34651 is rounded to .347).

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

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

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

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

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

## DSE SCHEDULE. PAGE 11. (CONTINUED)

DSE SCHEDULE. PAG	E 11. (CONTINUED)						
1	LEGAL NAME OF OWNER OF CABL		S	YSTEM ID#			
	Armstrong Utilities, Inc.	ī				34166	
	SUM OF DSEs OF CATEGOR	RY "O" STATION	NS:				
	Add the DSEs of each station.						
	Enter the sum here and in line 1 of part 5 of this schedule.						
		-		<u> </u>		1	
2	Instructions:	Siama?! Lint the an	Il siens of all distant stations	i dentified by t	ha latter "O" in caluman F		
_	In the column headed "Call sof space G (page 3).	sign : list the ca	ii signs of all distant stations	s identified by t	ne letter O in column 5		
Computation	In the column headed "DSE"	: for each indep	endent station, give the DSE	as "1.0"; for	each network or noncom-		
of DSEs for	mercial educational station, giv	e the DSE as ".2	25."	•			
Category "O"			CATEGORY "O" STATION	IS: DSEs			
Stations	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
	WPCB	1.000					
	WQED	0.250					
	KDKA	0.250					
	WFXP	1.000					
	WNEO						
Add rows as		0.250					
necessary.	WICU	0.250					
Remember to copy	WJET	0.250					
all formula into new	WQLN	0.250					
rows.	WSEE	0.250					
10003.							
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				

	uumi	

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:  Armstrong Utilities, Inc.  SYSTEM ID#							
Computation of DSEs for Stations Carried Part Time Due to Lack of Activated Channel	Instructions: CAPACITY Column 1: List the call sign of all distant stations identified by "LAC" in column 5 of space G (page 3). Column 2: For each station, give the number of hours your cable system carried the station during the accounting period. This figure should correspond with the information given in space J. Calculate only one DSE for each station. Column 3: For each station, give the total number of hours that the station broadcast over the air during the accounting period. Column 4: Divide the figure in column 2 by the figure in column 3, and give the result in decimals in column 4. This figure must be carried out at least to the third decimal point. This is the "basis of carriage value" for the station. Column 5: For each independent station, give the "type-value" as "1.0." For each network or noncommercial educational station, give the type-value as ".25." Column 6: Multiply the figure in column 4 by the figure in column 5, and give the result in column 6. Round to no less than the third decimal point. This is the station's DSE. (For more information on rounding, see page (viii) of the general instructions in the paper SA3 form.							
Capacity	CATEGORY LAC STATIONS: COMPUTATION OF DSEs							
	1. CALL SIGN	2. NUMBE OF HOU CARRIE SYSTEM	JRS OF ED BY ST	JMBER HOURS ATION AIR	4. BASIS OF CARRIAGI VALUE		6. DS	SE.
			÷	=		<u>x</u>	=	
			÷ ÷	_		x x	=	
				=		x	=	
			÷			x	=	
			÷			x x	=	
			÷	=		x	=	
	SUM OF DSEs OF CATEGORY LAC STATIONS: Add the DSEs of each station. Enter the sum here and in line 2 of part 5 of this schedule,  0.00							
Computation of DSEs for Substitute-Basis Stations	s for space I).  Column 2: For each station give the number of live, nonnetwork programs carried in substitution for programs that were deleted							m).
	1. CALL SIGN	2. NUMBER OF PROGRAMS	3. NUMBER OF DAYS IN YEAR	4. DSE	1. CALL SIGN	2. NUMBER OF PROGRAMS	3. NUMBER OF DAYS IN YEAR	4. DSE
		÷				-		=
				• • • • • • • • • • • • • • • • • • • •		÷		=
		÷				÷		=
		÷ ÷				÷		=
	SUM OF DSEs OF SUBSTITUTE-BASIS STATIONS: Add the DSEs of each station. Enter the sum here and in line 3 of part 5 of this schedule,							
5	TOTAL NUMBER OF DSEs: Give the amounts from the boxes in parts 2, 3, and 4 of this schedule and add them to provide the total number of DSEs applicable to your system.							
Total Number	1. Number of DSEs from part 2 ● ▶ 3.75							
of DSEs	2. Number of DSEs from part 3 ●							
	3. Number of DSEs from part 4 ● ▶ <b>0.00</b>							
	TOTAL NUMBE	R OF DSEs						3.75

DSE SCHEDULE. PAGE 13. ACCOUNTING PERIOD: 2022/2

unistrong ou	ilities, Inc.							434166 34166	Namo
nstructions: Bloc	ck A must be com	pleted.							
n block A: If your answer if	"Yes," leave the re	emainder of	part 6 and part	7 of the DSE sche	edule blank ar	nd complete pa	art 8, (page 16) of	the	6
chedule. If your answer if	"No," complete blo	ocks B and C	below.						
	, ,			TELEVISION MA	ARKETS				Computation o
s the cable syster ffect on June 24,		utside of all	major and sma	aller markets as de	fined under s	ection 76.5 of	FCC rules and re	gulations in	3.75 Fee
		schedule—	DO NOT COM	PLETE THE REMA	AINDER OF F	PART 6 AND 7			
X No—Comp	olete blocks B and	C below.							
		BLO	CK B: CARR	IAGE OF PERM	MITTED DS	Es			
Column 1: CALL SIGN	under FCC rules	and regulati e DSE Sche	ons prior to Ju edule. (Note: T	part 2, 3, and 4 of ne 25, 1981. For fu he letter M below r Act of 2010.)	urther explana	tion of permitt	ed stations, see tl	he	
Column 2: BASIS OF PERMITTED CARRIAGE	(Note the FCC r. A Stations carrier 76.61(b)(c)] B Specialty static C Noncommeric D Grandfathered instructions for E Carried pursuants *F A station pre	ed pursuant on as define al education d station (76. or DSE schee ant to individ viously carri	ulations cited b to the FCC ma d in 76.5(kk) (7 all station [76.5 65) (see parac dule). ual waiver of F ed on a part-tir vithin grade-B	ne or substitute ba contour, [76.59(d)(	se in effect of 6.57, 76.59(b e)(1), 76.63(a 63(a) referring bstitution of g	n June 24, 198 ), 76.61(b)(c), ) referring to 7 g to 76.61(d)] randfathered s	76.63(a) referring 6.61(e)(1) stations in the		
Column 3:		e stations ide	entified by the I	n parts 2, 3, and 4 etter "F" in column			vorksheet on page	T	
1. CALL SIGN	BASIS	3. DSE	SIGN	BASIS	3. DSE	SIGN	BASIS	3. DSE	
WPCB	A		WJET	D	0.25				
WQED	C		WQLN	C	0.25				
KDKA WFXP	D D	0.25 1.00	WSEE	D	0.25				
WNEO	C	0.25							
WICU	D	0.25							
								3.75	
		F	BLOCK C: CC	MPUTATION OF	F 3 75 FFF				-
ine 1: Enter the	e total number of				00				
	sum of permitte						nr		
				r of DSEs subjec t 7 of this schedu		rate.	n <del>-</del>		
ine 4: Enter gro	oss receipts from	space K (p	page 7)				x 0.03	375	Do any of the
ne 5: Multiply I	ine 4 by 0.0375	and enter s	um here						partially permited/ partially
ine 6: Enter tota	al number of DSI	Es from line	e 3				Х		nonpermitted carriage? If yes, see pa
									9 instructions

	F OWNER OF CABLE Utilities, Inc.	SYSTEM:					S	7STEM ID# 34166	Mama
		BLOCK	A: TELEVIS	SION MARKETS	S (CONTIN	IUED)			
1. CALL SIGN	2. PERMITTED BASIS		1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	6
									Computation 6
***************************************									
***************************************									
					•				

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name Armstrong Utilities, Inc. 34166 Instructions: You must complete this worksheet for those stations identifed by the letter "F" in column 2 of block B, part 6 (i.e., those Worksheet for stations carried prior to June 25, 1981, under former FCC rules governing part-time and substitute carriage.) Column 1: List the call sign for each distant station identifed by the letter "F" in column 2 of part 6 of the DSE schedule. Computating the DSE Column 2: Indicate the DSE for this station for a single accounting period, occurring between January 1, 1978 and June 30, 1981. Schedule for Column 3: Indicate the accounting period and year in which the carriage and DSE occurred (e.g., 1981/1). Permitted Column 4: Indicate the basis of carriage on which the station was carried by listing one of the following letters: Part-Time and (Note that the FCC rules and regulations cited below pertain to those in effect on June 24, 1981.) Substitute A—Part-time specialty programming: Carriage, on a part-time basis, of specialty programming under FCC rules, sections Carriage 76.59(d)(1),76.61(e)(1), or 76.63 (referring to 76.61(e)(1)). B-Late-night programming: Carriage under FCC rules, sections 76.59(d)(3), 76.61(e)(3), or 76.63 (referring to 76.61(e)(3)). S-Substitute carriage under certain FCC rules, regulations, or authorizations. For further explanation, see page (vi) of the general instructions in the paper SA3 form. Column 5: Indicate the station's DSE for the current accounting period as computed in parts 2, 3, and 4 of this schedule. Column 6: Compare the DSE figures listed in columns 2 and 5 and list the smaller of the two figures here. This figure should be entered in block B, column 3 of part 6 for this station. IMPORTANT: The information you give in columns 2, 3, and 4 must be accurate and is subject to verification from the designated statement of account on fle in the Licensing Division. PERMITTED DSE FOR STATIONS CARRIED ON A PART-TIME AND SUBSTITUTE BASIS 1. CALL 2. PRIOR 3. ACCOUNTING 4. BASIS OF 5. PRESENT 6. PERMITTED SIGN DSE **PERIOD** CARRIAGE DSE Instructions: Block A must be completed. 7 In block A: Computation If your answer is "Yes," complete blocks B and C, below. of the If your answer is "No," leave blocks B and C blank and complete part 8 of the DSE schedule. **Syndicated BLOCK A: MAJOR TELEVISION MARKET Exclusivity** ls any portion of the cable system within a top 100 major television market as defned by section 76.5 of FCC rules in effect June 24, 1981? Surcharge X 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 or in part, over the cable system? to former FCC rule 76.159) Yes—List each station below with its appropriate permitted DSE Yes—List each station below with its appropriate permitted DSE X No—Enter zero and proceed to part 8. X No-Enter zero and proceed to part 8. CALL SIGN CALL SIGN CALL SIGN DSE DSE DSE CALL SIGN DSE 0.00 0.00 TOTAL DSEs TOTAL DSEs

LEGAL NA	ME OF OWNER OF CABLE SYSTEM:  Armstrong Utilities, Inc.  SYSTEM ID# 34166	Name
	BLOCK D: COMPUTATION OF THE SYNDICATED EXCLUSIVITY SURCHARGE	
Section 1	Enter the amount of gross receipts from space K (page 7)	7
Section 2	A. Enter the total DSEs from block B of part 7	Computation of the
	B. Enter the total number of exempt DSEs from block C of part 7	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	Surcharge
• Is an	y portion of the cable system within a top 50 television market as defned by the FCC?  X Yes—Complete section 3 below.  No—Complete section 4 below.	
	SECTION 3: TOP 50 TELEVISION MARKET	
Section 3a	Did your cable system retransmit the signals of any partially distant television stations during the accounting period?      X Yes—Complete part 9 of this schedule.  No—Complete the applicable section below.	
	If the figure in section 2, line C is 4.000 or less, compute your surcharge here and leave section 3b blank. NOTE: If the 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)	
	C. Subtract 1.000 from total permitted DSEs (the figure on	
	line C in section 2) and enter here	
	D. Multiply line B by line C and enter here	-
	E. Add lines A and D. This is your surcharge.  Enter here and on line 2 of block 4 in space L (page 7)  Syndicated Exclusivity Surcharge	
Section 3b	If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 3a blank.	-
	A. Enter 0.00599 of gross receipts (the amount in section 1)	
	B. Enter 0.00377 of gross receipts (the amount in section 1)	
	C. Multiply line B by 3.000 and enter here	
	D. Enter 0.00178 of gross receipts (the amount in section 1)	
	E. Subtract 4.000 from total DSEs (the fgure on line C in section 2) and enter here	
	F. Multiply line D by line E and enter here	
	G. Add lines A, C, and F. This is your surcharge.  Enter here and on line 2 of block 4 in space L (page 7)  Syndicated Exclusivity Surcharge	
	SECTION 4: SECOND 50 TELEVISION MARKET	<u>.</u> 
		1
Section 4a	Did your cable system retransmit the signals of any partially distant television stations during the accounting period?  X Yes—Complete part 9 of this schedule.  No—Complete the applicable section below.	
	If the figure in section 2, line C is 4.000 or less, compute your surcharge here and leave section 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	

	LEGAL NAM		SYSTEM ID#
Name	1	Armstrong Utilities, Inc.	34166
7	Section 4b	If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 4a blank.	
Computation		A. Enter 0.00300 of gross receipts (the amount in section 1)	
of the Syndicated Exclusivity		B. Enter 0.00189 of gross receipts (the amount in section 1) ▶ _\$	
Surcharge		C. Multiply line B by 3.000 and enter here	
		D. Enter 0.00089 of gross receipts (the amount in section 1)	
		E. Subtract 4.000 from the total DSEs (the figure on line C in section 2) and enter here	
		F. Multiply line D by line E and enter here	
		G. Add lines A, C, and F. This is your surcharge. Enter here and on line 2, block 4, space L (page 7)	
		Syndicated Exclusivity Surcharge	<u> </u>
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 par checked "Yes," use the total number of DSEs from part 5.  bock A, indicate, by checking "Yes" or "No," whether your system carried any partially distant stations.	t
Computation of	_	ir answer is "No," compute your system's base rate fee in block B. Leave part 9 blank.	
Base Rate Fee	• If you blank	ır answer is "Yes" (that is, if you carried one or more partially distant stations), you must complete part 9. Leave block B belov 	N
	were lo	is a partially distant station? A station is "partially distant" if, at the time your system carried it, some of your subscribers ocated within that station's local service area and others were located outside that area. For the definition of a station's "local e area," see page (v) of the general instructions.	
		DLOCK ALCADDIACE OF DADTIALLY DISTANT STATIONS	
	• Did v	BLOCK A: CARRIAGE OF PARTIALLY DISTANT STATIONS  our cable system retransmit the signals of any partially distant television stations during the accounting period?	
	_	X Yes—Complete part 9 of this schedule. No—Complete the following sections.	
	-		
	Section	BLOCK B: NO PARTIALLY DISTANT STATIONS—COMPUTATION OF BASE RATE FEE	
	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 3	If the figure in section 2 is <b>4.000 or less</b> , compute your base rate fee here and leave section 4 blank.  NOTE: If the DSE is 1.0 or less, multiply the gross receipts by 0.01064 by the DSE. Enter the result on line A below.  A. Enter 0.01064 of gross receipts  (the amount in section 1)	
		B. Enter 0.00701 of gross receipts  (the amount in section 1)▶	
		C. Subtract 1.000 from total DSEs  (the figure in section 2) and enter here	
		D. Multiply line B by line C and enter here	
		E. Add lines A, and D. This is your base rate fee. Enter here and in block 3, line 1, space L (page 7)	
		Base Rate Fee	0.00

DSE SCHEDULE. PAGE 17. ACCOUNTING PERIOD: 2022/2

LECAL N	AME OF OWNER OF CABLE SYSTEM:	CVCTEM ID#	
		34166	Name
Arms	trong Utilities, Inc.	34100	
Section 4	If the figure in section 2 is <b>more than 4.000</b> , compute your base rate fee here and leave section 3 blank.		•
7	A. Enter 0.01064 of gross receipts		8
	(the amount in section 1) <b>&gt;</b>		
	B. Enter 0.00701 of gross receipts		Computation
	(the amount in section 1) \$		of
			Base Rate Fee
	C. Multiply line B by 3.000 and enter here		
	D. Enter 0.00330 of gross receipts (the amount in section 1)  \$ \\$		
	(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>&gt;</b> \$		
	1. Multiply life b by life L and office field		
	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	
IMPOR	TANT: It is no longer necessary to report television signals on a system-wide basis. Carriage of television bro	adcast signals	
shall in	stead be reported on a community-by-community basis (subscriber groups) if the cable system reported multi Space G.		9
In Gen	eral: If any of the stations you carried were partially distant, the statute allows you, in computing your base rai	e fee, to exclude	Computation
	s from subscribers located within the station's local service area, from your system's total gross receipts. To ta	ike advantage of	of
this exc	clusion, you must:		Base Rate Fee
	Divide all of your subscribers into subscriber groups, each group consisting entirely of subscribers that are dist		and Syndicated
	or the same group of stations. Next: Treat each subscriber group as if it were a separate cable system. Deter		Exclusivity
	ind the portion of your system's gross receipts attributable to that group, and calculate a separate base rate fe : Add up the separate base rate fees for each subscriber group. That total is the base rate fee for your system	-	Surcharge
•			for Partially
	If any portion of your cable system is located within the top 100 television market and the station is not exemple so compute a Syndicated Exclusivity Surcharge for each subscriber group. In this case, complete both block		Distant
Howev	er, if your cable system is wholly located outside all major television markets, complete block A only.		Stations, and
How to	Identify a Subscriber Group for Partially Distant Stations		for Partially Permitted
Step 1:	For each community served, determine the local service area of each wholly distant and each partially distant	it station you	Stations
carried	to that community.		
outside	For each wholly distant and each partially distant station you carried, determine which of your subscribers we the station's local service area. A subscriber located outside the local service area of a station is distant to the token, the station is distant to the subscriber.)		
Step 3:	Divide your subscribers into subscriber groups according to the complement of stations to which they are dis	tant. Each	
	ber group must consist entirely of subscribers who are distant to exactly the same complement of stations. No will have only one subscriber group when the distant stations it carried have local service areas that coincide		
-	iting the base rate fee for each subscriber group: Block A contains separate sections, one for each of your	· system's	
	ber groups.		
	section:		
	y the communities/areas represented by each subscriber group. he call sign for each of the stations in the subscriber group's complement—that is, each station that is distant	to all of the	
	bers in the group.	to an or the	
• If:			
, -	system is located wholly outside all major and smaller television markets, give each station's DSE as you gave f this schedule; or,	e it in parts 2, 3,	
2) any	cortion of your system is located in a major or smaller televison market, give each station's DSE as you gave 6 of this schedule.	t in block B,	
•	ne DSEs for each station. This gives you the total DSEs for the particular subscriber group.		
	late gross receipts for the subscriber group. For further explanation of gross receipts see page (vii) of the gen	eral instructions	
	paper SA3 form.	S.G. ITSU GOUDIIS	
page. DSEs f	ute a base rate fee for each subscriber group using the formula outline in block B of part 8 of this schedule or n making this computation, use the DSE and gross receipts figure applicable to the particular subscriber grou or that group's complement of stations and total gross receipts from the subscribers in that group). You do no tual calculations on the form.	p (that is, the total	

	LEGAL NAME OF OWNER OF CABLE SYSTEM:	STEM ID
Name	Armstrong Utilities, Inc.	3416
	Guidance for Computing the Royalty Fee for Partially Permitted/Partially NonPermitted Signals	
	Step 1: Use part 9, block A, of the DSE Schedule to establish subscriber groups to compute the base rate fee for wholly and	
	partially permitted distant signals. Write "Permitted Signals" at the top of the page. Note: One or more permitted signals in these	
	subscriber groups may be partially distant.	
	Step 2: Use a separate part 9, block A, to compute the 3.75 percent fee for wholly nonpermitted and partially nonpermitted distant	
	signals. Write "Nonpermitted 3.75 stations" at the top of this page. Multiply the subscriber group gross receipts by total DSEs by	
	.0375 and enter the grand total 3.75 percent fees on line 2, block 3, of space L. Important: The sum of the gross receipts reported for each part 9 used in steps 1 and 2 must equal the amount reported in space K.	
	Step 3: Use part 9, block B, to compute a syndicated exclusivity surcharge for any wholly or partially permitted distant	
	signals from step 1 that is subject to this surcharge.	
	Guidance for Computing the Royalty Fee for Carriage of Distant and Partially Distant Multicast Streams	
	Step 1: Use part 9, Block A, of the DSE Schedule to report each distant multicast stream of programming that is transmitted from	
	a primary television broadcast signal. Only the base rate fee should be computed for each multicast stream. The 3.75 Percent Rate	
	and Syndicated Exclusivity Surcharge are not applicable to the secondary transmission of a multicast stream.  You must report but not assign a DSE value for the retransmission of a multicast stream that is the subject of a written agreement	
	entered into on or before June 30, 2009 between a cable system or an association representing the cable system and a primary	
	transmitter or an association representing the primary transmitter.	

LEGAL NAME OF OWNE Armstrong Utilitie		E SYSTEM:				S	34166	Name
В		COMPUTATION OF SUBSCRIBER GROU		TE FEES FOR EA		BER GROUP SUBSCRIBER GRO	UP	
COMMUNITY/ AREA	Greenu	p, WV		COMMUNITY/ ARE	A Sandy L	ake, PA		9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
				WPCB	1.00			Base Rate Fee
				WQED	0.25			and Syndicated
								Exclusivity
								Surcharge
		-				-		for
								Partially
						-		Distant
								Stations
		-				-		
							4.05	
Total DSEs			0.00	Total DSEs			1.25	
Gross Receipts First G	roup	\$ 164	,824.39	Gross Receipts Sec	cond Group	\$ 1	31,013.81	
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee See	cond Group	\$	1,623.59	
	THIRD	SUBSCRIBER GROU	JP		FOURTH	SUBSCRIBER GRO	UP	
COMMUNITY/ AREA	Somers	set, PA		COMMUNITY/ ARE	A North CI	arion, PA		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
WPCB	1.00							
		-				-		
						-		
Total DSEs			1.00	Total DSEs			0.00	
Gross Receipts Third G	Group	\$ 377	,057.85	Gross Receipts For	urth Group	\$ 3	42,625.06	
Base Rate Fee Third G	Group	\$ 4	,011.90	Base Rate Fee Foo	urth Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block			riber group	as shown in the boxe	s above.	\$	77,724.62	

LEGAL NAME OF OWNE Armstrong Utilitie		LE SYSTEM:				S	34166	Name
В		COMPUTATION OF SUBSCRIBER GRO		TE FEES FOR EAC		IBER GROUP SUBSCRIBER GRO	UP	
COMMUNITY/ AREA	Kinsma	an, OH		COMMUNITY/ AREA	Andove	r, OH		9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								Syndicated
								Exclusivity
								Surcharge for
								Partially
								Distant Stations
		-						
T			0.00	T			0.00	
Total DSEs		. 50	0.00	Total DSEs			0.00	
Gross Receipts First G	iroup	\$ 50	,396.49	Gross Receipts Seco	ond Group	\$	73,211.85	
<b>Base Rate Fee</b> First G	roup	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00	
		SUBSCRIBER GRO	JP					
COMMUNITY/ AREA	Harrisv	rille, WV		COMMUNITY/ AREA	A Hamlin,	WV		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third (	Group	\$ 216	,798.48	Gross Receipts Four	rth Group	\$ 4	97,611.52	
Base Rate Fee Third (	Group	\$	0.00	Base Rate Fee Four	th Group	\$	0.00	
e Fee: Add ti	ne <b>base ra</b> t			Base Rate Fee Four	·	\$	0.00	

Armstrong Utilitie		E SYSTEM:					STEM ID# 34166	Name
В	LOCK A: (	COMPUTATION OF	BASE RA	TE FEES FOR EACH	SUBSCR	IBER GROUP		
	NINTH	SUBSCRIBER GROU	JP		TENTH	SUBSCRIBER GROU	Р	^
COMMUNITY/ AREA	Connel	sville, PA		COMMUNITY/ AREA	Medina,	ОН		9 Computa
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate
		<b>-</b>					<u></u>	and
	•							Syndicat
								Exclusiv
								Surcharg
								for
								Partially
								Distant
		-						Stations
	•	-			<u></u>		<u> </u>	
	<u> </u>							
	<u>.  </u>							
	<u> </u>							
	<u> </u>							
otal DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	roup	\$ 3,429,	186.96	Gross Receipts Secon	d Group	\$ 1,98	8,067.60	
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Secon	d Group	\$	0.00	
E	LEVENTH	SUBSCRIBER GROU	JP		TWELVTH	SUBSCRIBER GROU	Р	
COMMUNITY/ AREA	Orrville	, OH		COMMUNITY/ AREA	Butler/Z	čelie, PA		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
	-							
							<u></u>	
						-		
	1							
	<del> </del>							
	<b></b>							
				II .			0.00	
otal DSEs			0.00	Total DSEs			0.00	
	Froup	\$ 581,	0.00	Total DSEs Gross Receipts Fourth	Group	\$ 10,76	6,681.06	
Total DSEs Gross Receipts Third (	·		506.72	Gross Receipts Fourth	·		6,681.06	
	·	\$ 581,			·	\$ 10,76		

				TE FEES FOR EACH						
0	Р	SUBSCRIBER GROUP			IP	SUBSCRIBER GROU				
9 Computa		ОН	Ashland	COMMUNITY/ AREA		Point, OH	South P	COMMUNITY/ AREA		
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN DSE		
Base Rate										
and						-	_			
Syndica	<mark></mark>						-			
-										
Exclusiv	<mark></mark>									
Surchar										
for										
Partiall										
Distan	···						<b>,</b>			
							<b>.</b>			
Station										
						-				
							<b> </b>			
							<b> </b>			
							<u> </u>			
	0.00			Total DSEs	0.00			otal DSEs		
	8,926.72	\$ 1,898	d Group	Gross Receipts Second	815.64	s 6,315,	roup	Gross Receipts First G		
		•			-					
	0.00	\$	d Group	Base Rate Fee Second	0.00	\$	roup	ase Rate Fee First G		
		\$ SUBSCRIBER GROUF				\$ SUBSCRIBER GROU				
	P	SUBSCRIBER GROUP	XTEENTH :		IP		TEENTH	FIF		
	P	SUBSCRIBER GROUP	XTEENTH :	SI	IP		TEENTH	FIF		
	P ties, PA	SUBSCRIBER GROUP	XTEENTH :	SI COMMUNITY/ AREA	ies, PA	o & Forest Count	Venang	FIF COMMUNITY/ AREA CALL SIGN		
	P ties, PA	SUBSCRIBER GROUP	XTEENTH &	SI COMMUNITY/ AREA CALL SIGN	ies, PA	o & Forest Count	Venang  DSE	FIF COMMUNITY/ AREA CALL SIGN		
	P ties, PA	SUBSCRIBER GROUP	XTEENTH &	SI COMMUNITY/ AREA CALL SIGN	ies, PA	o & Forest Count	Venang  DSE	FIF OMMUNITY/ AREA CALL SIGN		
	P ties, PA	SUBSCRIBER GROUP	XTEENTH &	SI COMMUNITY/ AREA CALL SIGN	ies, PA	o & Forest Count	Venang  DSE	FIF OMMUNITY/ AREA CALL SIGN		
	P ties, PA	SUBSCRIBER GROUP	XTEENTH &	SI COMMUNITY/ AREA CALL SIGN	ies, PA	o & Forest Count	Venang  DSE	FIF OMMUNITY/ AREA CALL SIGN		
	P ties, PA	SUBSCRIBER GROUP	XTEENTH &	SI COMMUNITY/ AREA CALL SIGN	ies, PA	o & Forest Count	Venang  DSE	FIF COMMUNITY/ AREA CALL SIGN		
	P ties, PA	SUBSCRIBER GROUP	XTEENTH &	SI COMMUNITY/ AREA CALL SIGN	ies, PA	o & Forest Count	Venang  DSE	FIF OMMUNITY/ AREA CALL SIGN		
	P ties, PA	SUBSCRIBER GROUP	XTEENTH &	SI COMMUNITY/ AREA CALL SIGN	ies, PA	o & Forest Count	Venang  DSE	FIF OMMUNITY/ AREA CALL SIGN		
	P ties, PA	SUBSCRIBER GROUP	XTEENTH &	SI COMMUNITY/ AREA CALL SIGN	ies, PA	o & Forest Count	Venang  DSE	FIF COMMUNITY/ AREA CALL SIGN		
	P ties, PA	SUBSCRIBER GROUP	XTEENTH &	SI COMMUNITY/ AREA CALL SIGN	ies, PA	o & Forest Count	Venang  DSE	FIF COMMUNITY/ AREA CALL SIGN		
	P ties, PA	SUBSCRIBER GROUP	XTEENTH &	SI COMMUNITY/ AREA CALL SIGN	ies, PA	o & Forest Count	Venang  DSE	FIF COMMUNITY/ AREA CALL SIGN		
	P ties, PA	SUBSCRIBER GROUP	XTEENTH &	SI COMMUNITY/ AREA CALL SIGN	ies, PA	o & Forest Count	Venang  DSE	FIF COMMUNITY/ AREA CALL SIGN		
	P ties, PA	SUBSCRIBER GROUP	XTEENTH &	SI COMMUNITY/ AREA CALL SIGN	ies, PA	o & Forest Count	Venang  DSE	FIF COMMUNITY/ AREA CALL SIGN		
	P ties, PA	SUBSCRIBER GROUP	XTEENTH &	SI COMMUNITY/ AREA CALL SIGN	ies, PA	o & Forest Count	Venang  DSE	COMMUNITY/ AREA		
	P ties, PA	SUBSCRIBER GROUP	XTEENTH &	SI COMMUNITY/ AREA CALL SIGN	ies, PA	o & Forest Count	Venang  DSE	FIF COMMUNITY/ AREA CALL SIGN		
	P ties, PA	SUBSCRIBER GROUP	XTEENTH &	SI COMMUNITY/ AREA CALL SIGN	ies, PA	o & Forest Count	Venang  DSE	FIF COMMUNITY/ AREA CALL SIGN		
	P ties, PA	SUBSCRIBER GROUP	XTEENTH &	SI COMMUNITY/ AREA CALL SIGN	ies, PA	o & Forest Count	Venang  DSE	FIF OMMUNITY/ AREA CALL SIGN		
	P ties, PA	SUBSCRIBER GROUP	XTEENTH &	SI COMMUNITY/ AREA CALL SIGN	ies, PA	o & Forest Count	Venang  DSE	FIF OMMUNITY/ AREA CALL SIGN		
	P ties, PA	SUBSCRIBER GROUP	XTEENTH &	SI COMMUNITY/ AREA CALL SIGN	ies, PA	o & Forest Count	Venang  DSE	CALL SIGN VFXP		
	DSE DSE 0.25	SUBSCRIBER GROUF  CALL SIGN	DSE 0.25	CALL SIGN KDKA  Total DSEs	DSE 1.00	CALL SIGN	DSE 1.00	CALL SIGN VFXP  otal DSEs		
	DSE	SUBSCRIBER GROUF  CALL SIGN	DSE 0.25	CALL SIGN KDKA	DSE	CALL SIGN	DSE 1.00	FIF COMMUNITY/ AREA CALL SIGN		

В	LOCK A: (	COMPUTATION OF	BASE RA	ATE FEES FOR EAC	III OODOON	BER GROUP	
SEVE	NTEENTH	SUBSCRIBER GROU	JP	E	IGHTEENTH	SUBSCRIBER GRO	UP
COMMUNITY/ AREA	Eastern	Mahoning Coun	ity, OH	COMMUNITY/ AREA	A W. Maho	oning & Trumbul	I County, C
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
				WQED	0.25		
		-					
	<u> </u>						
otal DSEs			0.00	Total DSEs		_	0.25
ross Receipts First G	Group	\$ 394,	,210.74	Gross Receipts Sec	ond Group	\$ 3,3	375,046.58
	ross Receipts First Group \$ 394,210.74						-
					-		
ase Rate Fee First G	Group	\$	0.00	Base Rate Fee Seco	ond Group	\$	8,977.62
		\$ SUBSCRIBER GROU				\$ SUBSCRIBER GRO	*
NII	NTEENTH		JP		TWENTIETH	SUBSCRIBER GRO	*
NII OMMUNITY/ AREA	NTEENTH		JP	COMMUNITY/ AREA	TWENTIETH  A Venango  DSE	SUBSCRIBER GRO	*
NII OMMUNITY/ AREA	NTEENTH  Butler &	& Lawrence Cour	JP nties, PA	COMMUNITY/ AREA	TWENTIETH A <b>Venang</b> o	SUBSCRIBER GRO  Counties, PA	DUP
NII OMMUNITY/ AREA	NTEENTH  Butler &	& Lawrence Cour	JP nties, PA	COMMUNITY/ AREA	TWENTIETH  A Venango  DSE	SUBSCRIBER GRO  Counties, PA	DUP
NII OMMUNITY/ AREA	NTEENTH  Butler &	& Lawrence Cour	JP nties, PA	COMMUNITY/ AREA	TWENTIETH  A Venango  DSE	SUBSCRIBER GRO  Counties, PA	DUP
NII OMMUNITY/ AREA	NTEENTH  Butler &	& Lawrence Cour	JP nties, PA	COMMUNITY/ AREA	TWENTIETH  A Venango  DSE	SUBSCRIBER GRO  Counties, PA	DUP
NII OMMUNITY/ AREA	NTEENTH  Butler &	& Lawrence Cour	JP nties, PA	COMMUNITY/ AREA	TWENTIETH  A Venango  DSE	SUBSCRIBER GRO  Counties, PA	DUP
NII	NTEENTH  Butler &	& Lawrence Cour	JP nties, PA	COMMUNITY/ AREA	TWENTIETH  A Venango  DSE	SUBSCRIBER GRO  Counties, PA	DUP
NII OMMUNITY/ AREA	NTEENTH  Butler &	& Lawrence Cour	JP nties, PA	COMMUNITY/ AREA	TWENTIETH  A Venango  DSE	SUBSCRIBER GRO  Counties, PA	DUP
NII OMMUNITY/ AREA	NTEENTH  Butler &	& Lawrence Cour	JP nties, PA	COMMUNITY/ AREA	TWENTIETH  A Venango  DSE	SUBSCRIBER GRO  Counties, PA	DUP
NII COMMUNITY/ AREA	NTEENTH  Butler &	& Lawrence Cour	JP nties, PA	COMMUNITY/ AREA	TWENTIETH  A Venango  DSE	SUBSCRIBER GRO  Counties, PA	DUP
NII OMMUNITY/ AREA	NTEENTH  Butler &	& Lawrence Cour	JP nties, PA	COMMUNITY/ AREA	TWENTIETH  A Venango  DSE	SUBSCRIBER GRO  Counties, PA	DUP
NII COMMUNITY/ AREA	NTEENTH  Butler &	& Lawrence Cour	JP nties, PA	COMMUNITY/ AREA	TWENTIETH  A Venango  DSE	SUBSCRIBER GRO  Counties, PA	DUP
NII COMMUNITY/ AREA	NTEENTH  Butler &	& Lawrence Cour	JP nties, PA	COMMUNITY/ AREA	TWENTIETH  A Venango  DSE	SUBSCRIBER GRO  Counties, PA	DUP
NII COMMUNITY/ AREA	NTEENTH  Butler &	& Lawrence Cour	JP nties, PA	COMMUNITY/ AREA	TWENTIETH  A Venango  DSE	SUBSCRIBER GRO  Counties, PA	DUP
NII OMMUNITY/ AREA	NTEENTH  Butler &	& Lawrence Cour	JP nties, PA	COMMUNITY/ AREA	TWENTIETH  A Venango  DSE	SUBSCRIBER GRO  Counties, PA	DUP
OMMUNITY/ AREA  CALL SIGN	NTEENTH  Butler &	& Lawrence Cour	DSE	CALL SIGN WNEO	TWENTIETH  A Venango  DSE	SUBSCRIBER GRO  Counties, PA	DUP
OMMUNITY/ AREA  CALL SIGN	NTEENTH  Butler &	CALL SIGN	DSE DSE D.000	COMMUNITY/ AREA	TWENTIETH  A Venango  DSE	SUBSCRIBER GRO  Counties, PA	DUP
NII COMMUNITY/ AREA  CALL SIGN  Fotal DSEs	DSE	CALL SIGN	DSE	CALL SIGN WNEO	TWENTIETH  A Venange  DSE  0.25	SUBSCRIBER GRO Counties, PA  CALL SIGN	DUP
CALL SIGN  CALL SIGN  Fotal DSEs  Gross Receipts Third C	DSE Sroup	CALL SIGN	DSE 0.00 0.546.47	CALL SIGN WNEO  Total DSEs Gross Receipts Foul	TWENTIETH  A Venange  DSE  0.25  where the Group	SUBSCRIBER GRO Counties, PA  CALL SIGN	DUP  DSE  0.25
NII OMMUNITY/ AREA  CALL SIGN  otal DSEs	DSE Sroup	CALL SIGN	DSE DSE D.000	COMMUNITY/ AREA  CALL SIGN  WNEO  Total DSEs	TWENTIETH  A Venange  DSE  0.25  where the Group	SUBSCRIBER GRO Counties, PA  CALL SIGN	DUP  DSE  0.25
NII OMMUNITY/ AREA  CALL SIGN  total DSEs  ross Receipts Third C	DSE Sroup	CALL SIGN  CALL SIGN  \$ 2,254	DSE 0.00 0.546.47	CALL SIGN WNEO  Total DSEs Gross Receipts Foul	TWENTIETH  A Venange  DSE  0.25  where the Group	SUBSCRIBER GRO Counties, PA  CALL SIGN  \$ 5	DUP  DSE  0.25  522,372.41

LEGAL NAME OF OWNE Armstrong Utilitie		E SYSTEM:				S	34166	Name
				TE FEES FOR EAC				
		SUBSCRIBER GROU		H		SUBSCRIBER GRO		9
COMMUNITY/ AREA	North C	entral Mercer Co	unty, P	COMMUNITY/ ARE	A Southern	Mercer County	r, PA	<b>9</b> Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
WPCB	1.00			WPCB	1.00			Base Rate Fe
WQED	0.25							and Syndicated
					-			Exclusivity
					-			Surcharge for
								Partially Distant
								Stations
Total DSEs			1.25	Total DSEs			1.00	
Gross Receipts First G	Group	\$ 96	,069.14	Gross Receipts Sec	ond Group	\$	98,265.99	
<b>Base Rate Fee</b> First G	Group	\$ 1,	190.54	Base Rate Fee Sec	ond Group	\$	1,045.55	
TWEN	TY-THIRD	SUBSCRIBER GROU	JP	TWEN	TY-FOURTH	SUBSCRIBER GRO	UP	
COMMUNITY/ AREA	Crawfo	rd & Erie Countie	es, PA	COMMUNITY/ ARE	A Mercer C	County, PA		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
KDKA	0.25			WFXP	1.00			
				WICU	0.25			
				WJET	0.25			
				WQLN	0.25			
		-		WSEE	0.25			
		-						
		-						
		-						
Total DSEs	· ·		0.25	Total DSEs	I		2.00	
Gross Receipts Third (	Group	\$ 929	,660.66	Gross Receipts Fou	rth Group	\$ 2,1	00,758.20	
Base Rate Fee Third (	Group	\$ 2	472.90	Base Rate Fee Fou	rth Group	\$	37,078.38	
Base Rate Fee: Add the Enter here and in block			riber group	as shown in the boxe	s above.	\$		

	s, Inc.						34166	
BI	LOCK A: (	COMPUTATION OF	BASE RA	TE FEES FOR EAC	H SUBSCR	IBER GROUP		
TWEN	TY-FIFTH	SUBSCRIBER GROU	JP	TWE	NTY-SIXTH	SUBSCRIBER GRO	UP	_
COMMUNITY/ AREA	French	Creek Township	, PA	COMMUNITY/ AREA	Venang	o County, PA		9 Computat
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
WFXP	1.00							Base Rate
								and
								Syndicate
								Exclusivi
								Surcharg
						-		for
								Partially Distant
						<del> </del>		Stations
	<b>h</b>							Clations
	•	-						
	1							
		-						
Γotal DSEs			1.00	Total DSEs			0.00	
		Gross Receipts Seco	and Craun	\$	9,589.17			
noss Receipts First G	Toup	\$ 43,	,555.90	Gross Receipts Seco	ilia Group	<del>3</del>	9,309.17	
Base Rate Fee First G	roup	\$	463.20	Base Rate Fee Seco	nd Group	\$	0.00	
TWENTY-S	EVENTH	SUBSCRIBER GROU	JP	TWEN	TY-EIGHTH	SUBSCRIBER GRO	UP	
COMMUNITY/ AREA	Wester	n Erie & North Ce	entral Cr	COMMUNITY/ AREA	Morrow	County, OH		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
						-		
		-						
						-		
		-						
		-				-		
	<u> </u>							
			L					
otal DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	∂roup	s 51.	,441.66	Gross Receipts Four	th Group	\$ 4	31,435.82	
	•							
	Group	\$	0.00	Base Rate Fee Four	th Group	\$	0.00	
Base Rate Fee Third G	•		0.00		•	L'	0.00	
ase Rate Fee Third G			0.00				0.00	
Base Rate Fee Third G  Base Rate Fee: Add the Enter here and in block	ne base rat			as shown in the boxes		\$	5.50	

LEGAL NAME OF OWNE  Armstrong Utilitie		LE SYSTEM:				S	34166	Name
В		COMPUTATION OF SUBSCRIBER GRO		TE FEES FOR EAC		IBER GROUP SUBSCRIBER GRO	UP	•
COMMUNITY/ AREA	MMUNITY/ AREA Greenup, WV			COMMUNITY/ AREA Sandy Lake, PA				9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								Syndicated
								Exclusivity
								Surcharge for
								Partially
								Distant Stations
		-				-		
T			0.00	T / LD05			0.00	
Total DSEs 0.00				Total DSEs	d O		0.00	
Gross Receipts First G	roup	\$ 104	,824.39	Gross Receipts Sec	ona Group	\$ 1	31,013.81	
<b>Base Rate Fee</b> First G	roup	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
		SUBSCRIBER GRO	JP			SUBSCRIBER GRO	UP	
COMMUNITY/ AREA	Somers	set, PA		COMMUNITY/ AREA North Clarion, PA				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
						,		
		_						
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third (	Group	\$ 377	,057.85	Gross Receipts Fou	rth Group	\$ 3	42,625.06	
Base Rate Fee Third 0	Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
				<u>                                     </u>				
Base Rate Fee: Add the Enter here and in block			criber group	as shown in the boxe	s above.	\$	0.00	

Name								
		IBER GROUP	SUBSCRI	TE FEES FOR EACH				Bl
^	Р	FIFTH SUBSCRIBER GROUP SIXTH SUBSCRIBER GROUP		SUBSCRIBER GROUP		FIFTH		
9 Computa		r, OH	Andove	COMMUNITY/ AREA		ın, OH	Kinsma	COMMUNITY/ AREA
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate								
and							-	
Syndicat		H					•	
Exclusiv		H					•	
Surchar							-	
for								
Partiall								
Distan								
Station								
						-	<b>†</b>	
							<del> </del>	
							<b></b>	
	0.00			Total DSEs	0.00	_		otal DSEs
	3,211.85	\$ 7	d Group	Gross Receipts Second	396.49	\$ 56,	roup	Gross Receipts First G
	0.00	\$	d Group	Base Rate Fee Second	0.00	\$	roup	Base Rate Fee First G
		\$ SUBSCRIBER GROU		Base Rate Fee Second	I	\$ SUBSCRIBER GROU		
		SUBSCRIBER GROU	EIGHTH	Base Rate Fee Second COMMUNITY/ AREA	I		SEVENTH	
		SUBSCRIBER GROU	EIGHTH		I		SEVENTH	
	P	SUBSCRIBER GROU WV	EIGHTH <b>Hamlin</b> ,	COMMUNITY/ AREA	IP	ille, WV	SEVENTH Harrisv	SOMMUNITY/ AREA
	P	SUBSCRIBER GROU WV	EIGHTH <b>Hamlin</b> ,	COMMUNITY/ AREA	IP	ille, WV	SEVENTH Harrisv	SOMMUNITY/ AREA
	P	SUBSCRIBER GROU WV	EIGHTH <b>Hamlin</b> ,	COMMUNITY/ AREA	IP	ille, WV	SEVENTH Harrisv	COMMUNITY/ AREA
	P	SUBSCRIBER GROU WV	EIGHTH <b>Hamlin</b> ,	COMMUNITY/ AREA	IP	ille, WV	SEVENTH Harrisv	SOMMUNITY/ AREA
	P	SUBSCRIBER GROU WV	EIGHTH <b>Hamlin</b> ,	COMMUNITY/ AREA	IP	ille, WV	SEVENTH Harrisv	SOMMUNITY/ AREA
	P	SUBSCRIBER GROU WV	EIGHTH <b>Hamlin</b> ,	COMMUNITY/ AREA	IP	ille, WV	SEVENTH Harrisv	SOMMUNITY/ AREA
	P	SUBSCRIBER GROU WV	EIGHTH <b>Hamlin</b> ,	COMMUNITY/ AREA	IP	ille, WV	SEVENTH Harrisv	SOMMUNITY/ AREA
	P	SUBSCRIBER GROU WV	EIGHTH <b>Hamlin</b> ,	COMMUNITY/ AREA	IP	ille, WV	SEVENTH Harrisv	SOMMUNITY/ AREA
	P	SUBSCRIBER GROU WV	EIGHTH <b>Hamlin</b> ,	COMMUNITY/ AREA	IP	ille, WV	SEVENTH Harrisv	SOMMUNITY/ AREA
	P	SUBSCRIBER GROU WV	EIGHTH <b>Hamlin</b> ,	COMMUNITY/ AREA	IP	ille, WV	SEVENTH Harrisv	SOMMUNITY/ AREA
	P	SUBSCRIBER GROU WV	EIGHTH <b>Hamlin</b> ,	COMMUNITY/ AREA	IP	ille, WV	SEVENTH Harrisv	SOMMUNITY/ AREA
	P	SUBSCRIBER GROU WV	EIGHTH <b>Hamlin</b> ,	COMMUNITY/ AREA	IP	ille, WV	SEVENTH Harrisv	SOMMUNITY/ AREA
	P	SUBSCRIBER GROU WV	EIGHTH <b>Hamlin</b> ,	COMMUNITY/ AREA	IP	ille, WV	SEVENTH Harrisv	COMMUNITY/ AREA
	P	SUBSCRIBER GROU WV	EIGHTH <b>Hamlin</b> ,	COMMUNITY/ AREA	IP	ille, WV	SEVENTH Harrisv	COMMUNITY/ AREA
	P	SUBSCRIBER GROU WV	EIGHTH <b>Hamlin</b> ,	COMMUNITY/ AREA	IP	ille, WV	SEVENTH Harrisv	SOMMUNITY/ AREA
	P	SUBSCRIBER GROU WV	EIGHTH <b>Hamlin</b> ,	COMMUNITY/ AREA	IP	ille, WV	SEVENTH Harrisv	OMMUNITY/ AREA
	P	SUBSCRIBER GROU WV	EIGHTH <b>Hamlin</b> ,	COMMUNITY/ AREA	IP	ille, WV	SEVENTH Harrisv	CALL SIGN
	DSE	SUBSCRIBER GROU  WV  CALL SIGN	EIGHTH  Hamlin,  DSE	COMMUNITY/ AREA  CALL SIGN  Total DSEs	DSE O.00	CALL SIGN	DSE	CALL SIGN  CALL SIGN  Fotal DSEs
	DSE	SUBSCRIBER GROU  WV  CALL SIGN	EIGHTH  Hamlin,  DSE	COMMUNITY/ AREA  CALL SIGN	DSE	CALL SIGN	DSE	SOMMUNITY/ AREA

	34166	SY				LE SYSTEM:		LEGAL NAME OF OWNE  Armstrong Utilitie		
	P	ES FOR EACH SUBSCRIBER GROUP TENTH SUBSCRIBER GROUP			BLOCK A: COMPUTATION OF BASE RATE FEES NINTH SUBSCRIBER GROUP					
9 Computatio	COMMUNITY/ AREA Medina, OH					MMUNITY/ AREA Connellsville, PA				
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN		
Base Rate Fo										
Syndicated										
Exclusivity										
Surcharge for										
Partially						_				
Distant										
Stations										
	0.00			Total DSEs	0.00			Total DSEs		
	8,067.60	\$ 1,98	d Group	Gross Receipts Secon	186.96	\$ 3,429	roup	Gross Receipts First G		
	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	roup	<b>Base Rate Fee</b> First G		
	Р	SUBSCRIBER GROU			JP	SUBSCRIBER GROU				
	COMMUNITY/ AREA Butler/Zelie, PA					, OH	Orrville	COMMUNITY/ AREA		
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN		
						-				
			<b> </b>							
		<b>-</b>			1		,			
						-				
	0.00			Total DSEs	0.00			Total DSEs		
	0.00	\$ 10,76	Group	Total DSEs Gross Receipts Fourth	0.00	\$ 581,	Group	Total DSEs Gross Receipts Third (		

Name	STEM ID# 34166	SY			_	E SYSTEM:		LEGAL NAME OF OWNE  Armstrong Utilitie	
•	P	ATE FEES FOR EACH SUBSCRIBER GROUP FOURTEENTH SUBSCRIBER GROUP				COMPUTATION OF SUBSCRIBER GROU			
9 Computatio	COMMUNITY/ AREA Ashland OH					OMMUNITY/ AREA South Point, OH			
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	
Base Rate F									
Syndicated									
Exclusivity									
Surcharge for									
Partially									
Distant Stations									
Otations									
	0.00			Total DSEs	0.00	Total DSEs 0.00			
	8,926.72	\$ 1,89	d Group	Gross Receipts Secon	815.64	\$ 6,315,	roup	Gross Receipts First G	
	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	roup	Base Rate Fee First G	
		SUBSCRIBER GROUP				SUBSCRIBER GROU			
	COMMUNITY/ AREA Warren & Crawford Counties, PA			ties, PA	jo & Forest Coun	Venang	COMMUNITY/ AREA		
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	
						-			
	1								
	<mark></mark>				1				
	0.00			Total DSEs	0.00			Total DSEs	
	0.00 7,763.99	\$ 20	Group	Total DSEs Gross Receipts Fourth	0.00 081.33	\$ 1,778,	Group	Total DSEs Gross Receipts Third 0	

	34166						S, IIIC.	Armstrong Utilitie			
		IBER GROUP	SUBSCRI	TE FEES FOR EACH	BASE RA	COMPUTATION OF	OCK A: C	BI			
0		SUBSCRIBER GROUP				SUBSCRIBER GROU					
9 Computat	County, C	n Mahoning County, OH COMMUNITY/ AREA W. Mahoning & Trumbull County,		Mahoning County, OH COMMUNITY/ AREA W. Mahoning & Trumbull Co		COMMUNITY/ AREA W. Mahoning & Tr		lahoning County, OH COMMUNITY/ AREA W. Mahoning & T		Eastern	COMMUNITY/ AREA
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN			
Base Rate											
and											
Syndicat											
Exclusiv											
Surcharg											
for											
Partially											
Distant						-					
Station							-				
						-	<b>.</b>				
							•				
							<b> </b>				
		H					<b> </b>				
							<b> </b>				
	0.00			Total DSEs	0.00			Total DSEs			
		. 2.27			-	204					
	5,046.58	\$ 3,375	d Group	Gross Receipts Secon	210.74	\$ 394,	roup	Gross Receipts First G			
	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	roup	Base Rate Fee First G			
		\$ SUBSCRIBER GROUP				\$ SUBSCRIBER GROU					
		SUBSCRIBER GROUP	/ENTIETH		JP		NTEENTH	NIN			
		SUBSCRIBER GROUP	/ENTIETH	TV	JP		NTEENTH	NIN			
		SUBSCRIBER GROUF o Counties, PA	/ENTIETH Venango	TV COMMUNITY/ AREA	IP Ities, PA	& Lawrence Coun	Butler 8	NIP COMMUNITY/ AREA			
		SUBSCRIBER GROUF o Counties, PA	/ENTIETH Venango	TV COMMUNITY/ AREA	IP Ities, PA	& Lawrence Coun	Butler 8	NIP COMMUNITY/ AREA			
		SUBSCRIBER GROUF o Counties, PA	/ENTIETH Venango	TV COMMUNITY/ AREA	IP Ities, PA	& Lawrence Coun	Butler 8	NIP COMMUNITY/ AREA			
		SUBSCRIBER GROUF o Counties, PA	/ENTIETH Venango	TV COMMUNITY/ AREA	IP Ities, PA	& Lawrence Coun	Butler 8	NIP COMMUNITY/ AREA			
		SUBSCRIBER GROUF o Counties, PA	/ENTIETH Venango	TV COMMUNITY/ AREA	IP Ities, PA	& Lawrence Coun	Butler 8	NIP COMMUNITY/ AREA			
		SUBSCRIBER GROUF o Counties, PA	/ENTIETH Venango	TV COMMUNITY/ AREA	IP Ities, PA	& Lawrence Coun	Butler 8	NIP COMMUNITY/ AREA			
		SUBSCRIBER GROUF o Counties, PA	/ENTIETH Venango	TV COMMUNITY/ AREA	IP Ities, PA	& Lawrence Coun	Butler 8	NIP COMMUNITY/ AREA			
		SUBSCRIBER GROUF o Counties, PA	/ENTIETH Venango	TV COMMUNITY/ AREA	IP Ities, PA	& Lawrence Coun	Butler 8	NIP COMMUNITY/ AREA			
		SUBSCRIBER GROUF o Counties, PA	/ENTIETH Venango	TV COMMUNITY/ AREA	IP Ities, PA	& Lawrence Coun	Butler 8	NIP COMMUNITY/ AREA			
		SUBSCRIBER GROUF o Counties, PA	/ENTIETH Venango	TV COMMUNITY/ AREA	IP Ities, PA	& Lawrence Coun	Butler 8	NIP COMMUNITY/ AREA			
		SUBSCRIBER GROUF o Counties, PA	/ENTIETH Venango	TV COMMUNITY/ AREA	IP Ities, PA	& Lawrence Coun	Butler 8	NIP COMMUNITY/ AREA			
		SUBSCRIBER GROUF o Counties, PA	/ENTIETH Venango	TV COMMUNITY/ AREA	IP Ities, PA	& Lawrence Coun	Butler 8	COMMUNITY/ AREA			
		SUBSCRIBER GROUF o Counties, PA	/ENTIETH Venango	TV COMMUNITY/ AREA	IP Ities, PA	& Lawrence Coun	Butler 8	NIP COMMUNITY/ AREA			
		SUBSCRIBER GROUF o Counties, PA	/ENTIETH Venango	TV COMMUNITY/ AREA	IP Ities, PA	& Lawrence Coun	Butler 8	NIP COMMUNITY/ AREA			
		SUBSCRIBER GROUF o Counties, PA	/ENTIETH Venango	TV COMMUNITY/ AREA	IP Ities, PA	& Lawrence Coun	Butler 8	NIP COMMUNITY/ AREA			
	DSE	SUBSCRIBER GROUF o Counties, PA	/ENTIETH Venango	TV COMMUNITY/ AREA	DSE	& Lawrence Coun	Butler 8	NIP COMMUNITY/ AREA			
	DSE DSE O.00	SUBSCRIBER GROUP  CALL SIGN	/ENTIETH  Venango  DSE	CALL SIGN  CALL SIGN  Total DSEs	DSE  DSE  0.00	CALL SIGN	DSE	NIN COMMUNITY/ AREA  CALL SIGN  Fotal DSEs			
	DSE	SUBSCRIBER GROUP  CALL SIGN	/ENTIETH  Venango  DSE	CALL SIGN	DSE	CALL SIGN	DSE	NIII COMMUNITY/ AREA  CALL SIGN			

OND SUBSCRIBER GROUP  thern Mercer County, PA  Computation of Base Rate Fe and Syndicated Exclusivity Surcharge for Partially Distant Stations  0.00  98,265.99  AP  O.000  RTH SUBSCRIBER GROUP Ceer County, PA	EGAL NAME OF OWN		BLE SYSTEM:				S	34166	Name
thern Mercer County, PA  Computation of Base Rate Fe and Syndicated Exclusivity Surcharge for Partially Distant Stations  0.00  \$ 98,265.99  AP \$ 0.00  RTH SUBSCRIBER GROUP Ceer County, PA			: COMPUTATION OF						
Computation of Base Rate Fe and Syndicated Exclusivity Surcharge for Partially Distant Stations  O.00  98,265.99  RTH SUBSCRIBER GROUP Cer County, PA			T SUBSCRIBER GROU		TWENTY-SECOND SUBSCRIBER GROUP			0	
Base Rate Fe and Syndicated Exclusivity Surcharge for Partially Distant Stations  O.00  P 98,265.99  P 0.00  RTH SUBSCRIBER GROUP  Cer County, PA	COMMUNITY/ AREA	UNITY/ AREA North Central Mercer County, PA		unty, P	COMMUNITY/ AREA Southern Mercer County, PA			_	
and Syndicated Exclusivity Surcharge for Partially Distant Stations  0.00  19 \$ 98,265.99  1P \$ 0.00  RTH SUBSCRIBER GROUP  Ceer County, PA	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
Syndicated Exclusivity Surcharge for Partially Distant Stations  0.00 \$ 98,265.99  IP \$ 0.00  RTH SUBSCRIBER GROUP Cer County, PA									Base Rate Fe
Exclusivity Surcharge for Partially Distant Stations  0.00  ps 98,265.99  ps 0.00  RTH SUBSCRIBER GROUP Ceer County, PA									
Surcharge for Partially Distant Stations  0.00  p \$ 98,265.99  p \$ 0.00  RTH SUBSCRIBER GROUP  Cer County, PA									
O.00  Partially Distant Stations  0.00  Partially Distant Stations  0.00  Partially Distant Stations									=
Partially Distant Stations  0.00  Partially Distant Stations  0.00  Partially Distant Stations									_
Distant Stations  0.00  98,265.99  Propried to the state of the state							-		
0.00  p \$ 98,265.99  p \$ 0.00  RTH SUBSCRIBER GROUP  cer County, PA									_
\$ 98,265.99  UP \$ 0.00  RTH SUBSCRIBER GROUP  Cer County, PA									Stations
\$ 98,265.99  UP \$ 0.00  RTH SUBSCRIBER GROUP  Cer County, PA									
\$ 98,265.99  UP \$ 0.00  RTH SUBSCRIBER GROUP  Cer County, PA									
\$ 98,265.99  up \$ 0.00  RTH SUBSCRIBER GROUP  cer County, PA									
\$ 98,265.99  up \$ 0.00  RTH SUBSCRIBER GROUP  cer County, PA									
\$ 98,265.99  UP \$ 0.00  RTH SUBSCRIBER GROUP  Cer County, PA									
RTH SUBSCRIBER GROUP  cer County, PA	Γotal DSEs			0.00	Total DSEs		III	0.00	
RTH SUBSCRIBER GROUP  cer County, PA	Gross Receipts First G	Group	\$ 96,	069.14	Gross Receipts Seco	nd Group	\$	98,265.99	
RTH SUBSCRIBER GROUP  cer County, PA									
cer County, PA	Base Rate Fee First G	Group	\$	0.00	Base Rate Fee Seco	nd Group	\$	0.00	
	TWEN	TY-THIRD	D SUBSCRIBER GROU	IP	TWENT	TY-FOURTH	SUBSCRIBER GRO	UP	
E CALL SIGN DSE	COMMUNITY/ AREA	Crawfo	ford & Erie Countie	s, PA	COMMUNITY/ AREA	Mercer	County, PA		
	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
11									
0.00	Total DSEs			0.00	Total DSEs			0.00	
\$ <b>2,100,758.20</b>	Gross Receipts Third	Group	\$ 929,	660.66	Gross Receipts Fourt	th Group	\$ 2.1	00,758.20	
	•	•				•	,		
\$ 0.00	Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fourt	th Group	\$	0.00	

COUNTY, PA  CALL SIGN  CALL SIGN  DSE  Base Rate Fed and Syndicated Exclusivity Surcharge for Partially Distant Stations  0.00  9,589.17  SUBSCRIBER GROUP				E SYSTEM:		LEGAL NAME OF OWNE  Armstrong Utilitie
County, PA  CALL SIGN  DSE  Base Rate Fe and Syndicated Exclusivity Surcharge for Partially Distant Stations  0.00 \$ 9,589.17  \$ 0.00  SUBSCRIBER GROUP County, OH		TE FEES FOR EACH				
CALL SIGN DSE Base Rate Fe and Syndicated Exclusivity Surcharge for Partially Distant Stations  0.00 \$ 9,589.17  \$ 0.00  GUBSCRIBER GROUP County, OH	TWENTY-SIXTH SUBSCRIBER GROUP  COMMUNITY/ AREA Venango County, PA			ench Creek Township, PA		
Base Rate Fe and Syndicated Exclusivity Surcharge for Partially Distant Stations  0.00 \$ 9,589.17  \$ 0.00  GUBSCRIBER GROUP County, OH	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Syndicated Exclusivity Surcharge for Partially Distant Stations  0.00 \$ 9,589.17  \$ 0.00  SUBSCRIBER GROUP County, OH	DGL	O/LEE STOTA	562	ONLE GIGIN	DOL	O, LEE GIGIT
Exclusivity Surcharge for Partially Distant Stations  0.00 \$ 9,589.17  \$ 0.00  SUBSCRIBER GROUP County, OH				-		
Surcharge for Partially Distant Stations  0.00 \$ 9,589.17  \$ 0.00  GUBSCRIBER GROUP  County, OH				-	-	
for Partially Distant Stations  0.00 \$ 9,589.17  \$ 0.00  GUBSCRIBER GROUP  County, OH					_	
Partially Distant Stations  0.00 \$ 9,589.17  \$ 0.00  GUBSCRIBER GROUP  County, OH						
Distant Stations  0.00 \$ 9,589.17 \$ 0.00 SUBSCRIBER GROUP County, OH	<u></u>					
0.00 \$ 9,589.17 \$ 0.00 SUBSCRIBER GROUP	<u> </u>					
\$ 9,589.17 \$ 0.00  BUBSCRIBER GROUP County, OH						
\$ 9,589.17 \$ 0.00  BUBSCRIBER GROUP County, OH						
\$ 9,589.17 \$ 0.00  BUBSCRIBER GROUP County, OH						
\$ 9,589.17 \$ 0.00  BUBSCRIBER GROUP County, OH	···					
\$ 9,589.17 \$ 0.00  BUBSCRIBER GROUP County, OH						
\$ 9,589.17 \$ 0.00  BUBSCRIBER GROUP County, OH						
\$ 0.00  SUBSCRIBER GROUP  County, OH		Total DSEs	0.00			Total DSEs
SUBSCRIBER GROUP	nd Group	Gross Receipts Secon	533.90	\$ 43,	oup	Gross Receipts First G
SUBSCRIBER GROUP						
County, OH	nd Group	Base Rate Fee Secon	0.00	\$	oup	Base Rate Fee First G
				SUBSCRIBER GROU		
CALL SIGN DSE	Morrow (	COMMUNITY/ AREA	ntral Cr	n Erie & North Ce	Western	COMMUNITY/ AREA
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
	<u></u>					
	<u> </u>					
	<u> </u>					
	-				<b>.</b>	
					•	
0.00		Total DSEs	0.00			Total DSEs
\$ 431,435.82	n Group	Gross Receipts Fourth	441.66	\$ 51,	roup	Gross Receipts Third G
\$ 0.00	n Group	Base Rate Fee Fourth	0.00	\$	roup	Base Rate Fee Third G

FORM SA3E. PAGE 20.

	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#					
Name	Armstrong Utilities, Inc.	34166					
	BLOCK B: COMPUTATION OF SYNDICATED EXCLUS	IVITY SURCHARGE FOR EACH SUBSCRIBER GROUP					
9	If your cable system is located within a top 100 television market and Syndicated Exclusivity Surcharge. Indicate which major television may by section 76.5 of FCC rules in effect on June 24, 1981:	•					
Computation of	First 50 major television market	Second 50 major television market					
Base Rate Fee	INSTRUCTIONS:						
and	Step 1: In line 1, give the total DSEs by subscriber group for comme	ercial VHF Grade B contour stations listed in block A, part 9 of					
Syndicated Exclusivity	this schedule.  Step 2: In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were classified as Exempt DSEs in block C, part 7 of this schedule. If none enter zero.						
Surcharge for	Step 3: In line 3, subtract line 2 from line 1. This is the total number of						
Partially Distant Stations	Step 4: Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to sh your actual calculations on this form.						
	FIRST SUBSCRIBER GROUP	SECOND SUBSCRIBER GROUP					
	Line 4. Enterthe VIIIE DOE	Line 4. Enterthe VIIIE DOEs					
	Line 1: Enter the VHF DSEs Line 2: Enter the Exempt DSEs	Line 1: Enter the VHF DSEs Line 2: Enter the Exempt DSEs					
	Line 3: Subtract line 2 from line 1 and enter here. This is the	Line 3: Subtract line 2 from line 1 and enter here. This is the					
	total number of DSEs for	total number of DSEs for					
	this subscriber group subject to the surcharge	this subscriber group subject to the surcharge					
	computation	computation					
	SYNDICATED EXCLUSIVITY	SYNDICATED EXCLUSIVITY					
	SURCHARGE	SURCHARGE					
	First Group	Second Group					
	THIRD SUBSCRIBER GROUP FOURTH SUBSCRIBER GROUP						
	Line 1: Enter the VHF DSEs	Line 1: Enter the VHF DSEs					
	Line 2: Enter the Exempt DSEs	Line 2: Enter the Exempt DSEs					
	Line 3: Subtract line 2 from line 1	Line 3: Subtract line 2 from line 1					
	and enter here. This is the total number of DSEs for	and enter here. This is the total number of DSEs for					
	this subscriber group	this subscriber group					
	subject to the surcharge	subject to the surcharge					
	computation	computation					
	SYNDICATED EXCLUSIVITY SURCHARGE	SYNDICATED EXCLUSIVITY SURCHARGE					
	Third Group	Fourth Group					
	SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for ein the boxes above. Enter here and in block 4, line 2 of space L (page						

FORM SA3E. PAGE 20.

	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	Armstrong Utilities, Inc.	34166
	BLOCK B: COMPUTATION OF SYNDICATED EXCLUS	IVITY SURCHARGE FOR EACH SUBSCRIBER GROUP
<b>9</b> Computation	If your cable system is located within a top 100 television market and Syndicated Exclusivity Surcharge. Indicate which major television marby section 76.5 of FCC rules in effect on June 24, 1981:	
of	☐ First 50 major television market	Second 50 major television market
Base Rate Fee	INSTRUCTIONS:	
and	Step 1: In line 1, give the total DSEs by subscriber group for comme	ercial VHF Grade B contour stations listed in block A, part 9 of
Syndicated Exclusivity	this schedule.  Step 2: In line 2, give the total number of DSEs by subscriber group	for the VHF Grade B contour stations that were classified as
Surcharge	Exempt DSEs in block C, part 7 of this schedule. If none ent	
for Partially	Step 3: In line 3, subtract line 2 from line 1. This is the total number of Step 4: Compute the surcharge for each subscriber group using the	, ,
Distant		jures applicable to the particular group. You do not need to show
Stations	your actual calculations on this form.	
	FIFTH SUBSCRIBER GROUP	SIXTH SUBSCRIBER GROUP
	Line 1: Enter the VHF DSEs	Line 1: Enter the VHF DSEs
	Line 2: Enter the Exempt DSEs	Line 2: Enter the Exempt DSEs
	Line 3: Subtract line 2 from line 1	Line 3: Subtract line 2 from line 1
	and enter here. This is the	and enter here. This is the
	total number of DSEs for this subscriber group	total number of DSEs for this subscriber group
	subject to the surcharge	subject to the surcharge
	computation	computation
	SYNDICATED EXCLUSIVITY	SYNDICATED EXCLUSIVITY
	SURCHARGE	SURCHARGE
	First Group	Second Group
	SEVENTH SUBSCRIBER GROUP	EIGHTH SUBSCRIBER GROUP
	Line 1: Enter the VHF DSEs	Line 1: Enter the VHF DSEs
	Line 2: Enter the Exempt DSEs	Line 2: Enter the Exempt DSEs
	Line 3: Subtract line 2 from line 1	Line 3: Subtract line 2 from line 1
	and enter here. This is the total number of DSEs for	and enter here. This is the total number of DSEs for
	this subscriber group	this subscriber group
	subject to the surcharge	subject to the surcharge
	computation	computation
	SYNDICATED EXCLUSIVITY SURCHARGE	SYNDICATED EXCLUSIVITY SURCHARGE
	Third Group	Fourth Group \$
		<u> </u>
	SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for e	each subscriber group as shown
	in the boxes above. Enter here and in block 4, line 2 of space L (page	

FORM SA3E. PAGE 20.

	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	Armstrong Utilities, Inc.	34166
	BLOCK B: COMPUTATION OF SYNDICATED EXCLUS	IVITY SURCHARGE FOR EACH SUBSCRIBER GROUP
9	If your cable system is located within a top 100 television market and Syndicated Exclusivity Surcharge. Indicate which major television market by section 76.5 of FCC rules in effect on June 24, 1981:	•
Computation of	☐ First 50 major television market	Second 50 major television market
Base Rate Fee	INSTRUCTIONS:	
and	Step 1: In line 1, give the total DSEs by subscriber group for comme	ercial VHF Grade B contour stations listed in block A, part 9 of
Syndicated Exclusivity	this schedule.  Step 2: In line 2, give the total number of DSEs by subscriber group	for the VHF Grade B contour stations, that were classified as
Surcharge	Exempt DSEs in block C, part 7 of this schedule. If none ent	
for	Step 3: In line 3, subtract line 2 from line 1. This is the total number of	
Partially Distant Stations	Step 4: Compute the surcharge for each subscriber group using the schedule. In making this computation, use gross receipts fig your actual calculations on this form.	rormula outlined in block D, section 3 or 4 or part 7 of this jures applicable to the particular group. You do not need to show
	NINTH SUBSCRIBER GROUP	TENTH SUBSCRIBER GROUP
	Line 4. February MIF POF	Line A. Faller No. 1915 DOF
	Line 1: Enter the VHF DSEs	Line 1: Enter the VHF DSEs Line 2: Enter the Exempt DSEs
	Line 3: Subtract line 2 from line 1	Line 3: Subtract line 2 from line 1
	and enter here. This is the	and enter here. This is the
	total number of DSEs for	total number of DSEs for
	this subscriber group subject to the surcharge	this subscriber group subject to the surcharge
	computation	computation
	SYNDICATED EXCLUSIVITY	SYNDICATED EXCLUSIVITY
	SURCHARGE	SURCHARGE
	First Group	Second Group
	ELEVENTH SUBSCRIBER GROUP	TWELVTH SUBSCRIBER GROUP
	Line 1: Enter the VHF DSEs	Line 1: Enter the VHF DSEs
	Line 2: Enter the Exempt DSEs	Line 2: Enter the Exempt DSEs
	Line 3: Subtract line 2 from line 1 and enter here. This is the	Line 3: Subtract line 2 from line 1 and enter here. This is the
	total number of DSEs for	total number of DSEs for this subscriber group
	this subscriber group subject to the surcharge	subject to the surcharge
	computation	computation
	SYNDICATED EXCLUSIVITY	SYNDICATED EXCLUSIVITY
	SURCHARGE	SURCHARGE
	Third Group	Fourth Group
	SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for e in the boxes above. Enter here and in block 4, line 2 of space L (page	each subscriber group as shown

FORM SA3E. PAGE 20.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#					
Name	Armstrong Utilities, Inc.	34166					
	BLOCK B: COMPUTATION OF SYNDICATED EXCLUS	IVITY SURCHARGE FOR EACH SUBSCRIBER GROUP					
9	If your cable system is located within a top 100 television market and Syndicated Exclusivity Surcharge. Indicate which major television market system of the section 76.5 of FCC rules in effect on June 24, 1981:						
Computation of	☐ First 50 major television market	Second 50 major television market					
Base Rate Fee	INSTRUCTIONS:						
and	Step 1: In line 1, give the total DSEs by subscriber group for comme	rcial VHF Grade B contour stations listed in block A, part 9 of					
Syndicated Exclusivity	this schedule.  Step 2: In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were classified a						
Surcharge	Exempt DSEs in block C, part 7 of this schedule. If none ent	ter zero.					
for Partially	Step 3: In line 3, subtract line 2 from line 1. This is the total number of Step 4: Compute the surcharge for each subscriber group using the	·					
Distant Stations		ures applicable to the particular group. You do not need to show					
	THIRTEENTH SUBSCRIBER GROUP	FOURTEENTH SUBSCRIBER GROUP					
	Line 1: Enter the VHF DSEs	Line 1: Enter the VHF DSEs					
	Line 2: Enter the Exempt DSEs	Line 2: Enter the Exempt DSEs					
	Line 3: Subtract line 2 from line 1	Line 3: Subtract line 2 from line 1					
	and enter here. This is the total number of DSEs for	and enter here. This is the total number of DSEs for					
	this subscriber group	this subscriber group					
	subject to the surcharge	subject to the surcharge					
	computation	computation					
	SYNDICATED EXCLUSIVITY SURCHARGE	SYNDICATED EXCLUSIVITY					
	First Group	SURCHARGE Second Group					
	FIFTEENTH SUBSCRIBER GROUP	SIXTEENTH SUBSCRIBER GROUP					
	Line 1: Enter the VHF DSEs	Line 1: Enter the VHF DSEs					
	Line 2: Enter the Exempt DSEs	Line 2: Enter the Exempt DSEs					
	Line 3: Subtract line 2 from line 1 and enter here. This is the	Line 3: Subtract line 2 from line 1 and enter here. This is the					
	total number of DSEs for	total number of DSEs for					
	this subscriber group	this subscriber group					
	subject to the surcharge computation	subject to the surcharge computation					
	SYNDICATED EXCLUSIVITY	SYNDICATED EXCLUSIVITY					
	SURCHARGE	SURCHARGE					
	Third Group	Fourth Group					
	SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for e in the boxes above. Enter here and in block 4, line 2 of space L (page	each subscriber group as shown					

FORM SA3E. PAGE 20.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:  Armstrong Utilities, Inc.  3416		
9	BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP  If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you mus also compute a Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined		
Computation	by section 76.5 of FCC rules in effect on June 24, 1981:		
of Base Rate Fee and Syndicated Exclusivity Surcharge for Partially	INSTRUCTIONS:  Step 1: In line 1, give the total DSEs by subscriber group for comme this schedule.  Step 2: In line 2, give the total number of DSEs by subscriber group Exempt DSEs in block C, part 7 of this schedule. If none ent Step 3: In line 3, subtract line 2 from line 1. This is the total number of Step 4: Compute the surcharge for each subscriber group using the	for the VHF Grade B contour stations that were classified as ter zero. of DSEs used to compute the surcharge. formula outlined in block D, section 3 or 4 of part 7 of this	
Distant Stations			
	SEVENTEENTH SUBSCRIBER GROUP	EIGHTEENTH SUBSCRIBER GROUP	
	Line 1: Enter the VHF DSEs	Line 1: Enter the VHF DSEs	
	Line 2: Enter the Exempt DSEs	Line 2: Enter the Exempt DSEs	
	Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation	Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation	
	SYNDICATED EXCLUSIVITY SURCHARGE First Group	SYNDICATED EXCLUSIVITY SURCHARGE Second Group\$	
	NINEENTH SUBSCRIBER GROUP	TWENTYTH SUBSCRIBER GROUP	
	Line 1: Enter the VHF DSEs	Line 1: Enter the VHF DSEs	
	Line 2: Enter the Exempt DSEs  Line 3: Subtract line 2 from line 1	Line 2: Enter the Exempt DSEs  Line 3: Subtract line 2 from line 1	
	and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation	and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation	
	SYNDICATED EXCLUSIVITY SURCHARGE Third Group	SYNDICATED EXCLUSIVITY SURCHARGE Fourth Group	
	each subscriber group as shown		
1			

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BLOCK E. COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP  If your cable system is located within a lop 100 television market and the station is not exempt in Part 7, you mus also compute a Syndicated Evolusivity Surcharge. Indicate which major television market and the station is not exempt in Part 7, you mus also compute a Syndicated Evolusivity Surcharge.  Base Rate Fee and Syndicated Evolusivity Surcharge for an advantage of the Syndicated Evolusivity Surcharge for or Partially Surcharge for or Partially Stations  Stations  Stations  Stations  Stations  BLOCK E. ComPUTATION OF SYNDICATED Exclusivity Surcharge for or Partially Stations in the Syndicated Evolusivity Surcharge for or Partially Stations  Stations  Stations  Stations  TWENTY-FIRST SUBSCRIBER GROUP  Line 1: Einter the VHF DSEs	Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	
If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you mus also compute a Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined by a section 76.5 of FCC rules in effect on June 24, 1981:    Same	- Tunio	Armstrong Utilities, Inc. 341		
Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined by section 76.5 of FCC rules in effect on June 24, 1981:    First 50 major television market   Second 50 major tele		BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP		
and Syndicated Exclusivity Surcharge for Partially Distant Stations    TWENTY-FIRST SUBSCRIBER GROUP   Subscriber Group for the VHF Grade B contour stations is that were classified as Expert In line 3, give the total DSEs by subscriber group for the VHF Grade B contour stations that were classified as Expert DSEs in block C, part 7 of this schedule. If none enter zero.	9	Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined		
Base Rate Fea and Syndicated Exclusivity Surcharge for partially Distant Stations  Step 1: In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block A, part 9 of this schedule. Step 2: In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were classified as Exercise for Partially Distant Stations  Step 3: In line 2, give the total number of DSEs by subscriber group or the VHF Grade B contour stations that were classified as Exercise for Partially Distant Stations  Step 3: In line 2, give the total number of DSEs by subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show your actual calculations on this form.  TWENTY-FIRST SUBSCRIBER GROUP  Line 1: Enter the VHF DSEs. Line 2: Enter the Exempt DSEs. Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation.  SYNDICATED EXCLUSIVITY SURCHARGE First Group.  SynDICATED EXCLUSIVITY SURCHARGE Third Group.  SYNDICATED EXCLUSIVITY SURCHARGE Fourth Group as shown	=	□ First 50 major television market	☐ Second 50 major television market	
Exclusivity Surcharge for Parlially Distant Stations  Step 2: In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were classified as Exempt DSEs in block C, part 7 of this schedule. If none enter zero.  Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge.  Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge.  Step 4: Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show your actual calculations on this form.  TWENTY-FIRST SUBSCRIBER GROUP  Line 1: Enter the VHF DSEs  Line 2: Enter the Exempt DSEs  Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation  SYNDICATED EXCLUSIVITY SURCHARGE  First Group  \$ SYNDICATED EXCLUSIVITY SURCHARGE  Line 2: Enter the Exempt DSEs  Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation  SYNDICATED EXCLUSIVITY SURCHARGE  Time of our part of this subscriber group subject to the surcharge computation  SYNDICATED EXCLUSIVITY SURCHARGE  Third Group  \$ SYNDICATED EXCLUSIVITY SURCHARGE First Group as shown				
Exclusivity Surcharge for Partially Distant Stations  1 line 2, give the total number of DSEs by subscriber group for the VHF Grade Be contour stations that were classified as Exempl DSEs in block C, part of this schedule. In mose enter zero Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge.  TWENTY-FIRST SUBSCRIBER GROUP  TWENTY-SECOND SUBSCRIBER GROUP  Line 1: Enter the VHF DSEs.  Line 2: Enter the Exempt DSEs.  Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation.  SYNDICATED EXCLUSIVITY SURCHARGE First Group  SYNDICATED EXCLUSIVITY SURCHARGE Third Group  SYNDICATED EXCLUSIVITY SURCHARGE Fourth Group as shown		, ,	ercial VHF Grade B contour stations listed in block A, part 9 of	
Surcharge for Partially Distant Stations  Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge. Step 3: In line 3, subtract line 2 from line 3, subtract line 2 from line 1 and enter here. This is the total number of DSEs used to computation. SYNDICATED EXCLUSIVITY SURCHARGE  Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs to this subscriber group subject to the surcharge computation.  SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group subject to the surcharge computation.  SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as sbown	•		for the VHF Grade B contour stations that were classified as	
Step 4: Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show your actual calculations on this form.    TWENTY-FIRST SUBSCRIBER GROUP	Surcharge	Exempt DSEs in block C, part 7 of this schedule. If none ent	ter zero.	
Stations  Schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show your actual calculations on this form.  TWENTY-FIRST SUBSCRIBER GROUP  Line 1: Enter the VHF DSEs  Line 2: Enter the Exempt DSEs  Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation  SYNDICATED EXCLUSIVITY SURCHARGE First Group  Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation  SYNDICATED EXCLUSIVITY SURCHARGE Line 2: Enter the Exempt DSEs  Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation  SYNDICATED EXCLUSIVITY SURCHARGE Third Group  SYNDICATED EXCLUSIVITY SURCHARGE Third Group  SYNDICATED EXCLUSIVITY SURCHARGE Fourth Group  SYNDICATED EXCLUSIVITY SU				
Line 1: Enter the VHF DSEs	Distant	schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show		
Line 2: Enter the Exempt DSEs		TWENTY-FIRST SUBSCRIBER GROUP	TWENTY-SECOND SUBSCRIBER GROUP	
Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation	1	Line 1: Enter the VHF DSEs	Line 1: Enter the VHF DSEs	
and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation.  SYNDICATED EXCLUSIVITY SURCHARGE First Group.  Line 1: Enter the VHF DSEs. Line 2: Enter the Exempt DSEs. Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation.  SYNDICATED EXCLUSIVITY SURCHARGE First Group.  Line 1: Enter the VHF DSEs. Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation.  SYNDICATED EXCLUSIVITY SURCHARGE Third Group.  SYNDICATED EXCLUSIVITY SURCHARGE Fourth Group as shown		Line 2: Enter the Exempt DSEs	Line 2: Enter the Exempt DSEs	
total number of DSEs for this subscriber group subject to the surcharge computation				
this subscriber group subject to the surcharge computation				
computation				
SYNDICATED EXCLUSIVITY SURCHARGE First Group				
SURCHARGE First Group\$  TWENTY-THIRD SUBSCRIBER GROUP  Line 1: Enter the VHF DSEs Line 2: Enter the Exempt DSEs .  Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation		computation	computation	
First Group\$  Second Group\$  TWENTY-THIRD SUBSCRIBER GROUP  Line 1: Enter the VHF DSEs  Line 2: Enter the Exempt DSEs .  Line 3: Subtract line 2 from line 1  and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation				
Line 1: Enter the VHF DSEs		First Group	Second Group\$	
Line 2: Enter the Exempt DSEs.  Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation		TWENTY-THIRD SUBSCRIBER GROUP	TWENTY-FOURTH SUBSCRIBER GROUP	
Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation		Line 1: Enter the VHF DSEs	Line 1: Enter the VHF DSEs	
and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation		Line 2: Enter the Exempt DSEs	Line 2: Enter the Exempt DSEs	
total number of DSEs for this subscriber group subject to the surcharge computation				
subject to the surcharge computation				
computation		ů i	• .	
SYNDICATED EXCLUSIVITY SURCHARGE Third Group		,		
SURCHARGE Third Group\$ SURCHARGE Fourth Group\$  SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown				
SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown			SURCHARGE	
SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown in the boxes above. Enter here and in block 4, line 2 of space L (page 7)		Third Group	Fourth Group	
		SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for a in the boxes above. Enter here and in block 4, line 2 of space L (page	each subscriber group as shown 7)	

FORM SA3E. PAGE 20.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM IDA	
Numo	Armstrong Utilities, Inc. 341		
	BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP		
9	If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you must also compute a Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined by section 76.5 of FCC rules in effect on June 24, 1981:		
Computation of	☐ First 50 major television market	Second 50 major television market	
Base Rate Fee	INSTRUCTIONS:		
and	Step 1: In line 1, give the total DSEs by subscriber group for comme	ercial VHF Grade B contour stations listed in block A, part 9 of	
Syndicated Exclusivity	this schedule.  Step 2: In line 2, give the total number of DSEs by subscriber group.	for the VHF Grade B contour stations that were classified as	
Surcharge	Exempt DSEs in block C, part 7 of this schedule. If none ent	ter zero.	
for Partially	Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge.  Step 4: Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this		
Distant Stations	schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show your actual calculations on this form.		
	TWENTY-FIFTH SUBSCRIBER GROUP	TWENTY-SIXTH SUBSCRIBER GROUP	
	Line 1: Enter the VHF DSEs	Line 1: Enter the VHF DSEs	
	Line 2: Enter the Exempt DSEs	Line 2: Enter the Exempt DSEs	
	Line 3: Subtract line 2 from line 1	Line 3: Subtract line 2 from line 1	
	and enter here. This is the	and enter here. This is the	
	total number of DSEs for this subscriber group	total number of DSEs for this subscriber group	
	subject to the surcharge	subject to the surcharge	
	computation	computation	
	SYNDICATED EXCLUSIVITY	SYNDICATED EXCLUSIVITY	
	SURCHARGE First Group	SURCHARGE Second Group	
	TWENTY-SEVENTH SUBSCRIBER GROUP	TWENTY-EIGHTH SUBSCRIBER GROUP	
	Line 1: Enter the VHF DSEs	Line 1: Enter the VHF DSEs	
	Line 2: Enter the Exempt DSEs	Line 2: Enter the Exempt DSEs	
	Line 3: Subtract line 2 from line 1	Line 3: Subtract line 2 from line 1	
	and enter here. This is the total number of DSEs for	and enter here. This is the total number of DSEs for	
	this subscriber group	this subscriber group	
	subject to the surcharge computation	subject to the surcharge computation	
	SYNDICATED EXCLUSIVITY SURCHARGE	SYNDICATED EXCLUSIVITY SURCHARGE	
	Third Group	Fourth Group	
	SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for e in the boxes above. Enter here and in block 4, line 2 of space L (page	each subscriber group as shown 7)	