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 (202) 707-8150.

| Α                    | ACCOUNTING PERIOD COVERED BY THIS STATEMENT:   |  |                                       |                            |
|----------------------|--|--|---------------------------------------|----------------------------|
| Accounting<br>Period | 2022/2   |  |                                       |                            |
| B<br>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 account. Check here if this is the system's first filing. If not, enter the system's ID  LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM  Lumos Media Inc | ess of the cable system<br>or on the last day of the counting period | em<br>the accounting period should su |                            |
|                      |  |  |                                       | 3923620222<br>39236 2022/2 |
|                      | One Lumos Plaza<br>Waynesboro, VA 22980  |  |                                       |                            |
| С                    | INSTRUCTIONS: In line 1, give any business or trade names used to it names already appear in space B. In line 2, give the mailing address of   |  |                                       |                            |
| System               | 1 IDENTIFICATION OF CABLE SYSTEM:  | <u> </u>   | <del>-</del>                          |                            |
|                      | MAILING ADDRESS OF CABLE SYSTEM:  2 (Number, street, rural route, apartment, or suite number)  (City, town, state, zip code)   |  |                                       |                            |
| D                    | Instructions: For complete space D instructions, see page 1b. Identify   | only the first comr  | nunity served below and reli          | st on page 1b              |
| Area<br>Served       | with all communities.  CITY OR TOWN  | STATE  |                                       |                            |
| First                | Waynesboro   | VA   |                                       |                            |
| Community            | Below is a sample for reporting communities if you report multiple cha   | annel line-ups in S  | pace G.                               |                            |
|                      | CITY OR TOWN (SAMPLE)  | STATE  | CH LINE UP                            | SUB GRP#                   |
| Sample               | Alda   | MD   | A                                     | 1                          |
| _                    | Alliance   | MD   | В                                     | 2                          |
|                      | Gering   | MD   | В                                     | 3                          |

Privacy Act Notice: Section 111 of Title 17 of the United States Code authorizes the Copyright Office to collect the personally identifying information (PII) requested on 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 Office's public indexes and in search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal sufficiency of the filing, a determination that would be made by a court of law.

| FORM SA3E. PAGE 1b.  |                    |                     |              |   |
|--|--------------------|---------------------|--------------|---|
| LEGAL NAME OF OWNER OF CABLE SYSTEM:   |                    |                     | SYSTEM ID#   |   |
| Lumos Media Inc  |                    |                     | 39236        |   |
| Instructions: List each separate community served by the cable system. A "community"   | " is the same as a | a "community unit"  |              | <b>D</b>                                    |
| in FCC rules: "a separate and distinct community or municipal entity (including unincorporate)   |                    |                     |              | D   |
| areas and including single, discrete unincorporated areas." 47 C.F.R. §76.5(dd). The first areas areas areas areas areas.  |                    |                     | as a form    | Area  |
| of system identification hereafter known as the "first community." Please use it as the first  | -                  | =                   |              | Served                                      |
| <b>Note:</b> Entities and properties such as hotels, apartments, condominiums, or mobile hombelow the identified city or town.   | e parks should be  | e reported in pare  | ntheses      |   |
| If all communities receive the same complement of television broadcast stations (i.e., on  | e channel line-up  | for all), then eith | er associate |   |
| all communities with the channel line-up "A" in the appropriate column below or leave the  |                    |                     |              |   |
| on a partially distant or partially permitted basis in the DSE Schedule, associate each redesignated by a number (based on your reporting from Part 9).  | levant community   | with a subscriber   | group,       |   |
| When reporting the carriage of television broadcast stations on a community-by-comm | a subscriber grou  |                     |              |   |
| (based on your reporting from Part 9 of the DSE Schedule) in the appropriate columns b   | elow.              |                     |              |   |
| CITY OR TOWN   | STATE              | CH LINE UP          | SUB GRP#     |   |
| Waynesboro   | VA                 | Α                   |              | First                                       |
| Augusta County   | VA                 | Α                   |              | Community                                   |
| Harrisonburg   | VA                 | Α                   |              |   |
| City of Staunton   | VA                 | Α                   |              |   |
| Botetourt County   | VA                 | В                   |              |   |
| Clifton Forge  | VA                 | В                   |              | Continue to the continue of the             |
| Alleghany County   | VA<br>VA           | В                   |              | See instructions for additional information |
|  |                    |                     |              | on alphabetization.                         |
| Lynchburg  | VA                 | В                   |              | on diphabetization.                         |
| Covington  | VA                 | В                   |              |   |
| Bedford County   | VA                 | В                   |              |   |
| Albemarle County   | VA                 | Α                   |              | Add rows as necessary.                      |
|  |                    |                     |              | , au roms us necessury.                     |
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**ACCOUNTING PERIOD: 2022/2** FORM SA3E. PAGE 2. LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name 39236 **Lumos Media Inc** SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES E 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 Secondary Transmission 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 Service: Subscribers and down by categories of secondary transmission service. In general, you can compute the number of subscribers in Rates each category by counting the number of billings in that category (the number of persons or organizations charged separately for the particular service at the rate indicated—not the number of sets receiving service). Rate: Give the standard rate charged for each category of service. Include both the amount of the charge and the unit in which it is generally billed. (Example: "\$20/mth"). Summarize any standard rate variations within a particular rate category, but do not include discounts allowed for advance payment. Block 1: In the left-hand block in space E, the form lists the categories of secondary transmission service that cable systems most commonly provide to their subscribers. Give the number of subscribers and rate for each listed category that applies to your system. Note: Where an individual or organization is receiving service that falls under different categories, that person or entity should be counted as a subscriber in each applicable category. Example: a residential subscriber who pays extra for cable service to additional sets would be included in the count under "Service to the first set" and would be counted once again under "Service to additional set(s)." Block 2: If your cable system has rate categories for secondary transmission service that are different from those printed in block 1 (for example, tiers of services that include one or more secondary transmissions), list them, together with the number of subscribers and rates, in the right-hand block. A two- or three-word description of the service is sufficient. **BLOCK 1** BLOCK 2 NO. OF NO. OF CATEGORY OF SERVICE **SUBSCRIBERS RATE** CATEGORY OF SERVICE RATE **SUBSCRIBERS** Residential: 4,930 · Service to first set \$ 31.50 Service to additional set(s) • FM radio (if separate rate) Motel, hotel Commercial Converter Residential Non-residential 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 F 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 Services furnished at cost or (2) services or facilities furnished to nonsubscribers. Rate information should include both the Other Than amount of the charge and the unit in which it is usually billed. If any rates are charged on a variable per-program basis, Secondary enter only the letters "PP" in the rate column. Transmissions: 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 Rates 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.

|   |    | BLO   | CK 1                          |      | BLOCK 2             |      |
|---|----|-------|-------------------------------|------|---------------------|------|
| CATEGORY OF SERVICE                         |    | RATE  | CATEGORY OF SERVICE           | RATE | CATEGORY OF SERVICE | RATE |
| Continuing Services:                        |    |       | Installation: Non-residential |      |                     |      |
| • Pay cable                                 | \$ | 18.00 | Motel, hotel                  |      |                     |      |
| <ul> <li>Pay cable—add'l channel</li> </ul> | \$ | 16.00 | Commercial                    |      |                     |      |
| Fire protection                             |    |       | Pay cable                     |      |                     |      |
| Burglar protection                          |    |       | Pay cable-add'l channel       |      |                     |      |
| Installation: Residential                   |    |       | Fire protection               |      |                     |      |
| First set                                   | \$ | 48.75 | Burglar protection            |      |                     |      |
| Additional set(s)                           | \$ | 20.00 | Other services:               |      |                     |      |
| • FM radio (if separate rate)               |    |       | Reconnect                     |      |                     |      |
| • Converter                                 |    |       | Disconnect                    |      |                     |      |
|   |    |       | Outlet relocation             |      |                     |      |
|   |    |       | Move to new address           |      |                     |      |
|   |    |       |                               |      |                     |      |
|   |    |       |                               |      |                     |      |

| LIEGA MARE OF OWNER OF CASE SYSTEM  Lumos Media Inc  REMARY 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 PCC rules and regulations in effect on June 24, 1981, permitting the carriage of cortain network programs [seections 76,56(x)(2) and (4),76.8 (1)(x) and (4), 77.63 (1)(x) and (4), 77.63 (1) (call and (4), 77.63 (1) (call and (4), 77.63 (1)) (call and (4), 77.63 (1) (call and (4), 77.63 (1)) (call and (4), 77.63 (1) (call and (4), 77.63 (1)) (call and (4), 77.63 ( | FORM SA3E. PAGE 3   |   |   |  |   |   | ,[                       |
|--|---|---|---|--|---|---|--------------------------|
| Remary 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, 1881, permitting the carriage of certain network programs [sections 76,56(4)(2) and (4),76.6 (16)(2) and (4),97.6 (6) (2) and (4),97.6 (6) (4) and (4),97.6 (6) (4) and (4),97.6 (6) (4) and (4),97.6 (6) (4) and (4),97.6 (4) (4) (4) (4) (4) (4) (4) (4) (4) (4)   |   |   | YSTEM:  |  |   | SYSTEM ID#  | Namo                     |
| 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 PCC rules and regulations in effect on June 24, 1851, permitting the carriage of certain network programs beclicits on the part of the  | Lumos Media   | Inc   |   |  |   | 39236   |                          |
| Course of the pyour 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, 1985, permitting the carriage of certain network programs psections 76.55(4(2)) and (4), 76.61(e)(2) and 76.61(e | PRIMARY TRANSMIT  | TERS: TELEVISI  | ON  |  |   |   |                          |
| Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.  CHANNEL LINE-UP AA  1. CALL SIGN CHANNEL SIGN CHANNEL SIGN CHANNEL OF CHANNEL OF CHANNEL OF STATION OF CARRIAGE (If Distant) OF CARRIAGE OF CARRIAGE OF OF CARRIAGE (If Distant) OF CARRIAGE (If Distant) OF CARRIAGE OF CARRIAGE OF OF CARRIAGE OF OF CARRIAGE (If Distant) OF CARRIAGE OF OF CARRIAGE OF OF CARRIAGE OF OF CARRIAGE OF OF CARRIAGE (If Distant) OF CARRIAGE OF OF OF CARRIAGE OF OF CARRIAGE OF OF OF CARRIAGE OF   | In General: In space carried by your cable FCC rules and regul 76.59(d)(2) and (4), substitute program be Substitute Passis basis under specific • Do not list the station was carrie • List the station was carrie • List the station here basis. For further in the paper SA3 Column 1: List e each multicast strea cast stream as "WE" WETA-simulcast). Column 2: Give its community of lice on which your cable Column 3: Indicated and station, (for independent mu For the meaning of the Column 5: If you cable system carried the distant stream as "Golumn 5: If you cable system carried the distant stream as written agreement of a written agreement of the see the cable system and tion "E" (exempt). For explanation of these | e G, identify ever e system during to ations in effect on 76.61(e)(2) and pasis, as explaines <b>Stations</b> : With FCC rules, regulon here in space ed only on a subse, and also in spainformation conform.  ach station's call m associated with TA-2". Simulcast the channel numbers. For example system carried to ate in each case by entering the letticast), "E" (for in hese terms, see station is outsidervice area, see phave entered "Y at the distant statication on a part-tipesion of a distant entered into conformity of a primary transport simulcasts, also three categories | y television signer accounting a counting a | g period, excep g period, excep 181, permitting to 76.6 paragraph. It is paragraph is paragraph. It is paragraph is paragraph. It is paragraph | t (1) stations carriche carriage of cers (e)(e)(2) and (4))]; s carried by your the Special Statend do both on a substant, see page (v) on program service ver-the-air design column 1 (list each the television statington, D.C. This pork station, an incomplete column 5 (for network multipor "E-M" (for noncictions located in the distant"), enter "Ye tions located in the program of the column 5 (incl. Indicate by eleactivated channel subject to a royal etween a cable system of the prime channel on any constructions located in the prime channel | ied only on a part-time basis under retain network programs [sections and (2) certain stations carried on a cable system on a substitute program ment and Program Log)—if the stitute basis and also on some other of the general instructions located es such as HBO, ESPN, etc. Identify ation. For example, report multich stream separately; for example stion for broadcasting over-the-air in a may be different from the channel dependent station, or a noncommercial ideast), "I" (for independent), "I-M" commercial educational multicast). The paper SA3 form. (es". If not, enter "No". For an experience and stating the basis on which your intering "LAC" if your cable system I capacity. The ty payment because it is the subject system or an association representing ary transmitter, enter the designative ted in the paper SA3 form. | Primary<br>Transmitters: |
| CHANNEL LINE-UP   AA   | FCC. For Mexican o  | r Canadian statio   | ons, if any, giv  | e the name of t  | he community wi   | th which the station is identified.   |                          |
| SIGN         CHANNEL NUMBER         OF STATION         (Yes or No)         CARRIAGE (If Distant)         Additional Information   | Note. If you are utilize  | zing multiple cha   |   | •  | •   | п спапнен ше-ир.  |                          |
| WHSVDT2         49 (3.2)         I         No         HARRISONBURG           WHSV         49 (3.1)         N         No         HARRISONBURG           WSVW-LD         30.1         N         No         HARRISONBURG           WSVFLD2         43         N         No         HARRISONBURG           WHSVDT3         49 (3.4)         I-M         No         HARRISONBURG           WVPTDT3         51.3         E-M         No         HARRISONBURG           WVPTDT2         51.2         E         No         HARRISONBURG           CW+         30.2         I-M         No         HARRISONBURG           WHSVCAB         NA         I-M         No         HARRISONBURG           EPGEDUC         NA         E         No         WAYNESBORO   | 1. CALL   | 2. B'CAST   | 3. TYPE   | 4. DISTANT?  | 5. BASIS OF   | 6. LOCATION OF STATION  |                          |
| WHSVDT2         49 (3.2)         I         No         HARRISONBURG           WHSV         49 (3.1)         N         No         HARRISONBURG         See instructions for additional information on alphabetization.           WSVW-LD         30.1         N         No         HARRISONBURG           WHSVDT3         49 (3.4)         I-M         No         HARRISONBURG           WVPTDT3         51.3         E-M         No         HARRISONBURG           WVPT         51         E         No         HARRISONBURG           WVPTDT2         51.2         E         No         HARRISONBURG           CW+         30.2         I-M         No         HARRISONBURG           WHSVCAB         NA         I-M         No         HARRISONBURG           EPGEDUC         NA         E         No         WAYNESBORO  | SIGN  | -   | _   | (Yes or No)  |   |   |                          |
| WHSV         49 (3.1         N         No         HARRISONBURG         See instructions for additional information additional information on alphabetization.           WSVFLD2         43         N         No         HARRISONBURG           WHSVDT3         49 (3.4)         I-M         No         HARRISONBURG           WVPTDT3         51.3         E-M         No         HARRISONBURG           WVPTDT2         51         E         No         HARRISONBURG           WVPTDT2         51.2         E         No         HARRISONBURG           WHSVCAB         NA         I-M         No         HARRISONBURG           EPGEDUC         NA         E         No         WAYNESBORO   |   | NUMBER  | STATION   |  | (If Distant)  |   |                          |
| WSVW-LD         30.1         N         No         HARRISONBURG         additional information on alphabetization.           WSVFLD2         43         N         No         HARRISONBURG           WHSVDT3         49 (3.4)         I-M         No         HARRISONBURG           WVPTDT3         51.3         E-M         No         HARRISONBURG           WVPTDT2         51.2         E         No         HARRISONBURG           CW+         30.2         I-M         No         HARRISONBURG           WHSVCAB         NA         I-M         No         HARRISONBURG           EPGEDUC         NA         E         No         WAYNESBORO   | WHSVDT2   | 49 (3.2)  | I   | No   |   | HARRISONBURG  |                          |
| WSVFLD2         43         N         No         HARRISONBURG           WHSVDT3         49 (3.4)         I-M         No         HARRISONBURG           WVPTDT3         51.3         E-M         No         HARRISONBURG           WVPT         51         E         No         HARRISONBURG           WVPTDT2         51.2         E         No         HARRISONBURG           CW+         30.2         I-M         No         HARRISONBURG           WHSVCAB         NA         I-M         No         HARRISONBURG           EPGEDUC         NA         E         No         WAYNESBORO   | WHSV  | 49 (3.1   | N   | No   |   | HARRISONBURG  | See instructions for     |
| WSVFLD2         43         N         No         HARRISONBURG           WHSVDT3         49 (3.4)         I-M         No         HARRISONBURG           WVPTDT3         51.3         E-M         No         HARRISONBURG           WVPT         51         E         No         HARRISONBURG           WVPTDT2         51.2         E         No         HARRISONBURG           CW+         30.2         I-M         No         HARRISONBURG           WHSVCAB         NA         I-M         No         HARRISONBURG           EPGEDUC         NA         E         No         WAYNESBORO   | WSVW-LD   | 30.1  | N   | No   |   | HARRISONBURG  |                          |
| WVPTDT3         51.3         E-M         No         HARRISONBURG           WVPT         51         E         No         HARRISONBURG           WVPTDT2         51.2         E         No         HARRISONBURG           CW+         30.2         I-M         No         HARRISONBURG           WHSVCAB         NA         I-M         No         HARRISONBURG           EPGEDUC         NA         E         No         WAYNESBORO   | WSVFLD2   | 43  | N   | No   |   | HARRISONBURG  |                          |
| WVPT         51         E         No         HARRISONBURG           WVPTDT2         51.2         E         No         HARRISONBURG           CW+         30.2         I-M         No         HARRISONBURG           WHSVCAB         NA         I-M         No         HARRISONBURG           EPGEDUC         NA         E         No         WAYNESBORO  | WHSVDT3   | 49 (3.4)  | I-M   | No   |   | HARRISONBURG  |                          |
| WVPTDT2         51.2         E         No         HARRISONBURG           CW+         30.2         I-M         No         HARRISONBURG           WHSVCAB         NA         I-M         No         HARRISONBURG           EPGEDUC         NA         E         No         WAYNESBORO  | WVPTDT3   | 51.3  | E-M   | No   |   | HARRISONBURG  |                          |
| CW+         30.2         I-M         No         HARRISONBURG           WHSVCAB         NA         I-M         No         HARRISONBURG           EPGEDUC         NA         E         No         WAYNESBORO   | WVPT  | 51  | E   | No   |   | HARRISONBURG  |                          |
| WHSVCAB     NA     I-M     No     HARRISONBURG       EPGEDUC     NA     E     No     WAYNESBORO  | WVPTDT2   | 51.2  | E   | No   |   | HARRISONBURG  |                          |
| WHSVCAB     NA     I-M     No     HARRISONBURG       EPGEDUC     NA     E     No     WAYNESBORO  | CW+   | 30.2  | I-M   | No   |   | HARRISONBURG  |                          |
| EPGEDUC NA E No WAYNESBORO   | WHSVCAB   | NA  | I-M   | No   |   | HARRISONBURG  |                          |
|  |   | ·····   |   |  |   |   |                          |
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Legal name of owner of cable system:

Lumos Media Inc

SYSTEM ID#
Name

#### PRIMARY TRANSMITTERS: TELEVISION

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

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

- Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis.
- List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located 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 multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast).

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

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

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

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

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

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

| CHANNEL LINE-UP AB |                                |                          |                            |   |                        |  |  |  |  |
|--------------------|--------------------------------|--------------------------|----------------------------|---|------------------------|--|--|--|--|
| 1. CALL<br>SIGN    | 2. B'CAST<br>CHANNEL<br>NUMBER | 3. TYPE<br>OF<br>STATION | 4. DISTANT?<br>(Yes or No) | 5. BASIS OF<br>CARRIAGE<br>(If Distant) | 6. LOCATION OF STATION |  |  |  |  |
| EPGEA              | NA                             | Е                        | No                         |   | LYNCHBURG              |  |  |  |  |
| WWCW-HD            | 21.1                           | I                        | No                         |   | ROANOKE                |  |  |  |  |
| WDBJDT2            | 7.2                            | I-M                      | No                         |   | ROANOKE                |  |  |  |  |
| WDBJ               | 7.1                            | N                        | No                         |   | ROANOKE                |  |  |  |  |
| WFXR-HD            | 27.1                           | I                        | No                         |   | ROANOKE                |  |  |  |  |
| DECADES            | 7.3                            | N-M                      | No                         |   | ROANOKE                |  |  |  |  |
| WSLS               | 10.1                           | N                        | No                         |   | ROANOKE                |  |  |  |  |
| WPXR               | 36                             | I                        | No                         |   | ROANOKE                |  |  |  |  |
| WSET               | 13.1                           | N                        | No                         |   | LYNCHBURG              |  |  |  |  |
| EPGGAL             | NA                             | E                        | No                         |   | LYNCHBURG              |  |  |  |  |
| WBRA               | 15                             | E                        | No                         |   | ROANOKE                |  |  |  |  |
| WBRADT3            | 15.3                           | E-M                      | No                         |   | ROANOKE                |  |  |  |  |
| SWVAPTV            | 15.2                           | E-M                      | No                         |   | ROANOKE                |  |  |  |  |
| BOUNCE             | 27.3                           | I-M                      | No                         |   | ROANOKE                |  |  |  |  |
| WSETDT2            | 13.2                           | I-M                      | No                         |   | LYNCHBURG              |  |  |  |  |
| WSLSDT3            | 10.3                           | I-M                      | No                         |   | ROANOKE                |  |  |  |  |
| WSLSDT2            | 10.2                           | I-M                      | No                         |   | ROANOKE                |  |  |  |  |
| COMET              | 13.3                           | I-M                      | No                         |   | LYNCHBURG              |  |  |  |  |

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Primary Transmitters: Television

| FORM SA3E. PAGE 3.   |  |  |  |  | <del>,</del>   |  |
|--|--|--|--|--|--|--|
| LEGAL NAME OF OWN  | NER OF CABLE S   | YSTEM:   |  |  | SYSTEM ID#   | Name                                   |
| Lumos Media I  | nc   |  |  |  | 39236  |  |
| PRIMARY TRANSMITT  | ERS: TELEVISION  | ON   |  |  |  |  |
| In General: In space carried by your cable services and regular 76.59(d)(2) and (4), 76 substitute program basubstitute program basubstitute program basubstitute Basis sunder specifc FC Do not list the station station was carried List the station here, basis. For further in the paper SA3 fc Column 1: List eace and multicast stream cast stream as "WETA-simulcast). Column 2: Give thits community of licenson which your cable services on which your cable services and station, by (for independent multifor the meaning of the Column 4: If the suble system carried the distant stat For the retransmiss of a written agreemen the cable system and | G, identify ever system during to ions in effect on 3.61(e)(2) and (sis, as explaine Stations: With CC rules, regular here in space only on a substand also in spanformation concern.  Ch station's call associated with associated with associated with a carried the in each case of the cast), "E" (for neach case, we entering the lecast), "E" (for neach case of the cas | y television state accounting in June 24, 19 4), or 76.63 (ad in the next respect to any attons, or authors, accell, if the state accounting substitute basis.  I sign. Do not the account of the station account of the station.  I whether the state "N" (for noncommercial page (v) of the the local ser age (v) of the the local ser in column on during the me basis becommended in the station or before Jumitter or an account of the station or before Jumitter or an account of the station or before Jumitter or an account of the station or before Jumitter or an account of the station or before Jumitter or an account of the station or the station of the sta | g period, exception of the period of the per | t (1) stations carrie the carriage of cert carriage of cert carried by your of the Special Statem the Special Statem d both on a substitute, see page (v) of the program service ter-the-air designate column 1 (list each the television state hington, D.C. This tork station, an inde (for network multic tor "E-M" (for nonce dictions located in the distant"), enter "You tions located in the mplete column 5, od. Indicate by en activated channel subject to a royalty etween a cable sy esenting the prima | es". If not, enter "No". For an ex-<br>e paper SA3 form.<br>stating the basis on which your<br>tering "LAC" if your cable system | Primary<br>Transmitters:<br>Television |
| explanation of these the Column 6: Give the  | nree categories<br>e location of ea<br>Canadian static   | , see page (v<br>ch station. Fo<br>ns, if any, giv   | ) of the general<br>or U.S. stations,<br>re the name of t  | instructions locate<br>list the community<br>he community with   | ed in the paper SA3 form.  y to which the station is licensed by the n which the station is identifed.                           |  |
|  |  | CHANN  | EL LINE-UP   | AC   |  |  |
| 1. CALL<br>SIGN  | 2. B'CAST<br>CHANNEL<br>NUMBER   | 3. TYPE<br>OF<br>STATION   | 4. DISTANT?<br>(Yes or No)   | 5. BASIS OF<br>CARRIAGE<br>(If Distant)  | 6. LOCATION OF STATION   |  |
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| FORM SA3E. PAGE 3.  |   |   |  |  |   |      |  |  |
|---|---|---|--|--|---|------|--|--|
| LEGAL NAME OF OWN   | IER OF CABLE S  | YSTEM:  |  |  | SYSTEM ID#  | Name |  |  |
| Lumos Media I   | nc  |   |  |  | 39236   |      |  |  |
| PRIMARY TRANSMITTI  | ERS: TELEVISION   | ON  |  |  |   |      |  |  |
| Remary 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 other 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 multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast).  Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station.  Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), |   |   |  |  |   |      |  |  |
| the cable system and a<br>tion "E" (exempt). For<br>explanation of these th<br><b>Column 6:</b> Give the  | a primary trans<br>simulcasts, alsousee categories<br>e location of ea<br>Canadian static | mitter or an a<br>o enter "E". If<br>, see page (v<br>ch station. Fo<br>ns, if any, giv<br>nnel line-ups, | ssociation repre<br>you carried the<br>) of the general<br>or U.S. stations,<br>re the name of the<br>use a separate | esenting the prima<br>channel on any o<br>instructions locate<br>list the community<br>he community with<br>space G for each | ry transmitter, enter the designa-<br>ther basis, enter "O." For a further<br>ed in the paper SA3 form.<br>y to which the station is licensed by the<br>n which the station is identifed. |      |  |  |
|   | •   | CHANN   | EL LINE-UP   | AD   |   |      |  |  |
| 1. CALL<br>SIGN   | 2. B'CAST<br>CHANNEL<br>NUMBER  | 3. TYPE<br>OF<br>STATION  | 4. DISTANT?<br>(Yes or No)   | 5. BASIS OF<br>CARRIAGE<br>(If Distant)  | 6. LOCATION OF STATION  |      |  |  |
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| FORM SA3E. PAGE 3.  |   |  |  |  |   |      |  |  |  |
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| LEGAL NAME OF OWN   | IER OF CABLE S  | YSTEM:   |  |  | SYSTEM ID#  | Name |  |  |  |
| Lumos Media I   | nc  |  |  |  | 39236   |      |  |  |  |
| PRIMARY TRANSMITTI  | ERS: TELEVISION   | ON   |  |  |   |      |  |  |  |
| Remary 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 other 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 multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast).  Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station.  Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" |   |  |  |  |   |      |  |  |  |
| the cable system and a<br>tion "E" (exempt). For<br>explanation of these th<br><b>Column 6:</b> Give the  | a primary trans<br>simulcasts, alsousee categories<br>e location of ea<br>Canadian static | mitter or an a<br>o enter "E". If<br>, see page (v<br>ch station. Fo<br>ons, if any, giv | ssociation repre<br>you carried the<br>) of the general<br>or U.S. stations,<br>re the name of the | esenting the prima<br>channel on any of<br>instructions locate<br>list the community<br>the community with | ry transmitter, enter the designa-<br>ther basis, enter "O." For a further<br>ed in the paper SA3 form.<br>y to which the station is licensed by the<br>n which the station is identifed. |      |  |  |  |
|   |   | CHANN  | EL LINE-UP   | AE   |   |      |  |  |  |
| 1. CALL<br>SIGN   | 2. B'CAST<br>CHANNEL<br>NUMBER  | 3. TYPE<br>OF<br>STATION   | 4. DISTANT?<br>(Yes or No)   | 5. BASIS OF<br>CARRIAGE<br>(If Distant)  | 6. LOCATION OF STATION  |      |  |  |  |
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| FORM SA3E. PAGE 3.   |   |  |  |  |   |      |  |  |
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| LEGAL NAME OF OWN  | IER OF CABLE S  | YSTEM:   |  |  | SYSTEM ID#  | Name |  |  |
| Lumos Media I  | nc  |  |  |  | 39236   |      |  |  |
| PRIMARY TRANSMITTI   | ERS: TELEVISION   | ON   |  |  |   |      |  |  |
| Remark 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 specifc FCC rules, regulations, or authorizations:  Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis.  List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located 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 multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast).  Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station.  Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" ( |   |  |  |  |   |      |  |  |
| the cable system and a<br>tion "E" (exempt). For<br>explanation of these th<br><b>Column 6:</b> Give the   | a primary trans<br>simulcasts, alsousee categories<br>e location of ea<br>Canadian static | mitter or an a<br>o enter "E". If<br>, see page (v<br>ch station. Fo<br>ons, if any, giv | ssociation repre<br>you carried the<br>) of the general<br>or U.S. stations,<br>re the name of the | esenting the prima<br>channel on any o<br>instructions locate<br>list the community<br>he community with | ry transmitter, enter the designa-<br>ther basis, enter "O." For a further<br>ed in the paper SA3 form.<br>y to which the station is licensed by the<br>n which the station is identifed. |      |  |  |
|  |   | CHANN  | EL LINE-UP   | AF   |   |      |  |  |
| 1. CALL<br>SIGN  | 2. B'CAST<br>CHANNEL<br>NUMBER  | 3. TYPE<br>OF<br>STATION   | 4. DISTANT?<br>(Yes or No)   | 5. BASIS OF<br>CARRIAGE<br>(If Distant)  | 6. LOCATION OF STATION  |      |  |  |
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| FORM SA3E. PAGE  | 3.  |   |  |   | <del>,</del>  |                                    |
|--|---|---|--|---|---|------------------------------------|
| LEGAL NAME OF O  | WNER OF CABLE S   | YSTEM:  |  |   | SYSTEM ID#  | Name                               |
| Lumos Media  | Inc   |   |  |   | 39236   |                                    |
| PRIMARY TRANSMI  | TTERS: TELEVISION   | ON  |  |   |   |                                    |
| In General: In space carried by your cabl FCC rules and regul 76.59(d)(2) and (4), substitute program Substitute program Substitute program basis under specife. Do not list the station was carrie. List the station was carrie. List the station her basis. For further in the paper SA3 Column 1: List each multicast streacast stream as "WE WETA-simulcast). Column 2: Give its community of lice on which your cable Column 3: Indiceducational station, (for independent multiple for the meaning of Column 4: If the planation of local second control of column 5: If you cable system carried the distant second control of column second control of carried the distant second car | e G, identify ever e system during to lations in effect on 76.61(e)(2) and loasis, as explaines Stations: With FCC rules, regulation here in space ed only on a subset, and also in spaniformation conform.  If a spaniformation is called a spaniformation. The spaniformation is called a spaniformation is called a spaniformation is called a spaniformation is called a spaniformation. The spaniformation is called a spaniformation is called a spaniformatic in each case in | y television si he accounting in June 24, 19 (4), or 76.63 (4d in the next respect to an attions, or auth G—but do listitute basis. ace I, if the stateming substitute substitute basis berear the FCC I be, WRC is Chapter the station. Whether the setter "N" (for noncommercial page (v) of the age (v) of the es" in column on during the me basis bect multicast streams to the station of the column on during the me basis bect multicast streams to account to the station of the column on during the me basis bect multicast streams in June 24, 19 (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) | g period, exception graph and the permitting the referring to 76.6 paragraph. It is paragraph. It is pace I (the ation was carried tute basis station report origination coording to its own to be reported in the period of the p | t (1) stations carrie the carriage of cert state) (2) and (4))]; s carried by your of the Special Statem d both on a substitute, see page (v) of the program service ver-the-air designate column 1 (list eact the television state hington, D.C. This bork station, an inde (for network multic tor "E-M" (for noncoluctions located in the distant"), enter "Ye tions located in the mplete column 5, od. Indicate by en activated channel subject to a royalty | es". If not, enter "No". For an ex-<br>e paper SA3 form.<br>stating the basis on which your<br>tering "LAC" if your cable system  | G Primary Transmitters: Television |
| the cable system ar<br>tion "E" (exempt). F<br>explanation of these<br><b>Column 6:</b> Give   | d a primary trans or simulcasts, als three categories the location of ea or Canadian statio   | mitter or an a<br>o enter "E". If<br>, see page (v<br>ich station. Fo<br>ons, if any, giv   | ssociation repre<br>you carried the<br>) of the general<br>or U.S. stations,<br>we the name of t   | esenting the prima<br>channel on any o<br>instructions locate<br>list the community<br>he community with  | ry transmitter, enter the designa-<br>ther basis, enter "O." For a further<br>ed in the paper SA3 form.<br>y to which the station is licensed by the<br>n which the station is identifed. |                                    |
|  |   | CHANN   | EL LINE-UP   | AG  |   |                                    |
| 1. CALL<br>SIGN  | 2. B'CAST<br>CHANNEL<br>NUMBER  | 3. TYPE<br>OF<br>STATION  | 4. DISTANT?<br>(Yes or No)   | 5. BASIS OF<br>CARRIAGE<br>(If Distant)   | 6. LOCATION OF STATION  |                                    |
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| FORM SA3E. PAGE 3.  |  |   |  |  |  |                                    |
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| LEGAL NAME OF OWN   | NER OF CABLE S   | /STEM:  |  |  | SYSTEM ID#   | Name                               |
| Lumos Media I   | nc   |   |  |  | 39236  |                                    |
| PRIMARY TRANSMITT   | ERS: TELEVISION  | ON  |  |  |  |                                    |
| In General: In space carried by your cable s FCC rules and regular 76.59(d)(2) and (4), 76 substitute program ba Substitute Basis s 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 s Column 3: Indicate educational station, by (for independent multi For the meaning of the Column 5: If you 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 | G, identify ever system during to ions in effect on 3.61(e)(2) and (sis, as explaine Stations: With CC rules, regular here in space only on a substand also in spanformation conditions. Ch station's call associated with A-2". Simulcast e channel numbers. For example system carried the in each case of entering the lecast), "E" (for nese terms, see ation is outside ice area, see prave entered "Y he distant staticition on a part-tilision of a distant tentered into of a primary trans simulcasts, also ree categories e location of each | y television st he accounting n June 24, 19 (4), or 76.63 (14) di nthe next prespect to any ations, or auth G—but do listitute basis. ace I, if the stateming substitute basis. Sign. Do not reference to a streams must ber the FCC hee, WRC is Chine station. Whether the station. Whether the station are page (v) of the ethe local servage (v) of the es" in column on during the eme basis becat multicast stream or before Jumitter or an accenter "E". If a see page (v) ch station. Fo | g period, except 81, permitting the referring to 76.6 paragraph. It distant stations orizations: to the station was carried tute basis stations to the period of the station was carried tute basis stations. The period of the station is a network of the station is a network of the stational of th | t (1) stations carried to carriage of cert carried by your of the Special Statem of the Special Statem of the second o | es". If not, enter "No". For an ex-<br>e paper SA3 form.<br>stating the basis on which your<br>tering "LAC" if your cable system | G Primary Transmitters: Television |
| Note: If you are utilizing  |  | . ,   |  | •  |  |                                    |
|   |  | CHANN   | EL LINE-UP   | AH   |  |                                    |
| 1. CALL<br>SIGN   | 2. B'CAST<br>CHANNEL<br>NUMBER   | 3. TYPE<br>OF<br>STATION  | 4. DISTANT?<br>(Yes or No)   | 5. BASIS OF<br>CARRIAGE<br>(If Distant)  | 6. LOCATION OF STATION   |                                    |
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| FORM SA3E. PAGE 3.   |   |  |  |   | <del>,</del>   |                                    |
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| LEGAL NAME OF OWN  | NER OF CABLE S'   | YSTEM:   |  |   | SYSTEM ID#   | Name                               |
| Lumos Media I  | nc  |  |  |   | 39236  |                                    |
| PRIMARY TRANSMITT  | ERS: TELEVISION   | ON   |  |   |  |                                    |
| In General: In space carried by your cable services and regular 76.59(d)(2) and (4), 76 substitute program basubstitute program basubstitute program basubstitute Basis sunder specifc FC Do not list the station station was carried List the station here, basis. For further in the paper SA3 fc Column 1: List eace and multicast stream cast stream as "WETA-simulcast). Column 2: Give thits community of licenson which your cable services on which your cable services and station, by (for independent multifor the meaning of the Column 4: If the suble system carried the distant stat For the retransmiss of a written agreemen the cable system and | G, identify ever system during to ions in effect of 3.61(e)(2) and (sis, as explaine Stations: With CC rules, regular here in space only on a substand also in spanformation conditions. The station's call associated with A-2". Simulcast e channel number see. For example ystem carried the in each case of the entering the lecast), "E" (for nease terms, see eation is outside ice area, see pave entered "Y he distant station on a part-tision of a distant tentered into oa primary trans | y television state accounting in June 24, 19 4), or 76.63 (ad in the next respect to any attons, or authors, accell, if the state accounting substitute basis.  I sign. Do not the account of the station account of the station.  I whether the state "N" (for noncommercial page (v) of the the local ser age (v) of the the local ser in column on during the me basis becommended in the station or before Jumitter or an account of the station or before Jumitter or an account of the station or before Jumitter or an account of the station or before Jumitter or an account of the station or before Jumitter or an account of the station or the station of the sta | g period, exception of the period of the per | t (1) stations carried he carriage of certical (e)(2) and (4))]; as carried by your one Special Statem d both on a substitute, see page (v) on program service ver-the-air designation of the television statington, D.C. This park station, an indefer metwork multicor "E-M" (for noncondictions located in the television slocated in the televisions located in the televisions | es". If not, enter "No". For an ex- e paper SA3 form. stating the basis on which your tering "LAC" if your cable system capacity. y payment because it is the subject stem or an association representing ry transmitter, enter the designa- | G Primary Transmitters: Television |
| of a written agreemen<br>the cable system and<br>tion "E" (exempt). For<br>explanation of these the<br>Column 6: Give the  | t entered into o<br>a primary trans<br>simulcasts, als<br>nree categories<br>e location of ea<br>Canadian statio  | n or before Jumitter or an a o enter "E". If , see page (vich station. Fons, if any, givennel line-ups,  | une 30, 2009, but a sociation repressively you carried the control of the general or U.S. stations, we the name of the second of | etween a cable sy<br>esenting the prima<br>channel on any o<br>instructions locate<br>list the community<br>he community with<br>space G for each   | stem or an association representing ry transmitter, enter the designa- ther basis, enter "O." For a further ed in the paper SA3 form. by to which the station is licensed by the had which the station is identifed.                         |                                    |
| 1. CALL<br>SIGN  | 2. B'CAST<br>CHANNEL<br>NUMBER  | 3. TYPE<br>OF<br>STATION   | 4. DISTANT?<br>(Yes or No)   | 5. BASIS OF<br>CARRIAGE<br>(If Distant)   | 6. LOCATION OF STATION   |                                    |
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| FORM SA3E. PAGE 3.  |  |  |  |  |  |   |
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| LEGAL NAME OF OWN   | IER OF CABLE SY  | STEM:  |  |  | SYSTEM ID#   | Name  |
| Lumos Media I   | nc   |  |  |  | 39236  |   |
| PRIMARY TRANSMITTI  | RS: TELEVISIO  | ON   |  |  |  |   |
| In General: In space of carried by your cable is FCC rules and regulat 76.59(d)(2) and (4), 76 substitute program bases as Substitute program bases as sunder specific FC Do not list the station station was carried • List the station here, basis. For further in in the paper SA3 of Column 1: List 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 multifor the meaning of the Column 4: If the st planation of local servi Column 5: If you he cable system carried the distant stat For the retransmiss | G, identify even system during the lons in effect on 6.61(e)(2) and (6.61(e)(2) and (6.61(e)(2 | y television so the accounting of June 24, 19 4), or 76.63 (d in the next respect to any ations, or auth G—but do listitute basis. In a station account of the station account of the station account of the station. In a station account of the station | g period, except 81, permitting the referring to 76.6 paragraph. y distant stations orizations: at it in space I (the ation was carried tute basis stations or origination cording to its own to be reported in the assassigned to annel 4 in Wash tation is a network), "N-M" (all educational), control e general instruction of the period in the station is a network), "N-M" (all educational), control e general instructional), control e general instructional in the station is a network), "N-M" (all educational), control e general instructional in the station is a network), "N-M" (all educational), control e general instructional in the station is a network), "N-M" (all educational), control e general instructional in the stational in t | t (1) stations carried to carriage of certifice (2) and (4))]; as carried by your one Special Statement of the Special St | es." If not, enter "No". For an ex-<br>e paper SA3 form.<br>stating the basis on which your<br>tering "LAC" if your cable system<br>capacity.<br>py payment because it is the subject  | G<br>Primary<br>Transmitters:<br>Television |
| the cable system and a<br>tion "E" (exempt). For<br>explanation of these th<br><b>Column 6:</b> Give the  | a primary trans<br>simulcasts, also<br>ree categories<br>e location of ea<br>Canadian statio   | mitter or an a<br>o enter "E". If<br>, see page (v<br>ch station. Fo<br>ns, if any, giv  | ssociation repre<br>you carried the<br>) of the general<br>or U.S. stations,<br>re the name of the   | esenting the prima<br>channel on any of<br>instructions locate<br>list the community<br>the community with   | stem or an association representing ry transmitter, enter the designa- ther basis, enter "O." For a further ed in the paper SA3 form. y to which the station is licensed by the n which the station is identifed. channel line-up. |   |
|   |  | CHANN  | EL LINE-UP   | AJ   |  |   |
| 1. CALL<br>SIGN   | 2. B'CAST<br>CHANNEL<br>NUMBER   | 3. TYPE<br>OF<br>STATION   | 4. DISTANT?<br>(Yes or No)   | 5. BASIS OF<br>CARRIAGE<br>(If Distant)  | 6. LOCATION OF STATION   |   |
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| FORM SA3E. PAGE 3.   |  |  |   |  |  |   |
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| LEGAL NAME OF OWN  |  | /STEM:   |   |  | SYSTEM ID#   | Name  |
| Lumos Media I  | nc   |  |   |  | 39236  |   |
| PRIMARY TRANSMITTI   | ERS: TELEVISION  | ON   |   |  |  |   |
| In General: In space of carried by your cable's FCC rules and regulat 76.59(d)(2) and (4), 76 substitute program bases Substitute Pasis Substitute Basis Subasis under specific FC Do not list the station station was carried List the station here, basis. For further in in the paper SA3 for Column 1: List each each multicast stream cast stream as "WETA-simulcast).  Column 2: Give the its community of licens on which your cable sy   | G, identify ever system during to ions in effect on 6.61(e)(2) and (6.61(e)(2) | y television st<br>he accounting<br>in June 24, 19<br>4), or 76.63 (I<br>di in the next<br>respect to any<br>ations, or auth<br>G—but do lis<br>titute basis.<br>ace I, if the staterning substit<br>sign. Do not the<br>ha a station ac<br>streams must<br>per the FCC has, WRC is Chine station. | g period, except<br>81, permitting the<br>referring to 76.6<br>paragraph.<br>y distant stations<br>norizations:<br>t it in space I (the<br>ation was carried<br>tute basis station<br>report origination<br>coording to its ow<br>the reported in the<br>mas assigned to<br>annel 4 in Wash | (1) stations carried carriage of cert (1(e)(2) and (4))]; as carried by your one Special Statemed both on a substitute, see page (v) on program service (er-the-air designal column 1 (list each the television stathington, D.C. This | s and low power television stations) ad only on a part-time basis under ain network programs [sections and (2) certain stations carried on a cable system on a substitute program ent and Program Log)—if the tute basis and also on some other of the general instructions located as such as HBO, ESPN, etc. Identify tion. For example, report multi- h stream separately; for example ion for broadcasting over-the-air in may be different from the channel | G<br>Primary<br>Transmitters:<br>Television |
| Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast).  For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form.  Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form.  Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity.  For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form.  Column 6: Give the location of each station. For U.S. stations, list the community to which the station is identifed.  Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-upp. |  |  |   |  |  |   |
|  |  | CHANN  | EL LINE-UP  | AK   |  |   |
| 1. CALL<br>SIGN  | 2. B'CAST<br>CHANNEL<br>NUMBER   | 3. TYPE<br>OF<br>STATION   | 4. DISTANT?<br>(Yes or No)  | 5. BASIS OF<br>CARRIAGE<br>(If Distant)  | 6. LOCATION OF STATION   |   |
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| FORM SA3E. PAGE 3.  |  |  |  |   | <del>,</del>  |                                    |
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| LEGAL NAME OF OWN   | NER OF CABLE S   | YSTEM:   |  |   | SYSTEM ID#  | Name                               |
| Lumos Media I   | nc   |  |  |   | 39236   |                                    |
| PRIMARY TRANSMITT   | ERS: TELEVISION  | ON   |  |   |   |                                    |
| In General: In space carried by your cable s FCC rules and regulat 76.59(d)(2) and (4), 76 substitute program ba Substitute Basis s basis under specific 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 eace each multicast stream cast stream as "WETA WETA-simulcast). Column 2: Give th its community of licens on which your cable so Column 3: Indicate educational station, by (for independent multi For the meaning of the Column 4: If the st planation of local serv Column 5: If you h | G, identify ever system during to ions in effect or ions in effect or iosis, as explaine Stations: With CC rules, regular here in space only on a substand also in spanformation condom.  In station's call associated with a station's call associated with a carried the in each case or entering the lecast, "E" (for notes terms, see particular explaints outside ice area, see particular in entering the lecast outside ice are | y television standard y television y television standard y television y television y tel | g period, exception of the period of the per | t (1) stations carrie the carriage of cert step (2) and (4))]; s carried by your of the Special Statem d both on a substitions, see page (v) of the program service ver-the-air designate column 1 (list eact the television state hington, D.C. This book station, an inde (for network multic for "E-M" (for noncolutions located in the distant"), enter "Ye tions located in the mplete column 5, | es". If not, enter "No". For an ex-   | G Primary Transmitters: Television |
| of a written agreemen<br>the cable system and<br>tion "E" (exempt). For<br>explanation of these the<br>Column 6: Give the   | sion of a distant<br>t entered into o<br>a primary trans<br>simulcasts, als<br>nree categories<br>e location of ea   | multicast stronger of the most | eam that is not sune 30, 2009, but ssociation repreyou carried the of the general or U.S. stations,  | subject to a royalty<br>etween a cable sy<br>esenting the prima<br>channel on any o<br>instructions locate<br>list the community  | capacity. y payment because it is the subject stem or an association representing ry transmitter, enter the designa- ther basis, enter "O." For a further ed in the paper SA3 form. y to which the station is licensed by the n which the station is identifed. |                                    |
| Note: If you are utilizing  | ng multiple chai   | nnel line-ups,   | use a separate   | space G for each  | channel line-up.  |                                    |
|   | _  | CHANN  | EL LINE-UP   | AL  |   |                                    |
| 1. CALL<br>SIGN   | 2. B'CAST<br>CHANNEL<br>NUMBER   | 3. TYPE<br>OF<br>STATION   | 4. DISTANT?<br>(Yes or No)   | 5. BASIS OF<br>CARRIAGE<br>(If Distant)   | 6. LOCATION OF STATION  |                                    |
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| FORM SA3E. PAGE 3.   |  |  |  |   |   | •   |
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| LEGAL NAME OF OWN  |  | /STEM:   |  |   | SYSTEM ID#  | Name  |
| Lumos Media I  | nc   |  |  |   | 39236   |   |
| PRIMARY TRANSMITTI   | ERS: TELEVISION  | ON   |  |   |   |   |
| In General: In space of carried by your cable's FCC rules and regulat 76.59(d)(2) and (4), 76 substitute program bases Substitute Pasis Substitute Basis Subasis under specific FC Do not list the station station was carried List the station here, basis. For further in in the paper SA3 for Column 1: List each each multicast stream cast stream as "WETA-simulcast).  Column 2: Give the its community of licens on which your cable sy | G, identify ever system during to ions in effect on 6.61(e)(2) and (6.61(e)(2) | y television st<br>he accounting<br>in June 24, 19<br>4), or 76.63 (I<br>di in the next<br>respect to any<br>ations, or auth<br>G—but do lis<br>titute basis.<br>ace I, if the staterning substit<br>sign. Do not the<br>ha a station ac<br>streams must<br>per the FCC has, WRC is Chine station. | g period, except<br>81, permitting the<br>referring to 76.6<br>paragraph.<br>y distant stations<br>norizations:<br>t it in space I (the<br>ation was carried<br>tute basis station<br>report origination<br>coording to its ow<br>the reported in the<br>mas assigned to<br>annel 4 in Wash            | (1) stations carried carriage of cert (1(e)(2) and (4))]; as carried by your one Special Statemed both on a substitute, see page (v) on program service (er-the-air designal column 1 (list each the television stathington, D.C. This  | s and low power television stations) and only on a part-time basis under ain network programs [sections and (2) certain stations carried on a cable system on a substitute program ent and Program Log)—if the tute basis and also on some other of the general instructions located as such as HBO, ESPN, etc. Identify tion. For example, report multi- h stream separately; for example ion for broadcasting over-the-air in may be different from the channel | G<br>Primary<br>Transmitters:<br>Television |
| educational station, by (for independent multion For the meaning of the Column 4: If the st planation of local servi Column 5: If you ho cable system carried the carried the distant stat For the retransmiss of a written agreement the cable system and attion "E" (exempt). For explanation of these th Column 6: Give the   | entering the lecast), "E" (for ness terms, see ation is outside ce area, see prave entered "Yhe distant station on a partition of a distant centered into o a primary transsimulcasts, also re categories e location of ea Canadian static   | etter "N" (for noncommercial page (v) of the the local servage (v) of the es" in column on during the me basis becar multicast stranor before Jumitter or an appender "E". If , see page (v ch station. Forncommercial page)   | etwork), "N-M" (I educational), ce general instru-<br>vice area, (i.e. "c<br>general instruct<br>4, you must col<br>accounting peri<br>ause of lack of a<br>earn that is not a<br>sune 30, 2009, be<br>ssociation repre<br>you carried the<br>of the general<br>or U.S. stations,<br>e the name of the | for network multic<br>or "E-M" (for nonce<br>ctions located in the<br>distant"), enter "Ye<br>ions located in the<br>mplete column 5,<br>od. Indicate by en<br>activated channel<br>subject to a royalty<br>etween a cable sy-<br>essenting the prima<br>channel on any of<br>instructions locate<br>list the community | es." If not, enter "No". For an ex- e paper SA3 form. stating the basis on which your tering "LAC" if your cable system capacity. y payment because it is the subject stem or an association representing ry transmitter, enter the designa- ther basis, enter "O." For a further ed in the paper SA3 form. y to which the station is licensed by the n which the station is identifed.   |   |
|  |  | CHANN  | EL LINE-UP   | AM  |   |   |
| 1. CALL<br>SIGN  | 2. B'CAST<br>CHANNEL<br>NUMBER   | 3. TYPE<br>OF<br>STATION   | 4. DISTANT?<br>(Yes or No)   | 5. BASIS OF<br>CARRIAGE<br>(If Distant)   | 6. LOCATION OF STATION  |   |
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| FORM SA3E. PAGE 3.   |  |  |  |  |   |   |
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| LEGAL NAME OF OWN  | IER OF CABLE SY  | YSTEM:   |  |  | SYSTEM ID#  | Name  |
| Lumos Media I  | nc   |  |  |  | 39236   |   |
| PRIMARY TRANSMITTI   | RS: TELEVISIO  | ON   |  |  |   |   |
| In General: In space of carried by your cable is FCC rules and regulat 76.59(d)(2) and (4), 76 substitute program bases as substitute program bases basis under specific FC Do not list the station station was carried • List the station here, basis. For further in in the paper SA3 of Column 1: List 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 has carried the distant stat For the retransmiss of a written agreement | G, identify even during the consine as explained to the consistence of | y television state accounting in June 24, 19 (4), or 76.63 (4) and in the next respect to any attions, or authorized for June 24, 19 (4), or 76.63 (4), or authorized for June 24, 19 (4), or 76.63 (4), or authorized for June 24, 19 (4), or authorized for Market States and June 24, 19 (4), or authorized for authorized for authorized for June 24, 19 (4), or authorized for | g period, except 81, permitting the referring to 76.6 paragraph. y distant stations orizations: at it in space I (the ation was carried tute basis stations report origination cording to its own to be reported in the assigned to annel 4 in Wash tation is a network), "N-M" (all educational), control e general instruct 4, you must conaccounting perions of lack of a geam that is not sune 30, 2009, because of lack of a geam that is not sune 30, 2009, becaus | t (1) stations carried to carriage of certific (2) and (4))]; as carried by your one Special Statement of the Special Sta | es." If not, enter "No". For an ex-<br>e paper SA3 form.<br>stating the basis on which your<br>tering "LAC" if your cable system<br>capacity.<br>y payment because it is the subject<br>stem or an association representing | G<br>Primary<br>Transmitters:<br>Television |
| the cable system and a<br>tion "E" (exempt). For<br>explanation of these th<br><b>Column 6:</b> Give the   | a primary trans<br>simulcasts, also<br>ree categories<br>e location of ea<br>Canadian statio   | mitter or an a<br>o enter "E". If<br>, see page (v<br>ich station. Fo<br>ons, if any, giv  | ssociation repre<br>you carried the<br>) of the general<br>or U.S. stations,<br>re the name of the   | esenting the prima<br>channel on any of<br>instructions locate<br>list the community<br>the community with   | ry transmitter, enter the designa-<br>ther basis, enter "O." For a further<br>ed in the paper SA3 form.<br>y to which the station is licensed by the<br>n which the station is identifed.                                   |   |
|  |  | CHANN  | EL LINE-UP   | AN   |   |   |
| 1. CALL<br>SIGN  | 2. B'CAST<br>CHANNEL<br>NUMBER   | 3. TYPE<br>OF<br>STATION   | 4. DISTANT?<br>(Yes or No)   | 5. BASIS OF<br>CARRIAGE<br>(If Distant)  | 6. LOCATION OF STATION  |   |
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| FORM SA3E. PAGE 3.  |  |  |  |  |   |                                    |
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| LEGAL NAME OF OWN   | IER OF CABLE SY  | YSTEM:   |  |  | SYSTEM ID#  | Name                               |
| Lumos Media I   | nc   |  |  |  | 39236   |                                    |
| PRIMARY TRANSMITTI  | ERS: TELEVISIO   | ON   |  |  |   |                                    |
| In General: In space of carried by your cables of FCC rules and regulat 76.59(d)(2) and (4), 76 substitute program base Substitute program base Substitute Pasis Substitute Basis Subasis under specific FC Do not list the station station was carried List the station here, basis. For further in the paper SA3 for Column 1: List 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 multifor the meaning of the Column 4: If the st planation of local service Column 5: If you he cable system carried the distant stat For the retransmiss of a written agreement. | G, identify even system during to ions in effect on 6.61(e)(2) and (6.61(e)(2) | y television signer accounting in June 24, 19 4), or 76.63 (ad in the next respect to an accounting in June 24, 19 4), or 76.63 (ad in the next respect to an accounting in June 24, 19 6 — but do list itute basis.  I account if the stateming substitute basis.  I account if the stateming substitute in account in a station account in a station account in a station.  I whether the station.  I whether the station.  I whether the station.  I whether the station accounting in account in | g period, except 81, permitting the referring to 76.6 paragraph. y distant stations orizations: at it in space I (the ation was carried tute basis stations report origination cording to its own to be reported in the assigned to annel 4 in Wash tation is a network), "N-M" (all educational), control e general instruct 4, you must conaccounting perions of lack of a geam that is not sune 30, 2009, because of lack of a geam that is not sune 30, 2009, becaus | t (1) stations carried to carriage of certific (2) and (4))]; as carried by your one Special Statement of the Special Sta | es." If not, enter "No". For an ex-<br>e paper SA3 form.<br>stating the basis on which your<br>tering "LAC" if your cable system<br>capacity.<br>y payment because it is the subject<br>stem or an association representing | G Primary Transmitters: Television |
| the cable system and a<br>tion "E" (exempt). For<br>explanation of these th<br><b>Column 6:</b> Give the  | a primary trans<br>simulcasts, also<br>nree categories<br>e location of ea<br>Canadian statio  | mitter or an a<br>o enter "E". If<br>, see page (v<br>ch station. Fo<br>ons, if any, giv   | ssociation repre<br>you carried the<br>) of the general<br>or U.S. stations,<br>re the name of the   | esenting the prima<br>channel on any of<br>instructions locate<br>list the community<br>the community with   | ry transmitter, enter the designa-<br>ther basis, enter "O." For a further<br>ed in the paper SA3 form.<br>y to which the station is licensed by the<br>n which the station is identifed.                                   |                                    |
|   |  | CHANN  | EL LINE-UP   | AO   |   |                                    |
| 1. CALL<br>SIGN   | 2. B'CAST<br>CHANNEL<br>NUMBER   | 3. TYPE<br>OF<br>STATION   | 4. DISTANT?<br>(Yes or No)   | 5. BASIS OF<br>CARRIAGE<br>(If Distant)  | 6. LOCATION OF STATION  |                                    |
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| FORM SA3E. PAGE 3.  |  |  |  |  |   |   |
|---|--|--|--|--|---|---|
| LEGAL NAME OF OWN   | IER OF CABLE SY  | /STEM:   |  |  | SYSTEM ID#  | Name  |
| Lumos Media I   | nc   |  |  |  | 39236   |   |
| PRIMARY TRANSMITTI  | ERS: TELEVISIO   | ON   |  |  |   |   |
| In General: In space of carried by your cable is FCC rules and regulat 76.59(d)(2) and (4), 76 substitute program bases as Substitute program bases as sunder specific FC Do not list the station station was carried • List the station here, basis. For further in in the paper SA3 of Column 1: List 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 multifor the meaning of the Column 4: If the st planation of local servi Column 5: If you he cable system carried the distant stat For the retransmiss | G, identify even system during to ions in effect on 6.61(e)(2) and (6.61(e)(2) | y television state accounting in June 24, 19 4), or 76.63 (in the next respect to any ations, or auth G—but do listitute basis. In the state of the station accounts of the station accounts of the station accounts of the station. In the local series of the est of the local series of the | g period, except 81, permitting the referring to 76.6 paragraph. y distant stations orizations: at it in space I (the ation was carried tute basis stations or origination cording to its own to be reported in the assassigned to annel 4 in Wash tation is a network), "N-M" (all educational), control e general instruction of the period in the station is a network), "N-M" (all educational), control e general instructional), control e general instructional in the station is a network), "N-M" (all educational), control e general instructional in the station is a network), "N-M" (all educational), control e general instructional in the station is a network), "N-M" (all educational), control e general instructional in the stational in t | t (1) stations carried to carriage of certifice (2) and (4))]; as carried by your one Special Statement of the Special St | es". If not, enter "No". For an ex-<br>e paper SA3 form.<br>stating the basis on which your<br>tering "LAC" if your cable system  | G<br>Primary<br>Transmitters:<br>Television |
| the cable system and a<br>tion "E" (exempt). For<br>explanation of these th<br><b>Column 6:</b> Give the  | a primary trans<br>simulcasts, also<br>nree categories<br>e location of ea<br>Canadian statio  | mitter or an a<br>o enter "E". If<br>, see page (v<br>ch station. Fo<br>ns, if any, giv  | ssociation repre<br>you carried the<br>) of the general<br>or U.S. stations,<br>re the name of the   | esenting the prima<br>channel on any of<br>instructions locate<br>list the community<br>the community with   | ry transmitter, enter the designa-<br>ther basis, enter "O." For a further<br>ed in the paper SA3 form.<br>y to which the station is licensed by the<br>n which the station is identifed. |   |
|   |  | CHANN  | EL LINE-UP   | AP   |   |   |
| 1. CALL<br>SIGN   | 2. B'CAST<br>CHANNEL<br>NUMBER   | 3. TYPE<br>OF<br>STATION   | 4. DISTANT?<br>(Yes or No)   | 5. BASIS OF<br>CARRIAGE<br>(If Distant)  | 6. LOCATION OF STATION  |   |
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| FORM SA3E. PAGE 3.   |  |  |  |   | <del>,</del>   |                                    |
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| LEGAL NAME OF OWN  | NER OF CABLE S'  | YSTEM:   |  |   | SYSTEM ID#   | Name                               |
| Lumos Media I  | nc   |  |  |   | 39236  |                                    |
| PRIMARY TRANSMITT  | ERS: TELEVISION  | ON   |  |   |  |                                    |
| In General: In space carried by your cable s FCC rules and regular 76.59(d)(2) and (4), 76 substitute program ba Substitute Basis s basis under specifc FC Do not list the station station was carried List the station here, basis. For further ir in the paper SA3 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 si 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 | G, identify ever system during to ions in effect of 3.61(e)(2) and (sis, as explaine Stations: With CC rules, regular here in space only on a substand also in spatformation condition. The station's call associated with a cast, "E" (for nese terms, see a cation is outside in each case of the cast, "E" (for nese terms, see a cation is outside ice area, see pave entered "Y he distant statiction on a part-tision of a distant statiction of a distant statiction on a part-tision of a distant statiction of a distant statiction on a part-tision of a distant statiction of a | y television state accounting in June 24, 19 (4), or 76.63 (4d in the next respect to any attions, or auth G—but do listitute basis. ace I, if the stateming substitute basis sign. Do not the a station ac streams must be the FCC hee, WRC is Change (WRC) is the station. Whether the setter "N" (for noncommercial page (v) of the the local series age (v) of the es" in column on during the me basis bect multicast streams to the station. | g period, except 81, permitting the referring to 76.6 paragraph. y distant station: norizations: at it in space I (the ation was carried tute basis station report origination cording to its own the reported in the reported in the sassigned to annel 4 in Wash tation is a network), "N-M" (all educational), or e general instruction and the reported in the sassigned to annel 4 in Wash tation is a network), "N-M" (all educational), or e general instruction accounting perion ause of lack of a geam that is not seen the reference of the same that is not seen and the reference of the same that is not seen and the reference of the same that is not seen and the reference of the same that is not seen and the reference of the same that is not seen and the same that the same that the same that the same that the same th | t (1) stations carried to carriage of certical (e)(2) and (4))]; as carried by your one Special Statem d both on a substitute, see page (v) on program service ver-the-air designation of the television statington, D.C. This park station, an indefor "E-M" (for network multical or "E-M" (for noncontions located in the distant"), enter "Yestions located in the mplete column 5, od. Indicate by enactivated channel subject to a royalty. | es". If not, enter "No". For an ex-<br>e paper SA3 form.<br>stating the basis on which your<br>tering "LAC" if your cable system   | G Primary Transmitters: Television |
| the cable system and<br>tion "E" (exempt). For<br>explanation of these th<br><b>Column 6:</b> Give th  | a primary trans<br>simulcasts, als<br>nree categories<br>e location of ea<br>Canadian statio   | mitter or an a<br>o enter "E". If<br>, see page (v<br>ich station. Fo<br>ons, if any, giv  | ssociation repre<br>you carried the<br>) of the general<br>or U.S. stations,<br>re the name of t   | esenting the prima<br>channel on any o<br>instructions locate<br>list the community<br>he community with  | try transmitter, enter the designa-<br>ther basis, enter "O." For a further<br>ed in the paper SA3 form.<br>by to which the station is licensed by the<br>hy which the station is identifed. |                                    |
|  |  | CHANN  | EL LINE-UP   | AQ  |  |                                    |
| 1. CALL<br>SIGN  | 2. B'CAST<br>CHANNEL<br>NUMBER   | 3. TYPE<br>OF<br>STATION   | 4. DISTANT?<br>(Yes or No)   | 5. BASIS OF<br>CARRIAGE<br>(If Distant)   | 6. LOCATION OF STATION   |                                    |
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| FORM SA3E. PAGE 3.   |   |  |  |  |   |   |
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| LEGAL NAME OF OWN  | IER OF CABLE S  | YSTEM:   |  |  | SYSTEM ID#  | Name  |
| Lumos Media I  | nc  |  |  |  | 39236   |   |
| PRIMARY TRANSMITTI   | ERS: TELEVISION   | ON   |  |  |   |   |
| In General: In space of carried by your cable is FCC rules and regulat 76.59(d)(2) and (4), 76 substitute program bases as substitute program bases is under specific FC Do not list the station station was carried • List the station here, basis. For further in in the paper SA3 of Column 1: List each cach 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 had carried the distant stat For the retransmiss of a written agreement | G, identify ever system during to ions in effect on 6.61(e)(2) and (6.61(e)(2) and (6.61(e)(2) and (6.61(e)(2) and (6.61(e)(2) and (6.61(e)(2) and also in spationary of the station's call associated with associated with a cash, "E" (for no see terms, see attoin is outside ice area, see pave entered "Y the distant staticion on a part-tipition of a distant a entered into o | y television signer accounting in June 24, 19 4), or 76.63 (ad in the next respect to an accounting in June 24, 19 4), or 76.63 (ad in the next respect to an accounting in June 24, 19 6 — but do list itute basis.  I account if the stateming substitute basis.  I account if the stateming substitute in account in a station account in a station account in a station.  I whether the station.  I whether the station.  I whether the station.  I whether the station accounting in account in | g period, except 81, permitting the referring to 76.6 paragraph. y distant stations orizations: at it in space I (the ation was carried tute basis stations report origination cording to its own to be reported in the assigned to annel 4 in Wash tation is a network), "N-M" (all educational), control e general instruct 4, you must conaccounting perions of lack of a geam that is not sune 30, 2009, because of lack of a geam that is not sune 30, 2009, becaus | t (1) stations carried to carriage of certical (e)(2) and (4))]; as carried by your one Special Statem d both on a substitute, see page (v) on program service ver-the-air designation of the television statington, D.C. This park station, an indefor "E-M" (for noncontrol located in the television slocated in the television slocated in the television located in the television slocated sloca | es." If not, enter "No". For an ex-<br>e paper SA3 form.<br>stating the basis on which your<br>tering "LAC" if your cable system<br>capacity.<br>y payment because it is the subject<br>stem or an association representing | G<br>Primary<br>Transmitters:<br>Television |
| the cable system and a<br>tion "E" (exempt). For<br>explanation of these th<br><b>Column 6:</b> Give the   | a primary trans<br>simulcasts, alsousee categories<br>e location of ea<br>Canadian static   | mitter or an a<br>o enter "E". If<br>, see page (v<br>ich station. Fo<br>ons, if any, giv<br>nnel line-ups,  | ssociation repre<br>you carried the<br>) of the general<br>or U.S. stations,<br>re the name of the<br>use a separate   | esenting the prima<br>channel on any o<br>instructions locate<br>list the community<br>he community with<br>space G for each   | ry transmitter, enter the designa-<br>ther basis, enter "O." For a further<br>ed in the paper SA3 form.<br>y to which the station is licensed by the<br>n which the station is identifed.                                   |   |
|  | 1   | CHANN  | EL LINE-UP   | AR   |   |   |
| 1. CALL<br>SIGN  | 2. B'CAST<br>CHANNEL<br>NUMBER  | 3. TYPE<br>OF<br>STATION   | 4. DISTANT?<br>(Yes or No)   | 5. BASIS OF<br>CARRIAGE<br>(If Distant)  | 6. LOCATION OF STATION  |   |
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| FORM SA3E. PAGE 3.   |   |  |  |   |  |                                    |
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| LEGAL NAME OF OWN  | IER OF CABLE S  | YSTEM:   |  |   | SYSTEM ID#   | Name                               |
| Lumos Media I  | nc  |  |  |   | 39236  |                                    |
| PRIMARY TRANSMITTI   | ERS: TELEVISION   | ON   |  |   |  |                                    |
| PRIMARY TRANSMITTI In General: In space of carried by your cable is FCC rules and regulat 76.59(d)(2) and (4), 76 substitute program base Substitute Basis is basis under specific FC • Do not list the station station was carried • List the station here, basis. For further in in the paper SA3 for Column 1: List each multicast stream cast stream as "WETA-Simulcast).  Column 2: Give the its community of licens on which your cable sy Column 3: Indicate educational station, by (for independent multifor the meaning of the Column 4: If the st planation of local service Column 5: If you he cable system carried the distant stat For the retransmiss of a written agreement the cable system and station of local system carried the cable system and station of a written agreement the cable system and station of a written agreement the cable system and stations. | ERS: TELEVISION G., identify ever system during to it ions in effect on 6.61(e)(2) and (6.61(e)(2) and (6.61(e)(2) and (6.61(e)(2) and (6.61(e)(2) and (6.61(e)(2) and also in space only on a substant and also in space only on a substant also in space only on a substant also in each case of a charmal problem. The second of a charmal substant also in on a part-tipion of a distant also in on a part-tipion of a distant also in on a primary trans | y television state accounting in June 24, 19 4), or 76.63 (ad in the next respect to any attons, or authors, accell, if the state accounting substitute basis.  I sign. Do not the account of the station account of the station.  I whether the state "N" (for noncommercial page (v) of the the local ser age (v) of the the local ser in column on during the me basis becommended in the station or before Jumitter or an account of the station or before Jumitter or an account of the station or before Jumitter or an account of the station or before Jumitter or an account of the station or before Jumitter or an account of the station or the station of the sta | g period, except 81, permitting the referring to 76.6 paragraph. y distant stations orizations: at it in space I (the ation was carried tute basis stations report origination cording to its own to be reported in the assigned to annel 4 in Wash tation is a network), "N-M" (all educational), control of the general instruct 4, you must conaccounting period accounting perio | t (1) stations carried to carriage of certific (e)(2) and (4))]; as carried by your one Special Statem d both on a substitute, see page (v) on program service rer-the-air designation of the television statington, D.C. This park station, an indefer metwork multiple or "E-M" (for noncontions located in the televisions | s and low power television stations) ed only on a part-time basis under ain network programs [sections and (2) certain stations carried on a cable system on a substitute program ent and Program Log)—if the tute basis and also on some other of the general instructions located as such as HBO, ESPN, etc. Identify stion. For example, report multi- h stream separately; for example ion for broadcasting over-the-air in may be different from the channel expendent station, or a noncommercial cast), "I" (for independent), "I-M" commercial educational multicast). The paper SA3 form. | G Primary Transmitters: Television |
| explanation of these th  | ree categories  | , see page (v  | ) of the general   | instructions locate   | ed in the paper SA3 form.  |                                    |
|  | Canadian statio   | ons, if any, giv   | e the name of t  | he community with   | y to which the station is licensed by the n which the station is identifed. channel line-up.   |                                    |
|  |   | CHANN  | EL LINE-UP   | AS  |  |                                    |
| 1. CALL<br>SIGN  | 2. B'CAST<br>CHANNEL<br>NUMBER  | 3. TYPE<br>OF<br>STATION   | 4. DISTANT?<br>(Yes or No)   | 5. BASIS OF<br>CARRIAGE<br>(If Distant)   | 6. LOCATION OF STATION   |                                    |
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| FORM SA3E. PAGE 3.  |                                |                          |                            |   |                        |      |  |  |
|---|--------------------------------|--------------------------|----------------------------|---|------------------------|------|--|--|
| LEGAL NAME OF OWN   | NER OF CABLE SY                | YSTEM:                   |                            |   | SYSTEM ID#             | Name |  |  |
| Lumos Media I   | nc                             |                          |                            |   | 39236                  |      |  |  |
| 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), 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 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 other 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 "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 is community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station.  Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter *T" (for network,), "N-M" (for network multicast), "" (for independent), "HM" (for independent multicast), "E" (for noncommercial educational in studies and in the paper SA3 |                                |                          |                            |   |                        |      |  |  |
| Note: If you are utilizing  | ng multiple char               | nnel line-ups,           | use a separate             | space G for each                        | channel line-up.       |      |  |  |
|   |                                | CHANN                    | EL LINE-UP                 | AT                                      |                        |      |  |  |
| 1. CALL<br>SIGN   | 2. B'CAST<br>CHANNEL<br>NUMBER | 3. TYPE<br>OF<br>STATION | 4. DISTANT?<br>(Yes or No) | 5. BASIS OF<br>CARRIAGE<br>(If Distant) | 6. LOCATION OF STATION |      |  |  |
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| FORM SA3E. PAGE 3.  |                                |                          |                            |   |                        |  |  |  |
|---|--------------------------------|--------------------------|----------------------------|---|------------------------|--|--|--|
| LEGAL NAME OF OWNER OF CABLE SYSTEM:  SYSTEM ID#  |                                |                          |                            |   |                        |  |  |  |
| Lumos Media Inc 39236   |                                |                          |                            |   |                        |  |  |  |
| PRIMARY TRANSMITTI  | ERS: TELEVISIO                 | N                        |                            |   |                        |  |  |  |
| 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 specifc 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 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.  Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast).  Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station.  |                                |                          |                            |   |                        |  |  |  |
| Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast).  For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form.  Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form.  Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity.  For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form.  Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed.  Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. |                                |                          |                            |   |                        |  |  |  |
|   |                                | CHANN                    | EL LINE-UP                 | AU                                      |                        |  |  |  |
| 1. CALL<br>SIGN   | 2. B'CAST<br>CHANNEL<br>NUMBER | 3. TYPE<br>OF<br>STATION | 4. DISTANT?<br>(Yes or No) | 5. BASIS OF<br>CARRIAGE<br>(If Distant) | 6. LOCATION OF STATION |  |  |  |
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| FORM SA3E. PAGE 3.  |                                |                          |                            |   |                        |      |  |  |
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| LEGAL NAME OF OWN   | NER OF CABLE S                 | YSTEM:                   |                            |   | SYSTEM ID#             | Name |  |  |
| Lumos Media I   | nc                             |                          |                            |   | 39236                  |      |  |  |
| PRIMARY TRANSMITT   | ERS: TELEVISION                | ON                       |                            |   |                        |      |  |  |
| 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 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. 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 "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast).  Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station.  Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "" (for independent), "+M" (for independent multicast), "E" (for noncommercial educational instructions located in |                                |                          |                            |   |                        |      |  |  |
| Note: If you are utilizing  | ng multiple chai               | nnel line-ups,           | use a separate             | space G for each                        | channel line-up.       |      |  |  |
|   |                                | CHANN                    | EL LINE-UP                 | AV                                      |                        |      |  |  |
| 1. CALL<br>SIGN   | 2. B'CAST<br>CHANNEL<br>NUMBER | 3. TYPE<br>OF<br>STATION | 4. DISTANT?<br>(Yes or No) | 5. BASIS OF<br>CARRIAGE<br>(If Distant) | 6. LOCATION OF STATION |      |  |  |
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| FORM SA3E. PAGE 3.   |  |  |  |  |   |      |  |  |
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| LEGAL NAME OF OWN  | IER OF CABLE S   | YSTEM:   |  |  | SYSTEM ID#  | Name |  |  |
| Lumos Media I  | nc   |  |  |  | 39236   |      |  |  |
| PRIMARY TRANSMITTI   | RS: TELEVISION   | ON   |  |  |   |      |  |  |
| 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 other 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 multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast).  Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station.  Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), |  |  |  |  |   |      |  |  |
| tion "E" (exempt). For explanation of these the Column 6: Give the   | simulcasts, also<br>aree categories<br>e location of ea<br>Canadian statio | o enter "E". If<br>, see page (v<br>ch station. Fo<br>ons, if any, giv | you carried the<br>) of the general<br>or U.S. stations,<br>re the name of the | channel on any o<br>instructions locate<br>list the community<br>he community with | ther basis, enter "O." For a further<br>ed in the paper SA3 form.<br>y to which the station is licensed by the<br>n which the station is identifed. |      |  |  |
|  |  | CHANN  | EL LINE-UP   | AW   |   |      |  |  |
| 1. CALL<br>SIGN  | 2. B'CAST<br>CHANNEL<br>NUMBER   | 3. TYPE<br>OF<br>STATION   | 4. DISTANT?<br>(Yes or No)   | 5. BASIS OF<br>CARRIAGE<br>(If Distant)  | 6. LOCATION OF STATION  |      |  |  |
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ACCOUNTING PERIOD: 2022/2 FORM SA3E. PAGE 4.

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name 39236 **Lumos Media 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. **Primary** Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally Transmitters: receivable if (1) it is carried by the system whenever it is received at the system's headend, and (2) it can be expected, Radio on the basis of monitoring, to be received at the headend, with the system's FM antenna, during certain stated intervals. For detailed information about the the Copyright Office regulations on this point, see page (vi) of the general instructions located in the paper SA3 form. Column 1: Identify the call sign of each station carried. Column 2: State whether the station is AM or FM. Column 3: If the radio station's signal was electronically processed by the cable system as a separate and discrete signal, indicate this by placing a check mark in the "S/D" column. Column 4: Give the station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified). CALL SIGN LOCATION OF STATION CALL SIGN AM or FM S/D LOCATION OF STATION AM or FM

| FORM SA3E. PAGE 5.   |              |                  |   |                 |               |         |            | ACCOUNTING       | PERIOD: 2022/2       |
|--|--------------|------------------|---|-----------------|---------------|---------|------------|------------------|----------------------|
| LEGAL NAME OF OWNER OF   | CABLE SYST   | EM:              |   |                 |               |         | S          | YSTEM ID#        | Name                 |
| Lumos Media Inc 39236  |              |                  |   |                 |               |         |            |                  |                      |
| SUBSTITUTE CARRIAGE  | : SPECIAL    | STATEMEN         | T AND PROGRAM LOG                                     |                 |               |         |            |                  |                      |
|  |              |                  |   |                 |               |         |            | ı                |                      |
| <b>In General:</b> In space I, identify every nonnetwork television program broadcast by a distant station that your cable system carried on a substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a further |              |                  |   |                 |               |         |            |                  | _                    |
| explanation of the programm  |              |                  |   |                 |               |         |            |                  | Substitute           |
| 1. SPECIAL STATEMENT   |              |                  |   |                 |               |         |            |                  | Carriage:<br>Special |
| • During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program broadcast by a distant station?  |              |                  |   |                 |               |         |            |                  |                      |
| <b>Note:</b> If your answer is "No,  |              | rest of this pag | e blank. If your answer is "                          | Yes," you mu    | ust comple    | -       | •          |                  | Program Log          |
| log in block 2.  |              |                  |   |                 | <u>'</u>      |         |            |                  |                      |
| 2. LOG OF SUBSTITUTE   |              |                  | to line. Llee abbroviations :                         | uborovor noo    | aible if th   | air ma  | anina ia   |                  |                      |
| In General: List each substiclear. If you need more space  |              |                  |   | viierever pos   | sible, II tri | en me   | ariirig is |                  |                      |
| Column 1: Give the title   | of every nor | network televi   | sion program (substitute p                            |                 |               |         |            |                  |                      |
| period, was broadcast by a under certain FCC rules, reg  |              |                  |   |                 |               |         |            | on               |                      |
| SA3 form for futher informat   | tion. Do not | use general c    | ategories like "movies", or                           |                 |               |         |            |                  |                      |
| titles, for example, "I Love L   |              |                  | 76ers vs. Bulls."<br>· "Yes." Otherwise enter "N      | o."             |               |         |            |                  |                      |
|  |              |                  | sting the substitute prograi                          |                 |               |         |            |                  |                      |
|  |              |                  | e community to which the                              |                 |               | ne FCC  | C or, in   |                  |                      |
| the case of Mexican or Cana<br>Column 5: Give the mon  |              |                  | community with which the sem carried the substitute p |                 |               | , with  | the mont   | :h               |                      |
| first. Example: for May 7 giv  | e "5/7."     |                  | ·   |                 |               |         |            |                  |                      |
| <b>Column 6:</b> State the time to the nearest five minutes.   |              |                  | gram was carried by your o                            |                 |               |         |            | 1                |                      |
| stated as "6:00–6:30 p.m."   | слаттріс. а  | program came     | ed by a system nom o.o r. i                           | 5 p.iii. to 0.2 | .0.50 p.iii.  | Silouid | a be       |                  |                      |
|  |              |                  | was substituted for progra                            |                 |               |         |            |                  |                      |
| to delete under FCC rules a gram was substituted for pro   |              |                  |   |                 |               |         |            |                  |                      |
| effect on October 19, 1976.  | 0 0          | , ,              | •   |                 |               | Ü       |            |                  |                      |
|  |              |                  |   | WHF             | EN SUBS       | TITUT   | F          |                  |                      |
| S  | UBSTITUT     | E PROGRAM        |   |                 | IAGE OC       |         |            | 7. REASON<br>FOR |                      |
| 1. TITLE OF PROGRAM  | 2. LIVE?     | 3. STATION'S     | 4 STATIONIS LOCATION                                  | 5. MONTH        |               | TIMES   |            | DELETION         |                      |
|  | Yes or No    | CALL SIGN        | 4. STATION'S LOCATION                                 | AND DAY         | FROM          |         | ТО         |                  |                      |
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|  | LEGAL NAME OF OWNER OF CABLE SYSTEM:  |  |  |   |  |  |   |   |                               | YSTEM ID |  |  |
|--|---|--|--|---|--|--|---|---|-------------------------------|----------|--|--|
| Name                                     | Lumos Media Inc   |  |  |   |  |  |   |   |                               | 3923     |  |  |
| <b>J</b><br>Part-Time<br>Carriage<br>Log | In General: The time carriage de hours your system 1 (Column 1 of Space Column 2 (Ecurred during the Give the month "4/10."  State the start television static "app." Example | ue to lack of act tem carried that Call sign): Give ace G. Dates and hour the accounting point and day wher thing and ending on's broadcast der "12:30 a.m.— 3 | with column 5 of spain ivated channel capa station. If you need the call sign of ever soft carriage): For earlied, in the carriage occurritimes of carriage to ay, you may give an 3:15 a.m. app." | acity, you are recommore space, ple y distant station each station, list red. Use numerathe nearest qual approximate er | quire<br>ease<br>who<br>t the<br>als, v<br>arter<br>ndin | ed to complete to attach addition ose basis of car dates and hour with the month four. In any cas g hour, followed | nis log giving the al pages. It is pages. It is when part-time irst. Example: for each of the abbrevial page in the abbrevial page. | e total dates ar<br>fied by "LAC" ir<br>e carriage oc-<br>or April 10 give<br>ge ran to the er<br>ation | i-<br>and<br>" in<br>C-<br>ve |          |  |  |
|  | • You may ground 12:00 p.m."  | ip together any  | dates when the hou   | rs of carriage we   |  |  |   | 6:00 p.m.–  |                               |          |  |  |
|  | CALL SIGN   |  | HOUR   | ARRIAGE OCCURRED CALL SIGN WHEN   |  | N CARRIAGE OCCURRED HOURS  |   |   |                               |          |  |  |
|  |   | DATE   | FROM   | TO  |  |  | DATE  | FROM  |                               | TO       |  |  |
|  |   |  |  |   |  |  |   |   |                               |          |  |  |
|  |   |  |  |   |  |  |   |   | _                             |          |  |  |
|  |   |  |  |   |  |  |   |   |                               |          |  |  |
|  |   |  |  |   |  |  |   |   |                               |          |  |  |
|  |   |  |  |   |  |  |   |   |                               |          |  |  |
|  |   |  |  |   |  |  |   |   |                               |          |  |  |
|  |   |  |  |   |  |  |   |   |                               |          |  |  |

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

| FORM   | SA3E. PAGE 7.  |   |   |  |  |  |
|--|--|---|---|--|--|--|
|  | AL NAME OF OWNER OF CABLE SYSTEM:  MOS Media Inc   | SYST                                      | TEM ID# Name Name   |  |  |  |
| Inst<br>all a<br>(as i   | OSS RECEIPTS ructions: The figure you give in this space determines the form you file and the amount mounts (gross receipts) paid to your cable system by subscribers for the system's second identified in space E) during the accounting period. For a further explanation of how to ce (vii) of the general instructions. Gross receipts from subscribers for secondary transmission service(s) | ndary transmission service                | K<br>Gross Receipts                                       |  |  |  |
| IMP  | during the accounting period.  ORTANT: You must complete a statement in space P concerning gross receipts.   | \$ 1,982,58<br>(Amount of gross receipts) | 6.32  |  |  |  |
| 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. |  |   |   |  |  |  |
| bloc   | ort 8 or part 9, block A, of the DSE schedule was completed, the base rate fee should be k 3 below.  |   |   |  |  |  |
| 3 be   | ort 6 of the DSE schedule was completed, the amount from line 7 of block C should be explore.  Only 1.7 or part 0, block B, of the DSE schedule was completed, the surpherge amount should be a surpherge.   |   |   |  |  |  |
| 2 in   | ort 7 or part 9, block B, of the DSE schedule was completed, the surcharge amount shou<br>block 4 below.   |   |   |  |  |  |
| Block<br>1   | <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.  |   |   |  |  |  |
|  | Line 1. Enter the amount of gross receipts from space K. Line 2. Multiply the amount in line 1 by 0.01064.   | \$ 1,982,58                               | 6.32  |  |  |  |
|  | Enter the result here. This is your minimum fee.   | \$ 21,09                                  | 4.72  |  |  |  |
|  | DISTANT TELEVISION STATIONS CARRIED: Your answer here must agree with the space G. If, in space G, you identified any stations as "distant" by stating "Yes" in colum "Yes" in this block.  • Did your cable system carry any distant television stations during the accounting period Yes—Complete the DSE schedule.  | nn 4, you must check                      |   |  |  |  |
| Block<br>3   | Line 1. <b>BASE RATE FEE:</b> Enter the base rate fee from either part 8, section 3 or 4, or part 9, block A of the DSE schedule. If none, enter zero.   | \$  |   |  |  |  |
|  | Line 2. <b>3.75 Fee:</b> Enter the total fee from line 7, block C, part 6 of the DSE schedule. If none, enter zero.  |   | 0.00_   |  |  |  |
|  | Line 3. Add lines 1 and 2 and enter here.  | \$  | _   |  |  |  |
| Block<br>4   | Line 1. BASE RATE FEE/3.75 FEE or MINIMUM FEE: Enter either the minimum fee from block 1 or the sum of the base rate fee / 3.75 fee from block 3, line 3, whichever is larger.   | \$ 21,09                                  | 4.72 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)  |   | deposits under Section 111(d)(7) should contact           |  |  |  |
|  | Line 4. FILING FEE   | \$ 72                                     | 5.00 the Licensing additional fees. Division for the      |  |  |  |
|  | TOTAL ROYALTY AND FILING FEES DUE FOR ACCOUNTING PERIOD.  Add Lines 1, 2 and 3 of block 4 and enter total here   | \$ 21,81                                  | 9.72 appropriate form for submitting the additional fees. |  |  |  |
|  | EFT Trace # or TRANSACTION ID #  |   |   |  |  |  |
|  | Remit this amount via <i>electronic payment</i> payable to Register of Copyrights. (Single general instructions located in the paper SA3 form and the Excel instructions to  |   |   |  |  |  |

| Nome          | LEGAL NAME OF OWNER OF CABLE SYSTEM:  | SYSTEM ID#                |  |  |  |  |  |  |  |  |
|---------------|---|---------------------------|--|--|--|--|--|--|--|--|
| Name          | Lumos Media Inc   | 39236                     |  |  |  |  |  |  |  |  |
|               | CHANNELS  |                           |  |  |  |  |  |  |  |  |
| М             | Instructions: You must give (1) the number of channels on which the cable system carried television broadcast   | st stations               |  |  |  |  |  |  |  |  |
| IVI           | 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.                                |                           |  |  |  |  |  |  |  |  |
| Channels      |   |                           |  |  |  |  |  |  |  |  |
| - Criamioio   |   |                           |  |  |  |  |  |  |  |  |
|               | system carried television broadcast stations  |                           |  |  |  |  |  |  |  |  |
|               | ,   |                           |  |  |  |  |  |  |  |  |
|               | 2. Enter the total number of activated channels   |                           |  |  |  |  |  |  |  |  |
|               | on which the cable system carried television broadcast stations   | 325                       |  |  |  |  |  |  |  |  |
|               | and nonbroadcast services   |                           |  |  |  |  |  |  |  |  |
|               |   |                           |  |  |  |  |  |  |  |  |
| N             | INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED: (Identify an individual  |                           |  |  |  |  |  |  |  |  |
| 14            | we can contact about this statement of account.)  |                           |  |  |  |  |  |  |  |  |
| Individual to |   |                           |  |  |  |  |  |  |  |  |
| Be Contacted  |   |                           |  |  |  |  |  |  |  |  |
| for Further   | Name <b>Tim Pressley</b> Telephone  | 336-821-8650              |  |  |  |  |  |  |  |  |
| Information   |   |                           |  |  |  |  |  |  |  |  |
|               | Address One Lumos Plaza   |                           |  |  |  |  |  |  |  |  |
|               | (Number, street, rural route, apartment, or suite number)   |                           |  |  |  |  |  |  |  |  |
|               | Waynesboro, VA 22980  |                           |  |  |  |  |  |  |  |  |
|               | (City, town, state, zip)  |                           |  |  |  |  |  |  |  |  |
|               |   |                           |  |  |  |  |  |  |  |  |
|               | Email tim.pressley@lumosfiber.com Fax (optional)  |                           |  |  |  |  |  |  |  |  |
|               |   |                           |  |  |  |  |  |  |  |  |
|               | CERTIFICATION /This statement of account must be certified and signed in accordance with Converget Office r   | agulations                |  |  |  |  |  |  |  |  |
|               | <b>CERTIFICATION</b> (This statement of account must be certified and signed in accordance with Copyright Office re   | egulations.               |  |  |  |  |  |  |  |  |
| 0             |   |                           |  |  |  |  |  |  |  |  |
| Certification | • I, the undersigned, hereby certify that (Check one, but only one, of the boxes.)  |                           |  |  |  |  |  |  |  |  |
|               | (Quantum at how then covered on an newton reliable) I am the covered the cable covered as identified in line 1 of and   | as Br or                  |  |  |  |  |  |  |  |  |
|               | (Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of spa   | Ce B; Of                  |  |  |  |  |  |  |  |  |
|               |   |                           |  |  |  |  |  |  |  |  |
|               | (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cab   | le system as identified   |  |  |  |  |  |  |  |  |
|               | in line 1 of space B and that the owner is not a corporation or partnership; or   |                           |  |  |  |  |  |  |  |  |
|               | (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as   | owner of the cable system |  |  |  |  |  |  |  |  |
|               | in line 1 of space B.   |                           |  |  |  |  |  |  |  |  |
|               | I have examined the statement of account and hereby declare under penalty of law that all statements of fact contains.  | ined herein               |  |  |  |  |  |  |  |  |
|               | are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith.   | ined herein               |  |  |  |  |  |  |  |  |
|               | [18 U.S.C., Section 1001(1986)]   |                           |  |  |  |  |  |  |  |  |
|               |   |                           |  |  |  |  |  |  |  |  |
|               |   |                           |  |  |  |  |  |  |  |  |
|               |   |                           |  |  |  |  |  |  |  |  |
|               | /s/ Alison J. Brown   |                           |  |  |  |  |  |  |  |  |
|               |   |                           |  |  |  |  |  |  |  |  |
|               | 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 curso button, then type /s/ and your name. Pressing the "F2" button will avoid enabling Excel's Lotus co |                           |  |  |  |  |  |  |  |  |
|               | satisfi, then type to take your haire. It beening the till state that the state of  | pauz, counige.            |  |  |  |  |  |  |  |  |
|               | Typed or printed name: A. J. Brown  |                           |  |  |  |  |  |  |  |  |
|               |   |                           |  |  |  |  |  |  |  |  |
|               |   |                           |  |  |  |  |  |  |  |  |
|               |   |                           |  |  |  |  |  |  |  |  |
|               | Title: Chief Legal Officer  |                           |  |  |  |  |  |  |  |  |
|               | (Title of official position held in corporation or partnership)   |                           |  |  |  |  |  |  |  |  |
|               |   |                           |  |  |  |  |  |  |  |  |
|               | Date: February 27, 2023   |                           |  |  |  |  |  |  |  |  |
| i             |   |                           |  |  |  |  |  |  |  |  |

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 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 telephor numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Office's public indexes and search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal sufficiency of the filing, a determination that would be made by a court of law

**ACCOUNTING PERIOD: 2022/2** 

| LEGAL NAME OF OWNE   | R OF CABLE SYSTEM:  | SYSTEM ID# | Name                                |  |  |  |
|--|---|------------|-------------------------------------|--|--|--|
| Lumos Media In   | С   | 39236      | 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." |   |            |                                     |  |  |  |
| paper SA3 form.  | tion on when to exclude these amounts, see the note on page (vii) of the general instruction  |            | Concerning Gross Receipts Exclusion |  |  |  |
| made by satellite  | nting period did the cable system exclude any amounts of gross receipts for secondary tran<br>carriers to satellite dish owners?  | smissions  |                                     |  |  |  |
| X NO   |   |            |                                     |  |  |  |
| YES. Enter th  | e total here and list the satellite carrier(s) below  |            |                                     |  |  |  |
| Name<br>Mailing Address  | Name Mailing Address  |            |                                     |  |  |  |
|  |   |            |                                     |  |  |  |
| INTEREST AS  | SESSMENTS   |            |                                     |  |  |  |
|  | te this worksheet for those royalty payments submitted as a result of a late payment or und<br>n of interest assessment, see page (viii) of the general instructions in the paper SA3 form. | erpayment. | Q                                   |  |  |  |
| Line 1 Enter the   | amount of late payment or underpayment  |            | Interest<br>Assessment              |  |  |  |
| Line 2 Multiply li   | ne 1 by the interest rate* and enter the sum here   | -          |                                     |  |  |  |
|  | x   | days       |                                     |  |  |  |
| Line 3 Multiply li   | ne 2 by the number of days late and enter the sum here  | _          |                                     |  |  |  |
|  | x   | .00274     |                                     |  |  |  |
|  | ne 3 by 0.00274** enter here and on line 3, block 4,  |            |                                     |  |  |  |
| S  | pace L (page 7)   | st charge) |                                     |  |  |  |
|  | interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assista-<br>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.   |            |                                     |  |  |  |
|  | filing this worksheet covering a statement of account already submitted to the Copyright Of<br>the owner, address, first community served, accounting period, and ID number as given in     |            |                                     |  |  |  |
| Owner<br>Address   |   |            |                                     |  |  |  |
| First community s  | erved   |            |                                     |  |  |  |
| Accounting period ID number  |   |            |                                     |  |  |  |
|  |   |            |                                     |  |  |  |

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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 carriec by a cable system during an accounting period. Your system's total number of DSEs determines the royalty you owe. For the full definition, see page (v) of the General Instructions in the paper SA3 form.

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

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

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

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

| • Independent: its type-value is                                  | 1.00 |
|---|------|
| Network: its type-value is  | 0.25 |
| Noncommercial educational: its type-value is                      | 0.25 |
| Note that local stations are not counted at all in computing DSEs |      |

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

### **EXAMPLE:**

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

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

| Santa Rosa  | Stations A and C<br>35 mile zone<br>Fairvale |
|-------------|--|
| <b>\</b> an | Bodega<br>Bay<br>ns B, D,<br>d E<br>le zone  |

|    | <b>Distant Stations Carried</b> |       | Identification | of Subscriber Groups   |                  |
|----|---------------------------------|-------|----------------|------------------------|------------------|
|    | STATION                         | DSE   | CITY           | OUTSIDE LOCAL          | GROSS RECEIPTS   |
| in | A (independent)                 | 1.0   |                | SERVICE AREA OF        | FROM SUBSCRIBERS |
| ,  | B (independent)                 | 1.0   | Santa Rosa     | Stations A, B, C, D ,E | \$310,000.00     |
|    | C (part-time)                   | 0.083 | Rapid City     | Stations A and C       | 100,000.00       |
|    | D (part-time)                   | 0.139 | Bodega Bay     | Stations A and C       | 70,000.00        |
|    | E (network)                     | 0.25  | Fairvale       | Stations B, D, and E   | 120,000.00       |
|    | TOTAL DSEs                      | 2 472 |                | TOTAL GROSS RECEIPTS   | \$600,000,00     |

| Minimum Fee Total Gross Receipts | \$600,000.00 |
|----------------------------------|--------------|
|                                  | x .01064     |
|                                  | 00.004.00    |

| Ψ0,001.00                    |              |                             |              |                             |              |  |  |  |
|------------------------------|--------------|-----------------------------|--------------|-----------------------------|--------------|--|--|--|
| 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)

**ACCOUNTING PERIOD: 2022/2** 

DSE SCHEDULE. PAGE 11. (CONTINUED)

| 1                    | LEGAL NAME OF OWNER OF CABLE <b>Lumos Media Inc</b>  | SYSTEM ID#<br>39236 |           |     |           |     |  |  |
|----------------------|--|---------------------|-----------|-----|-----------|-----|--|--|
|                      | SUM OF DSEs OF CATEGOR  • Add the DSEs of each station Enter the sum here and in line  | 0.00                |           |     |           |     |  |  |
|                      | Instructions: In the column headed "Call Sign": list the call signs of all distant stations identified by the letter "O" in column 5 of space G (page 3).      |                     |           |     |           |     |  |  |
| of DSEs for          | In the column headed "DSE": for each independent station, give the DSE as "1.0"; for each network or noncommercial educational station, give the DSE as ".25." |                     |           |     |           |     |  |  |
| Category "O"         | CATEGORY "O" STATIONS: DSEs  |                     |           |     |           |     |  |  |
| Stations             | CALL SIGN  | DSE                 | CALL SIGN | DSE | CALL SIGN | DSE |  |  |
|                      |  |                     |           |     |           |     |  |  |
|                      |  |                     |           |     |           |     |  |  |
|                      |  |                     |           |     |           |     |  |  |
|                      |  |                     |           |     |           |     |  |  |
|                      |  |                     |           |     |           |     |  |  |
| Add rows as          |  |                     |           |     |           |     |  |  |
| necessary.           |  |                     |           |     |           |     |  |  |
| Remember to copy all |  |                     |           |     |           |     |  |  |
| formula into new     |  |                     |           |     |           |     |  |  |
| rows.                |  |                     |           |     |           |     |  |  |
| TOWS.                |  |                     |           |     |           |     |  |  |
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|                      |  |                     |           |     |           |     |  |  |
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|                      |  |                     |           |     |           |     |  |  |
|                      |  |                     |           |     |           |     |  |  |
|                      |  |                     |           |     |           |     |  |  |
|                      |  |                     |           |     |           |     |  |  |
| 1                    | I  | il                  |           | I   | mil       | ·   |  |  |

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name **Lumos Media Inc** 39236 Instructions: CAPACITY Column 1: List the call sign of all distant stations identified by "LAC" in column 5 of space G (page 3). 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. Computation 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 of DSEs for be carried out at least to the third decimal point. This is the "basis of carriage value" for the station. Stations Column 5: For each independent station, give the "type-value" as "1.0." For each network or noncommercial educational station, **Carried Part** give the type-value as ".25." Time Due to Lack of 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 Activated Channel Capacity CATEGORY LAC STATIONS: COMPUTATION OF DSEs 1. CALL 2. NUMBER 6. DSE 3. NUMBER 4. BASIS OF 5. TYPE OF HOURS OF HOURS VALUE SIGN CARRIAGE **CARRIED BY** STATION VALUE SYSTEM ON AIR SUM OF DSEs OF CATEGORY LAC STATIONS: Add the DSEs of each station. 0.00 Instructions: Column 1: Give the call sign of each station listed in space I (page 5, the Log of Substitute Programs) if that station: 4 Was carried by your system in substitution for a program that your system was permitted to delete under FCC rules and regulartions in effect on October 19, 1976 (as shown by the letter "P" in column 7 of space I); and • Broadcast one or more live, nonnetwork programs during that optional carriage (as shown by the word "Yes" in column 2 of Computation of DSEs for Substitute-Column 2: For each station give the number of live, nonnetwork programs carried in substitution for programs that were deleted at your option. This figure should correspond with the information in space I. **Basis Stations** Column 3: Enter the number of days in the calendar year: 365, except in a leap year. Column 4: Divide the figure in column 2 by the figure in column 3, and give the result in column 4. 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). SUBSTITUTE-BASIS STATIONS: COMPUTATION OF DSEs 1. CALL 2. NUMBER 3. NUMBER 4. DSE 1. CALL 3. NUMBER 4. DSE 2. NUMBER SIGN OF OF DAYS SIGN OF OF DAYS **PROGRAMS** IN YEAR IN YEAR **PROGRAMS** SUM OF DSEs OF SUBSTITUTE-BASIS STATIONS: Add the DSEs of each station 0.00 Enter the sum here and in line 3 of part 5 of this schedule, ...... 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● 0.00 of DSEs 2. Number of DSEs from part 3● 0.00 3. Number of DSEs from part 4 • 0.00 TOTAL NUMBER OF DSEs

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

| LEGAL NAME OF C   |                                     | SYSTEM:        |                    |  |                |                 | S,                    | YSTEM ID#<br>39236 | Name   |  |
|---|-------------------------------------|----------------|--------------------|--|----------------|-----------------|-----------------------|--------------------|--|--|
| Instructions: Bloc<br>In block A:<br>• If your answer if  |                                     | •              | part 6 and part    | 7 of the DSE sche                        | edule blank ar | nd complete pa  | art 8, (page 16) of   | the                | 6  |  |
| schedule.  If your answer if  | "No." complete blo                  | ncks B and C   | : helow            |  |                |                 |                       |                    |  |  |
| i your answer ii  | No, complete bit                    |                |                    | ELEVISION MA                             | ARKETS         |                 |                       |                    | Computation of   |  |
| I <u>—</u>  | 1981?                               | outside of all | major and sma      |  | fined under s  |                 |                       | gulations in       | 3.75 Fee   |  |
|   | BLOCK B: CARRIAGE OF PERMITTED DSEs |                |                    |  |                |                 |                       |                    |  |  |
| Column 1: List the call signs of distant stations listed in part 2, 3, and 4 of this schedule that your system was permitted to carry under FCC rules and regulations prior to June 25, 1981. For further explanation of permitted stations, see the instructions for the DSE Schedule. (Note: The letter M below refers to an exempt multicast stream as set forth in the Satellite Television Extension and Localism Act of 2010.)  |                                     |                |                    |  |                |                 |                       |                    |  |  |
| Column 2: Enter the appropriate letter indicating the basis on which you carried a permitted station  (Note the FCC rules and regulations cited below pertain to those in effect on June 24, 1981.  A Stations carried pursuant to the FCC market quota rules [76.57, 76.59(b), 76.61(b)(c), 76.63(a) referring to 76.61(b)(c)]  B Specialty station as defined in 76.5(kk) (76.59(d)(1), 76.61(e)(1), 76.63(a) referring to 76.61(e)(1)  C Noncommerical educational station [76.59(c), 76.61(d), 76.63(a) referring to 76.61(d)  D Grandfathered station (76.65) (see paragraph regarding substitution of grandfathered stations in the instructions for DSE schedule).  E Carried pursuant to individual waiver of FCC rules (76.7)  *F A station previously carried on a part-time or substitute basis prior to June 25, 198'  G Commercial UHF station within grade-B contour, [76.59(d)(5), 76.61(e)(5), 76.63(a) referring to 76.61(e)(5)  M Retransmission of a distant multicast stream. |                                     |                |                    |  |                |                 |                       |                    |  |  |
| Column 3:   |                                     | e stations ide | entified by the le | parts 2, 3, and 4<br>etter "F" in column |                |                 | vorksheet on page     | e 14 of            |  |  |
| 1. CALL<br>SIGN   | 2. PERMITTED<br>BASIS               | 3. DSE         | 1. CALL<br>SIGN    | 2. PERMITTED<br>BASIS                    | 3. DSE         | 1. CALL<br>SIGN | 2. PERMITTED<br>BASIS | 3. DSE             |  |  |
|   |                                     |                |                    |  |                |                 |                       |                    |  |  |
|   |                                     |                |                    |  |                |                 |                       |                    |  |  |
|   |                                     |                |                    |  |                |                 |                       |                    |  |  |
|   |                                     |                |                    |  |                |                 |                       |                    |  |  |
|   | l                                   |                |                    |  |                |                 |                       | 0.00               |  |  |
|   |                                     |                |                    | MOUTATION                                | - 0 75 555     |                 |                       | 0.00               |  |  |
|   |                                     |                | LOCK C: CO         | MPUTATION OF                             | - 3.75 FEE     |                 |                       |                    |  |  |
| Line 1: Enter the   | total number of                     | DSEs from      | part 5 of this     | schedule                                 |                |                 |                       | -                  |  |  |
| Line 2: Enter the   | sum of permitte                     | ed DSEs from   | m block B abo      | ove                                      |                |                 | <u> </u>              |                    |  |  |
| Line 3: Subtract<br>(If zero, l   |                                     |                |                    | of DSEs subject<br>7 of this schedu      |                | rate.           |                       | 0.00               |  |  |
| Line 4: Enter gro   | ess receipts from                   | ı space K (p   | age 7)             |  |                |                 | x 0.03                | 375                | Do any of the DSEs represent partially                           |  |
| Line 5: Multiply li   | ine 4 by 0.0375                     | and enter si   | um here            |  |                |                 | .,-                   |                    | permited/<br>partially   |  |
| Line 6: Enter tota  | al number of DS                     | Es from line   | 3                  |  |                |                 | X                     | <u>-</u>           | nonpermitted<br>carriage?<br>If yes, see part<br>9 instructions. |  |
| Line 7: Multiply li   | ine 6 by line 5 aı                  | nd enter her   | e and on line      | 2, block 3, space                        | e L (page 7)   |                 |                       | 0.00               |  |  |

| LEGAL NAME OF OWNER OF CABLE SYSTEM:  SYSTEM ID#  Lumos Media Inc  39236 |                 |                       |        |                 |                    |            |                 |                       |        | Name                    |
|--|-----------------|-----------------------|--------|-----------------|--------------------|------------|-----------------|-----------------------|--------|-------------------------|
| Lu   | IIIOS WICUIA    |                       | DI 001 | A TELEVIS       | UON MA DICET       | 2 (20NITIN |                 |                       | 39230  |                         |
|  | 4 0411          | o DEDMITTED           |        |                 | ION MARKETS        |            | 1 [             | o DEDMITTED           | 0 005  | 6                       |
|  | 1. CALL<br>SIGN | 2. PERMITTED<br>BASIS | 3. DSE | 1. CALL<br>SIGN | 2. PERMITTED BASIS | 3. DSE     | 1. CALL<br>SIGN | 2. PERMITTED<br>BASIS | 3. DSE | 0                       |
|  |                 |                       |        |                 |                    |            |                 |                       |        | Computation of 3.75 Fee |
|  |                 |                       |        |                 |                    |            |                 |                       |        | 3.75 Fee                |
|  |                 |                       |        |                 |                    |            |                 |                       |        |                         |
|  |                 |                       |        |                 |                    |            |                 |                       |        |                         |
|  |                 |                       |        |                 |                    |            |                 |                       |        |                         |
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| l  |                 |                       |        |                 |                    |            |                 |                       |        |                         |
|  |                 |                       |        |                 |                    |            |                 |                       |        |                         |
|  |                 |                       |        |                 |                    |            |                 |                       |        |                         |
| <del>                                     </del>                         |                 | 1                     |        |                 | 1                  |            |                 |                       |        | t                       |

| Name  |  | EGAL NAME OF OWNER OF CABLE SYSTEM:  Lumos Media Inc  39236  |                                   |                                   |      |   |             |                                 |          |                |  |  |  |  |
|---|--|--|-----------------------------------|-----------------------------------|------|---|-------------|---------------------------------|----------|----------------|--|--|--|--|
| Worksheet for<br>Computating<br>the DSE<br>Schedule for<br>Permitted<br>Part-Time and<br>Substitute<br>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 Column 2: Indicate the DSE for this station for a single accounting period, occurring between January 1, 1978 and June 30, 198 Column 3: Indicate the accounting period and year in which the carriage and DSE occurred (e.g., 1981/1) Column 4: Indicate the basis of carriage on which the station was carried by listing one of the following letters (Note that the FCC rules and regulations cited below pertain to those in effect on June 24, 1981.  A—Part-time specialty programming: Carriage, on a part-time basis, of specialty programming under FCC rules, sections 76.59(d)(1),76.61(e)(1), or 76.63 (referring to 76.61(e)(1)).  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 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<br>SIGN  | PERMITT<br>2. PRIC   | OR 3. ACC                         | TIONS CARRIE<br>COUNTING<br>ERIOD | ED O | ON A PART-TIME AN<br>4. BASIS OF<br>CARRIAGE                        | 5. PF       | RESENT<br>DSE                   |          | RMITTED<br>OSE |  |  |  |  |
|   | GIGIA  | DOL  |                                   |                                   |      | O/ II                           |             | JOL                             |          |                |  |  |  |  |
|   |  |  |                                   |                                   |      |   |             |                                 |          |                |  |  |  |  |
|   |  |  |                                   |                                   |      |   |             |                                 |          |                |  |  |  |  |
|   |  |  |                                   |                                   |      |   |             |                                 |          |                |  |  |  |  |
|   |  |  |                                   |                                   |      |   |             |                                 |          |                |  |  |  |  |
|   |  |  |                                   |                                   |      |   |             |                                 |          |                |  |  |  |  |
|   |  |  |                                   |                                   |      |   |             |                                 |          |                |  |  |  |  |
|   |  |  |                                   |                                   |      |   |             |                                 |          |                |  |  |  |  |
|   |  |  |                                   |                                   |      |   |             |                                 |          |                |  |  |  |  |
| Computation<br>of the<br>Syndicated<br>Exclusivity<br>Surcharge   | In block A: If your answer is  | Instructions: Block A must be completed.  In block A:  If your answer is "Yes," complete blocks B and C, below.  If your answer is "No," leave blocks B and C blank and complete part 8 of the DSE schedule.  BLOCK A: MAJOR TELEVISION MARKET  * Is any portion of the cable system within a top 100 major television market as defined by section 76.5 of FCC rules in effect June 24, 1981? |                                   |                                   |      |   |             |                                 |          |                |  |  |  |  |
|   | Yes—Complete   | e blocks B and   | 1 C .                             |                                   | [    | No—Proceed to   | part 8      |                                 |          |                |  |  |  |  |
|   | BLOCK B: C   | arriage of VHI   | F/Grade B Contour                 | Stations                          |      | BLOCK   | C: Compu    | ıtation of Exempt               | DSEs     |                |  |  |  |  |
|   | Is any station listed ir<br>commercial VHF stat<br>or in part, over the ca   | ion that place   |                                   |                                   | nit  | as any station listed<br>ty served by the cab<br>former FCC rule 76 | le system į | •                               | •        |                |  |  |  |  |
|   | Yes—List each s  X No—Enter zero a   |  | th its appropriate per<br>part 8. | mitted DSE                        |      | Yes—List each sta  X No—Enter zero ar                               |             | with its appropriate to part 8. | permitte | ed DSE         |  |  |  |  |
|   | CALL SIGN  | DSE  | CALL SIGN                         | DSE                               |      | CALL SIGN   | DSE         | CALL SIGN                       |          | DSE            |  |  |  |  |
|   |  |  |                                   |                                   |      |   |             |                                 |          |                |  |  |  |  |
|   |  |  |                                   |                                   |      |   |             |                                 |          |                |  |  |  |  |
|   |  |  |                                   |                                   |      |   |             |                                 |          |                |  |  |  |  |
|   |  |  |                                   |                                   |      |   |             |                                 |          |                |  |  |  |  |
|   |  |  |                                   |                                   |      |   |             |                                 |          |                |  |  |  |  |
|   |  |  | TOTA:                             | 0.00                              |      |   |             | TO-11 - 5-                      |          | 0.00           |  |  |  |  |
|   |  |  | TOTAL DSEs                        | 0.00                              | Ш    |   |             | TOTAL DSEs                      |          | 0.00           |  |  |  |  |

| LEGAL NA      | ME OF OWNER OF CABLE SYSTEM:  Lumos Media Inc  | 39236      | Name                                |
|---------------|--|------------|-------------------------------------|
|               | BLOCK D: COMPUTATION OF THE SYNDICATED EXCLUSIVITY SURCHARGE   |            |                                     |
| Section<br>1  | Enter the amount of gross receipts from space K (page 7)   | 982,586.32 | 7                                   |
| Section<br>2  | A. Enter the total DSEs from block B of part 7   | 0.00       | Computation                         |
|               | B. Enter the total number of exempt DSEs from block C of part 7  | 0.00       | of the<br>Syndicated<br>Exclusivity |
|               | C. Subtract line B from line A and enter here. This is the total number of DSEs subject to the surcharge computation. If zero, proceed to part 8.  | 0.00       | Surcharge                           |
| • Is any      | // portion of the cable system within a top 50 television market as defined by the FCC?  Yes—Complete section 3 below.  X No—Complete section 4 below.   |            |                                     |
|               | SECTION 3: TOP 50 TELEVISION MARKET  |            |                                     |
| Section<br>3a | Did your cable system retransmit the signals of any partially distant television stations during the accounting period?      X Yes—Complete part 9 of this schedule.  No—Complete the applicable section below.  |            |                                     |
|               | If the figure in section 2, line C is 4.000 or less, compute your surcharge here and leave section 3b blank. NOTE: If the 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<br>3b | If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 3a blank.   |            |                                     |
|               | A. Enter 0.00599 of gross receipts (the amount in section 1)   |            |                                     |
|               | B. Enter 0.00377 of gross receipts (the amount in section 1)   |            |                                     |
|               | C. Multiply line B by 3.000 and enter here   |            |                                     |
|               | D. Enter 0.00178 of gross receipts (the amount in section 1)   |            |                                     |
|               | E. Subtract 4.000 from total DSEs (the fgure on line C in section 2) and enter here  |            |                                     |
|               | F. Multiply line D by line E and enter here  |            |                                     |
|               | G. Add lines A, C, and F. This is your surcharge.  Enter here and on line 2 of block 4 in space L (page 7)  Syndicated Exclusivity Surcharge   |            |                                     |
|               | SECTION 4: SECOND 50 TELEVISION MARKET   |            |                                     |
|               | Did your cable system retransmit the signals of any partially distant television stations during the accounting period?  |            |                                     |
| Section<br>4a | X Yes—Complete part 9 of this schedule. No—Complete the applicable section below.  |            |                                     |
|               | If the figure in section 2, line C is 4.000 or less, compute your surcharge here and leave section 4b blank. NOTE: If the 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   |            |                                     |

|   | LECAL NAM                                      | IE OF OWNER OF CABLE SYSTEM: SYSTEM ID   |
|---|--|--|
| Name  |  | Lumos Media Inc 3923   |
| Computation<br>of the<br>Syndicated<br>Exclusivity<br>Surcharge | Section<br>4b                                  | If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 4a blank.  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. 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.  |
| 8<br>Computation<br>of<br>Base Rate Fee                         | You mi 6 was In blo If you If you blank What i | ust complete this part of the DSE schedule for the SUM OF PERMITTED DSEs in part 6, block B; however, if block A of part checked "Yes," use the total number of DSEs from part 5.  ck A, indicate, by checking "Yes" or "No," whether your system carried any partially distant stations.  ir answer is "No," compute your system's base rate fee in block B. Leave part 9 blank.  ir answer is "Yes" (that is, if you carried one or more partially distant stations), you must complete part 9. Leave block B below  s a partially distant station? A station is "partially distant" if, at the time your system carried it, some of your subscribers be paged within that station's local service area and others were located outside that area. For the definition of a station's "local e area," see page (v) of the general instructions. |
|   |  | BLOCK A: CARRIAGE OF PARTIALLY DISTANT STATIONS  |
|   | • Did y  | our cable system retransmit the signals of any partially distant television stations during the accounting period?   |
|   |  | X Yes—Complete part 9 of this schedule. No—Complete the following sections.  |
|   |  | BLOCK B: NO PARTIALLY DISTANT STATIONS—COMPUTATION OF BASE RATE FEE  |
|   | Section<br>1                                   | Enter the amount of gross receipts from space K (page 7) ▶\$   |
|   | Section<br>2                                   | Enter the total number of permitted DSEs from block B, part 6 of this schedule.  (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 4.000 or less, 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  |
|   |  |  |

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

| Lumos Media Inc  |  | NI a saa a                |
|--|--|---------------------------|
|  | 39236  | Name                      |
| Section If the figure in section 2 is more than 4.000  | compute your base rate fee here and leave section 3 blank.   |                           |
| 4  |  | 8                         |
| A. Enter 0.01064 of gross receipts (the amount in section 1)                                   | <b>▶</b> \$  |                           |
|  |  |                           |
| B. Enter 0.00701 of gross receipts (the amount in section 1)                                   | <b>▶</b> \$  | Computation of            |
|  |  | Base Rate Fee             |
| C. Multiply line B by 3.000 and enter  | here   |                           |
| D. Enter 0.00330 of gross receipts   | <b>▶</b> \$  |                           |
| (the amount in section 1)  |  |                           |
| E. Subtract 4.000 from total DSEs  | noro.  |                           |
| (the figure in section 2) and efficient  | nere   |                           |
| F. Multiply line D by line E and enter   | here <b>\$</b>   |                           |
| G. Add lines A, C, and F. This is your   |  |                           |
| Enter here and in block 3, line 1, s Base Rate Fee   | pace L (page 7)  ▶ \$ 0.00   |                           |
|  |  |                           |
| , ,  | rt television signals on a system-wide basis. Carriage of television broadcast signals shall   |                           |
| instead be reported on a community-by-commu<br>Space G.  | nity basis (subscriber groups) if the cable system reported multiple channel line-ups in   | 9                         |
| •  | ere partially distant, the statute allows you, in computing your base rate fee, to exclude   | Computation               |
| receipts from subscribers located within the state exclusion, you must:                        | tion's local service area, from your system's total gross receipts. To take advantage of this  | of<br>Base Rate Fe        |
| First: Divide all of your subscribers into subscri   | ber groups, each group consisting entirely of subscribers that are distant to the same   | and                       |
| station or the same group of stations. Next: Tre   | at each subscriber group as if it were a separate cable system. Determine the number of  | Syndicated<br>Exclusivity |
|  | ceipts attributable to that group, and calculate a separate base rate fee for each group.  each subscriber group. That total is the base rate fee for your system.   | Surcharge                 |
| ·  | cated within the top 100 television market and the station is not exempt in part 7, you must   | for<br>Partially          |
|  | ge for each subscriber group. In this case, complete both block A and B below. However, I major television markets, complete block A only.   | Distant<br>Stations, and  |
| How to Identify a Subscriber Group for Parti   |  | for Partially             |
|  | the local service area of each wholly distant and each partially distant station you   | Permitted<br>Stations     |
| carried to that community.   | We distant the first of the fir | Guarono                   |
| •  | Illy distant station you carried, determine which of your subscribers were located<br>wriber located outside the local service area of a station is distant to that station (and, by<br>scriber.)  |                           |
|  | groups according to the complement of stations to which they are distant. Each   |                           |
| • •  | ribers who are distant to exactly the same complement of stations. Note that a cable<br>en the distant stations it carried have local service areas that coincide.   |                           |
| Computing the base rate fee for each subsc   | riber group: Block A contains separate sections, one for each of your system's subscriber  |                           |
| In each section:   |  |                           |
| • Identify the communities/areas represented by  |  |                           |
| • Give the call sign for each of the stations in th subscribers in the group.                  | e subscriber group's complement—that is, each station that is distant to all of the  |                           |
| • If:  |  |                           |
| 1) your system is located wholly outside all maj<br>4 of this schedule; or,                    | or and smaller television markets, give each station's DSE as you gave it in parts 2, 3, and   |                           |
|  | jor or smaller television market, give each station's DSE as you gave it in block B,   |                           |
| • Add the DSEs for each station. This gives you  | the total DSEs for the particular subscriber group.  |                           |
| <ul> <li>Calculate gross receipts for the subscriber gro<br/>in the paper SA3 form.</li> </ul> | oup. For further explanation of gross receipts see page (vii) of the general instructions  |                           |
| Compute a base rate fee for each subscriber page. In making this computation, use the DSE      | group using the formula outline in block B of part 8 of this schedule on the preceding and gross receipts figure applicable to the particular subscriber group (that is, the total nd total gross receipts from the subscribers in that group). You do not need to show your   |                           |

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name 39236 **Lumos Media Inc** 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 OWNER OF CABLE SYSTEM:  SYSTEM ID# |         |                 |            |                       |           |                 |       |                     |  |
|--|---------|-----------------|------------|-----------------------|-----------|-----------------|-------|---------------------|--|
| Lumos Media Inc                                  |         |                 |            |                       |           |                 | 39236 | Name                |  |
| BL   |         |                 |            | TE FEES FOR EAC       |           |                 |       |                     |  |
|  | FIRST   | SUBSCRIBER GROU | IP .       |                       | SECOND    | SUBSCRIBER GROU | JP    | 9                   |  |
| COMMUNITY/ AREA                                  |         |                 | 0          | COMMUNITY/ AREA       |           |                 |       |                     |  |
|  | I soe I | T OALL CLONE    | 505        |                       | T 505     | II oall olon    | 505   | Computation         |  |
| CALL SIGN  | DSE     | CALL SIGN       | DSE        | CALL SIGN             | DSE       | CALL SIGN       | DSE   | of<br>Base Rate Fee |  |
|  |         |                 |            |                       |           |                 |       | and                 |  |
|  |         |                 |            |                       |           |                 |       | Syndicated          |  |
|  |         | -               |            |                       |           |                 |       | Exclusivity         |  |
|  |         |                 |            |                       |           |                 |       | Surcharge           |  |
|  |         | -               |            |                       |           | -               |       | for                 |  |
|  |         | -               |            |                       |           |                 |       | Partially           |  |
|  |         |                 |            |                       |           |                 |       | Distant             |  |
|  |         |                 |            |                       |           |                 |       | Stations            |  |
|  |         |                 |            |                       |           |                 |       |                     |  |
|  |         | -               |            |                       |           |                 |       |                     |  |
|  |         | -               |            |                       |           |                 |       |                     |  |
|  |         |                 |            |                       |           |                 |       |                     |  |
|  |         |                 |            |                       |           |                 |       |                     |  |
|  |         |                 |            |                       |           |                 |       |                     |  |
| Total DSEs                                       |         |                 | 0.00       | Total DSEs            |           | _               | 0.00  |                     |  |
| Gross Receipts First Gr                          | oup     | \$              | 0.00       | Gross Receipts Seco   | ond Group | \$              | 0.00  |                     |  |
| Base Rate Fee First Gro                          | oup     | \$              | 0.00       | Base Rate Fee Seco    | ond Group | \$              | 0.00  |                     |  |
|  | THIRD   | SUBSCRIBER GROU | IP         |                       | FOURTH    | SUBSCRIBER GROU | JP    |                     |  |
| COMMUNITY/ AREA                                  |         |                 | 0          | COMMUNITY/ AREA       | 4         |                 | 0     |                     |  |
| CALL SIGN  | DSE     | CALL SIGN       | DSE        | CALL SIGN             | DSE       | CALL SIGN       | DSE   |                     |  |
|  |         |                 |            |                       |           |                 |       |                     |  |
|  |         |                 |            |                       |           |                 |       |                     |  |
|  |         |                 |            |                       |           |                 |       |                     |  |
|  |         | -               |            |                       |           |                 |       |                     |  |
|  |         |                 |            |                       |           |                 |       |                     |  |
|  |         |                 |            |                       |           |                 |       |                     |  |
|  |         |                 |            |                       |           | -               |       |                     |  |
|  |         | -               |            |                       |           |                 |       |                     |  |
|  |         |                 |            |                       |           |                 |       |                     |  |
|  |         |                 |            |                       |           |                 |       |                     |  |
|  |         | -               |            |                       |           |                 |       |                     |  |
|  |         |                 |            |                       |           |                 |       |                     |  |
|  |         |                 |            |                       |           |                 |       |                     |  |
| Total DSEs                                       |         |                 | 0.00       | Total DSEs            |           |                 | 0.00  |                     |  |
|  | roup    | ¢               | 0.00       |                       | th Group  | ¢               | 0.00  |                     |  |
| Gross Receipts Third G                           | ιουρ    | \$              | 0.00       | Gross Receipts Four   | ит Стоир  | \$              | 0.00  |                     |  |
| Base Rate Fee Third G                            | roup    | \$              | 0.00       | Base Rate Fee Four    | th Group  | \$              | 0.00  |                     |  |
|  |         |                 |            |                       |           |                 |       |                     |  |
| Base Rate Fee: Add the Enter here and in block   |         |                 | iber group | as shown in the boxes | s above.  | \$              | 0.00  |                     |  |

| LEGAL NAME OF OWNER OF CABLE SYSTEM:  Lumos Media Inc  39236 |   |   |              |                       |          |                 |      |                  |  |  |
|--|---|---|--------------|-----------------------|----------|-----------------|------|------------------|--|--|
| BL   | OCK A: 0                                | COMPUTATION OF                            | BASE RA      | TE FEES FOR EACH      | H SUBSCF | RIBER GROUP     |      |                  |  |  |
|  | FIFTH                                   | SUBSCRIBER GRO                            |              |                       | SIXTH    | SUBSCRIBER GROU | IP   | 9                |  |  |
| COMMUNITY/ AREA  |   |   | 0            | COMMUNITY/ AREA       |          |                 |      |                  |  |  |
| CALL SIGN  | DSE                                     | CALL SIGN                                 | DSE          | CALL SIGN             | DSE      | CALL SIGN       | DSE  | Computation of   |  |  |
| 07.122 07077   | 202                                     | G/ III G/ G/                              |              | 0,122 0.011           | 332      | 07.122.01011    | 332  | Base Rate Fee    |  |  |
|  |   |   |              |                       |          |                 |      | and              |  |  |
|  | •                                       |   |              |                       |          |                 |      | Syndicated       |  |  |
|  |   |   |              |                       |          |                 |      | Exclusivity      |  |  |
|  |   |   |              |                       |          |                 |      | Surcharge<br>for |  |  |
|  |   | -   |              |                       |          |                 |      | Partially        |  |  |
|  |   |   |              |                       |          |                 |      | Distant          |  |  |
|  |   | -   |              |                       |          | <br>            |      | Stations         |  |  |
|  |   |   |              |                       |          |                 |      |                  |  |  |
|  |   |   |              |                       |          |                 |      |                  |  |  |
|  | • |   |              |                       |          | <u> </u>        |      |                  |  |  |
|  |   |   |              |                       |          |                 |      |                  |  |  |
|  |   |   |              |                       |          |                 |      |                  |  |  |
| Total DSEs   |   |   | 0.00         | Total DSEs            |          |                 | 0.00 |                  |  |  |
| Gross Receipts First Gr                                      | oup                                     | \$  | 0.00         | Gross Receipts Seco   | nd Group | \$              | 0.00 |                  |  |  |
|  |   |   |              |                       |          |                 |      |                  |  |  |
| Base Rate Fee First Gr                                       | oup                                     | \$  | 0.00         | Base Rate Fee Secon   | nd Group | \$              | 0.00 |                  |  |  |
|  | EVENTH                                  | SUBSCRIBER GRO                            |              |                       |          | SUBSCRIBER GROU | IP   |                  |  |  |
| COMMUNITY/ AREA  |   |   | 0            | COMMUNITY/ AREA       |          |                 |      |                  |  |  |
| CALL SIGN  | DSE                                     | CALL SIGN                                 | DSE          | CALL SIGN             | DSE      | CALL SIGN       | DSE  |                  |  |  |
|  | •                                       | -   |              |                       |          |                 |      |                  |  |  |
|  |   |   |              |                       |          | . –             |      |                  |  |  |
|  | •                                       | -   |              |                       |          | -               |      |                  |  |  |
|  |   |   |              |                       |          |                 |      |                  |  |  |
|  | •                                       | -   |              |                       |          |                 |      |                  |  |  |
|  |   | -   |              |                       |          |                 |      |                  |  |  |
|  | •                                       |   |              |                       |          |                 |      |                  |  |  |
|  |   | -   |              |                       |          |                 |      |                  |  |  |
|  |   |   |              |                       |          |                 |      |                  |  |  |
|  |   |   |              |                       |          |                 |      |                  |  |  |
|  |   |   |              |                       |          |                 |      |                  |  |  |
|  |   |   |              |                       |          |                 |      |                  |  |  |
| Total DSEs   |   | ı   | 0.00         | Total DSEs            |          | 11              | 0.00 |                  |  |  |
| Gross Receipts Third G                                       | roup                                    | \$  | 0.00         | Gross Receipts Fourt  | h Group  | \$              | 0.00 |                  |  |  |
|  |   |   |              |                       |          |                 |      |                  |  |  |
| Base Rate Fee Third G  | roup                                    | \$  | 0.00         | Base Rate Fee Fourth  | h Group  | \$              | 0.00 |                  |  |  |
| Base Rate Fee: Add the Enter here and in block               | e <b>base rat</b><br>3, line 1, s       | e fees for each subsc<br>space L (page 7) | criber group | as shown in the boxes | above.   | \$              |      |                  |  |  |

| LEGAL NAME OF OWNER OF CABLE SYSTEM:  SYSTEM ID#  Lumos Media Inc  39236 |          |                 |                |                         |                                     |                  |      |   |  |  |
|--|----------|-----------------|----------------|-------------------------|-------------------------------------|------------------|------|---|--|--|
| BL   |          |                 |                | TE FEES FOR EACH        | SUBSCR                              | RIBER GROUP      |      |   |  |  |
|  | NINTH    | SUBSCRIBER GROU |                |                         | TENTH                               | SUBSCRIBER GROUP |      | 9   |  |  |
| COMMUNITY/ AREA  |          |                 | 0              | COMMUNITY/ AREA         |                                     |                  | 0    | Computation   |  |  |
| CALL SIGN  | DSE      | CALL SIGN       | DSE            | CALL SIGN               | DSE                                 | CALL SIGN        | DSE  | of  |  |  |
|  |          |                 |                |                         |                                     |                  |      | Base Rate Fee<br>and<br>Syndicated<br>Exclusivity<br>Surcharge<br>for<br>Partially<br>Distant<br>Stations |  |  |
|  |          |                 |                |                         |                                     |                  |      |   |  |  |
| Total DSEs   |          |                 | 0.00           | Total DSEs              |                                     |                  | 0.00 |   |  |  |
| Gross Receipts First Gro   | oup      | \$              | 0.00           | Gross Receipts Secon    | Gross Receipts Second Group \$ 0.00 |                  |      |   |  |  |
| Base Rate Fee First Gro  |          | \$              | 0.00           | Base Rate Fee Secon     |                                     | \$               | 0.00 |   |  |  |
| EL<br>COMMUNITY/ AREA  | EVENTH   | SUBSCRIBER GROU | JP<br><b>0</b> | COMMUNITY/ AREA         | TWELVTH                             | SUBSCRIBER GROUP | 0    |   |  |  |
| COMMONITY AREA   |          |                 |                | COMMONT TO AREA         |                                     |                  |      |   |  |  |
| CALL SIGN  | DSE      | CALL SIGN       | DSE            | CALL SIGN               | DSE                                 | CALL SIGN        | DSE  |   |  |  |
|  |          | -               |                |                         |                                     |                  |      |   |  |  |
|  |          |                 |                |                         |                                     |                  |      |   |  |  |
|  |          | -               |                |                         |                                     | -                |      |   |  |  |
|  |          |                 |                |                         |                                     |                  |      |   |  |  |
|  |          |                 |                |                         |                                     |                  |      |   |  |  |
|  |          |                 |                |                         |                                     |                  |      |   |  |  |
|  |          |                 |                |                         |                                     |                  |      |   |  |  |
|  |          |                 |                |                         |                                     |                  |      |   |  |  |
|  |          | -               |                |                         |                                     |                  |      |   |  |  |
|  |          |                 |                |                         |                                     |                  |      |   |  |  |
|  |          |                 |                |                         |                                     |                  |      |   |  |  |
| Total DSEs   | <u>I</u> |                 | 0.00           | Total DSEs              | 1                                   |                  | 0.00 |   |  |  |
| Gross Receipts Third Gr  | roup     | \$              | 0.00           | Gross Receipts Fourth   | Group                               | \$               | 0.00 |   |  |  |
| Base Rate Fee Third Group \$ 0.00  |          |                 |                | Base Rate Fee Fourth    | Group                               | \$               | 0.00 |   |  |  |
| Base Rate Fee: Add the Enter here and in block                           |          |                 | riber group    | as shown in the boxes a | above.                              | \$               |      |   |  |  |

| LEGAL NAME OF OWNER OF CABLE SYSTEM:  SYSTEM ID#  Lumos Media Inc  39236 |        |                 |             |                       |          |                  |             |                      |  |  |  |
|--|--------|-----------------|-------------|-----------------------|----------|------------------|-------------|----------------------|--|--|--|
|  |        |                 |             | ATE FEES FOR EACH     |          |                  |             |                      |  |  |  |
|  | TEENTH | SUBSCRIBER GROU |             | H                     | IRTEENTH | SUBSCRIBER GROUI |             | 9                    |  |  |  |
| COMMUNITY/ AREA  |        |                 | 0           | COMMUNITY/ AREA       | 0        | Computation      |             |                      |  |  |  |
| CALL SIGN  | DSE    | CALL SIGN       | DSE         | CALL SIGN             | DSE      | CALL SIGN        | DSE         | of                   |  |  |  |
|  |        |                 |             |                       |          |                  |             | Base Rate Fee        |  |  |  |
|  |        |                 |             |                       |          |                  |             | and<br>Syndicated    |  |  |  |
|  |        |                 |             |                       |          |                  |             | Exclusivity          |  |  |  |
|  |        |                 |             |                       |          |                  |             | Surcharge            |  |  |  |
|  |        |                 |             |                       |          |                  |             | for                  |  |  |  |
|  |        |                 |             |                       |          |                  |             | Partially<br>Distant |  |  |  |
|  |        |                 |             |                       |          |                  |             | Stations             |  |  |  |
|  |        | -               |             |                       |          | =                |             |                      |  |  |  |
|  |        |                 |             |                       |          |                  |             |                      |  |  |  |
|  |        |                 |             |                       |          |                  |             |                      |  |  |  |
|  |        |                 |             |                       |          |                  |             |                      |  |  |  |
|  |        |                 |             |                       |          |                  |             |                      |  |  |  |
| Total DSEs   |        |                 | 0.00        | Total DSEs            | 1        | H                | 0.00        |                      |  |  |  |
| Gross Receipts First Gro   | auc    | \$              | 0.00        | Gross Receipts Secon  | ıd Group | \$               | 0.00        |                      |  |  |  |
| Greed rescriptor mot one   | эчр    |                 |             | Cross rescipts essent | ia Group |                  |             |                      |  |  |  |
| Base Rate Fee First Gro  |        | \$              | 0.00        | Base Rate Fee Secon   |          | \$               | 0.00        |                      |  |  |  |
|  | TEENTH | SUBSCRIBER GROU |             | li                    | IXTEENTH | SUBSCRIBER GROUI |             |                      |  |  |  |
| COMMUNITY/ AREA  |        |                 | 0           | COMMUNITY/ AREA       | 0        |                  |             |                      |  |  |  |
| CALL SIGN  | DSE    | CALL SIGN       | DSE         | CALL SIGN             | DSE      | CALL SIGN        | DSE         |                      |  |  |  |
|  |        |                 |             |                       |          |                  |             |                      |  |  |  |
|  |        |                 |             |                       |          |                  |             |                      |  |  |  |
|  |        |                 |             |                       |          |                  |             |                      |  |  |  |
|  |        |                 |             |                       |          |                  |             |                      |  |  |  |
|  |        |                 |             |                       |          |                  |             |                      |  |  |  |
|  |        |                 |             |                       |          |                  |             |                      |  |  |  |
|  |        |                 |             |                       |          |                  |             |                      |  |  |  |
|  |        |                 |             |                       |          |                  |             |                      |  |  |  |
|  |        |                 |             |                       |          |                  |             |                      |  |  |  |
|  |        |                 |             |                       |          |                  |             |                      |  |  |  |
|  |        |                 |             |                       |          |                  |             |                      |  |  |  |
|  |        |                 |             |                       |          |                  |             |                      |  |  |  |
| Total DSEs   |        |                 | 0.00        | Total DSEs            |          |                  | 0.00        |                      |  |  |  |
| Gross Receipts Third Gr  | oup    | \$              | 0.00        | Gross Receipts Fourth | Group    | \$               | 0.00        |                      |  |  |  |
|  |        |                 |             |                       |          |                  | $\neg \neg$ |                      |  |  |  |
| Base Rate Fee Third Gr   | oup    | \$              | 0.00        | Base Rate Fee Fourth  | Group    | \$               | 0.00        |                      |  |  |  |
| Base Rate Fee: Add the Enter here and in block                           |        |                 | riber group | as shown in the boxes | above.   | \$               |             |                      |  |  |  |

|                | YSTEM ID#<br>39236 |                 |          |                                  |          | E SYSTEM:      | R OF CABL | LEGAL NAME OF OWNE  Lumos Media Inc |
|----------------|--------------------|-----------------|----------|----------------------------------|----------|----------------|-----------|-------------------------------------|
|                |                    | RIBER GROUP     | SUBSCR   | TE FEES FOR EACH                 | BASE RA  | OMPUTATION O   | OCK A: C  | BL                                  |
| 0              | JP                 | SUBSCRIBER GROU | HTEENTH  | EIC                              | UP       | SUBSCRIBER GRO | NTEENTH   | SEVEN                               |
| 9<br>Computa   | 0                  |                 |          | COMMUNITY/ AREA                  | 0        |                |           | COMMUNITY/ AREA                     |
| of             | DSE                | CALL SIGN       | DSE      | CALL SIGN                        | DSE      | CALL SIGN      | DSE       | CALL SIGN                           |
| Base Rate      |                    |                 |          |                                  |          |                |           |                                     |
| and            |                    |                 |          |                                  |          |                |           |                                     |
| Syndica        |                    |                 |          |                                  |          | -              |           |                                     |
| Exclusiv       |                    |                 |          |                                  |          | -              |           |                                     |
| Surchar<br>for |                    |                 | <b>.</b> |                                  | <u> </u> |                |           |                                     |
| Partial        |                    |                 | <b></b>  |                                  | <u>-</u> | -              |           |                                     |
| Distan         |                    |                 |          |                                  |          |                |           |                                     |
| Station        |                    |                 | ļ        |                                  |          | -              |           |                                     |
|                |                    |                 | <u> </u> |                                  | <u></u>  | -              |           |                                     |
|                |                    |                 |          |                                  | <u></u>  |                |           |                                     |
|                |                    |                 |          |                                  |          | -              |           |                                     |
|                |                    |                 |          |                                  |          |                |           |                                     |
|                |                    |                 |          |                                  |          |                |           |                                     |
|                | 0.00               |                 |          | Total DSEs                       | 0.00     |                |           | Total DSEs                          |
|                | 0.00               | \$              | d Group  | Gross Receipts Secon             | 0.00     | \$             | roup      | Gross Receipts First G              |
|                |                    |                 | •        | ·                                |          |                | ·         | •                                   |
|                | 0.00               | \$              | d Group  | Base Rate Fee Secor              | 0.00     | \$             | roup      | Base Rate Fee First Gr              |
|                | JP                 | SUBSCRIBER GROU | VENTIETH | יד                               | UP       | SUBSCRIBER GRO | NTEENTH   | NIN                                 |
|                | 0                  |                 |          | COMMUNITY/ AREA                  | 0        |                |           | COMMUNITY/ AREA                     |
|                | DSE                | CALL SIGN       | DSE      | CALL SIGN                        | DSE      | CALL SIGN      | DSE       | CALL SIGN                           |
|                |                    |                 |          |                                  |          | -              |           |                                     |
|                |                    |                 |          |                                  |          |                |           |                                     |
|                |                    |                 | •        |                                  | <u> </u> |                |           |                                     |
|                |                    |                 |          |                                  |          |                |           |                                     |
|                |                    |                 |          |                                  |          | -              |           |                                     |
|                |                    |                 |          |                                  |          |                |           |                                     |
|                |                    |                 |          |                                  |          |                |           |                                     |
|                |                    |                 |          |                                  |          |                |           |                                     |
|                |                    |                 |          |                                  |          |                |           |                                     |
|                |                    |                 |          |                                  |          |                |           |                                     |
|                |                    |                 |          |                                  |          |                |           |                                     |
|                |                    |                 |          |                                  |          |                |           |                                     |
|                |                    |                 |          |                                  |          |                |           |                                     |
|                | 0.00               |                 |          | Total DSEs                       | 0.00     |                |           | Total DSEs                          |
|                | -                  |                 | Group    |                                  |          |                | STOLID    |                                     |
|                | 0.00               | \$              | Group    | Total DSEs Gross Receipts Fourth | 0.00     | \$             | Group     | Fotal DSEs Gross Receipts Third G   |

| LEGAL NAME OF OWNER OF CABLE SYSTEM:  Lumos Media Inc  SYSTEM ID#  39236 |          |                 |             |                         |         |                  |      |   |  |  |
|--|----------|-----------------|-------------|-------------------------|---------|------------------|------|---|--|--|
| BLO  | OCK A: C | COMPUTATION OF  | BASE RA     | TE FEES FOR EACH        | SUBSCR  | IBER GROUP       |      |   |  |  |
| TWENT  | Y-FIRST  | SUBSCRIBER GROU | JP          | TWENTY                  | -SECOND | SUBSCRIBER GROUP |      | •   |  |  |
| COMMUNITY/ AREA  |          |                 | 0           | COMMUNITY/ AREA         |         |                  | 0    | <b>9</b> Computation  |  |  |
| CALL SIGN  | DSE      | CALL SIGN       | DSE         | CALL SIGN               | DSE     | CALL SIGN        | DSE  | of  |  |  |
|  |          |                 |             |                         |         |                  |      | Base Rate Fee<br>and<br>Syndicated<br>Exclusivity<br>Surcharge<br>for<br>Partially<br>Distant<br>Stations |  |  |
| Total DSEs   |          |                 | 0.00        | Total DSEs              |         |                  | 0.00 |   |  |  |
| Gross Receipts First Group \$ 0.0  |          |                 |             | Gross Receipts Second   | 0.00    |                  |      |   |  |  |
| Base Rate Fee First Gro  |          | \$              | 0.00        | Base Rate Fee Second    |         | \$               | 0.00 |   |  |  |
|  | Y-THIRD  | SUBSCRIBER GROU |             | ii                      | -FOURTH | SUBSCRIBER GROUP | 0    |   |  |  |
| COMMUNITY/ AREA  |          |                 | 0           | COMMUNITY/ AREA         |         |                  |      |   |  |  |
| CALL SIGN  | DSE      | CALL SIGN       | DSE         | CALL SIGN               | DSE     | CALL SIGN        | DSE  |   |  |  |
|  |          | -               |             |                         |         | _                |      |   |  |  |
|  |          |                 |             |                         |         |                  |      |   |  |  |
|  |          | -               |             |                         |         |                  |      |   |  |  |
|  |          | -               |             |                         |         |                  |      |   |  |  |
|  |          | -               |             |                         |         |                  |      |   |  |  |
|  |          |                 |             |                         |         |                  |      |   |  |  |
|  |          |                 |             |                         |         |                  |      |   |  |  |
|  |          |                 |             |                         |         |                  |      |   |  |  |
|  |          |                 |             |                         |         |                  |      |   |  |  |
|  |          |                 |             |                         |         |                  |      |   |  |  |
|  |          | -               |             |                         |         |                  |      |   |  |  |
|  |          |                 |             |                         |         |                  |      |   |  |  |
|  |          |                 |             |                         |         |                  |      |   |  |  |
| Total DSEs   |          |                 | 0.00        | Total DSEs              |         |                  | 0.00 |   |  |  |
| Gross Receipts Third G   | oup      | \$              | 0.00        | Gross Receipts Fourth   | Group   | \$               | 0.00 |   |  |  |
| Base Rate Fee Third Gr   | oup      | \$              | 0.00        | Base Rate Fee Fourth    | Group   | \$               | 0.00 |   |  |  |
| Base Rate Fee: Add the Enter here and in block                           |          |                 | riber group | as shown in the boxes a | above.  | \$               |      |   |  |  |

|                  |             |                 |          |                       |             | LE SYSTEM:                       | R OF CABL | LEGAL NAME OF OWNE<br>Lumos Media Inc |  |
|------------------|-------------|-----------------|----------|-----------------------|-------------|----------------------------------|-----------|---------------------------------------|--|
| 1                |             | IBER GROUP      | SUBSCR   | TE FEES FOR EACH      | BASE RA     | COMPUTATION OF                   | OCK A: C  | BL                                    |  |
| 9                |             | SUBSCRIBER GROU | TY-SIXTH |                       |             | SUBSCRIBER GRO                   | TY-FIFTH  |                                       |  |
| Compu            | 0           |                 |          | COMMUNITY/ AREA       | 0           |                                  |           | COMMUNITY/ AREA                       |  |
| of               | DSE         | CALL SIGN       | DSE      | CALL SIGN             | DSE         | CALL SIGN                        | DSE       | CALL SIGN                             |  |
| Base Ra          |             |                 |          |                       |             |                                  |           |                                       |  |
| and              |             | ·=              |          |                       |             | -                                | •         |                                       |  |
| Syndic           |             |                 |          |                       |             | -                                |           |                                       |  |
| Exclus<br>Surcha |             |                 |          |                       |             |                                  |           |                                       |  |
| for              |             |                 |          |                       |             |                                  |           |                                       |  |
| Partia           |             | -               | •        |                       |             |                                  | <u> </u>  |                                       |  |
| Dista            |             |                 |          |                       |             |                                  |           |                                       |  |
| Statio           |             | ,               |          |                       |             |                                  |           |                                       |  |
|                  |             |                 |          |                       |             |                                  |           |                                       |  |
|                  |             |                 |          |                       |             |                                  |           |                                       |  |
|                  |             | ,=              | •        |                       |             | -                                |           |                                       |  |
|                  |             |                 |          |                       |             |                                  |           |                                       |  |
|                  |             |                 |          |                       |             |                                  |           |                                       |  |
|                  | 0.00        |                 |          | Total DSEs            | 0.00        |                                  |           | Total DSEs                            |  |
|                  | 0.00        | \$              | d Group  | Gross Receipts Secor  | 0.00        | oss Receipts First Group \$ 0.00 |           |                                       |  |
|                  |             |                 |          |                       |             |                                  |           |                                       |  |
| =                | 0.00        | \$              |          | Base Rate Fee Secon   | 0.00        | · <b>L</b>                       |           |                                       |  |
| +                | JP <b>0</b> | SUBSCRIBER GROU | Y-EIGHTH |                       | JP <b>0</b> | SUBSCRIBER GRO                   | SEVENTH   |                                       |  |
|                  | U           |                 |          | COMMUNITY/ AREA       | U           |                                  |           | COMMUNITY/ AREA                       |  |
|                  | DSE         | CALL SIGN       | DSE      | CALL SIGN             | DSE         | CALL SIGN                        | DSE       | CALL SIGN                             |  |
|                  |             |                 | •        |                       |             |                                  | •         |                                       |  |
|                  |             |                 |          |                       |             |                                  |           |                                       |  |
| un en            |             |                 |          |                       |             |                                  |           |                                       |  |
|                  |             | -               | •        |                       |             |                                  | •         |                                       |  |
|                  |             |                 |          |                       |             |                                  |           |                                       |  |
|                  |             | ,–              |          |                       |             |                                  |           |                                       |  |
|                  |             |                 |          |                       |             |                                  | •         |                                       |  |
|                  |             |                 |          |                       |             |                                  |           |                                       |  |
| m.               |             |                 |          |                       |             |                                  |           |                                       |  |
|                  |             |                 |          |                       |             |                                  |           |                                       |  |
|                  |             |                 |          |                       |             |                                  |           |                                       |  |
|                  |             |                 |          |                       |             |                                  |           |                                       |  |
| 1                | 0.00        |                 |          | Total DSEs            | 0.00        |                                  |           | Total DSEs                            |  |
|                  |             |                 |          |                       |             | -                                |           |                                       |  |
|                  | 0.00        | \$              | Groun    | Gross Receipts Fourth | 0.00        | \$                               | roup      | Gross Receipts Third (-               |  |
|                  | 0.00        | \$              | Group    | Gross Receipts Fourth | 0.00        | \$                               | roup      | Gross Receipts Third G                |  |

| LEGAL NAME OF OWNER OF CABLE SYSTEM:  SYSTEM ID#  Lumos Media Inc  39236   |          |                 |  |                         |          |                  |      |   |
|--|----------|-----------------|--|-------------------------|----------|------------------|------|---|
| BL   | OCK A: 0 | COMPUTATION OF  | BASE RA                                  | TE FEES FOR EACH        |          |                  |      |   |
| TWENT  | Y-NINTH  | SUBSCRIBER GROU |  | Т                       | HIRTIETH | SUBSCRIBER GROUP |      | 9   |
| COMMUNITY/ AREA  |          |                 | 0  | COMMUNITY/ AREA         |          |                  | 0    | Computation   |
| CALL SIGN  | DSE      | CALL SIGN       | DSE                                      | CALL SIGN               | DSE      | CALL SIGN        | DSE  | of  |
|  |          |                 |  |                         |          |                  |      | Base Rate Fee<br>and<br>Syndicated<br>Exclusivity<br>Surcharge<br>for<br>Partially<br>Distant<br>Stations |
|  |          |                 |  |                         |          |                  |      |   |
| Total DSEs   |          |                 | 0.00                                     | Total DSEs              |          |                  | 0.00 |   |
| Gross Receipts First Gro   | oup      | \$              | 0.00 Gross Receipts Second Group \$ 0.00 |                         |          |                  |      |   |
| Sase Rate Fee First Group \$ 0.00  |          |                 |  | Base Rate Fee Second    |          | \$               | 0.00 |   |
| THIRT COMMUNITY/ AREA  | Y-FIRST  | SUBSCRIBER GROU | JP<br><b>0</b>                           | THIRTY COMMUNITY/ AREA  | -SECOND  | SUBSCRIBER GROUP | 0    |   |
| - The second sec |          |                 |  |                         |          |                  |      |   |
| CALL SIGN  | DSE      | CALL SIGN       | DSE                                      | CALL SIGN               | DSE      | CALL SIGN        | DSE  |   |
|  |          |                 |  |                         |          |                  |      |   |
|  |          |                 |  |                         |          |                  |      |   |
|  |          | -               |  |                         |          |                  |      |   |
|  |          |                 |  |                         |          |                  |      |   |
|  |          |                 |  |                         |          |                  |      |   |
|  |          |                 |  |                         | •        |                  |      |   |
|  |          |                 |  |                         | •        |                  |      |   |
|  |          |                 |  |                         |          |                  |      |   |
|  |          |                 |  |                         | •        |                  |      |   |
|  |          |                 |  |                         |          |                  |      |   |
|  | •        |                 |  |                         | •        |                  |      |   |
| Total DSEs   |          |                 | 0.00                                     | Total DSEs              |          |                  | 0.00 |   |
| Gross Receipts Third G   | roup     | \$              | 0.00                                     | Gross Receipts Fourth   | Group    | \$               | 0.00 |   |
| Base Rate Fee Third G  | oup      | \$              | 0.00                                     | Base Rate Fee Fourth    | Group    | \$               | 0.00 |   |
| Base Rate Fee: Add the Enter here and in block   |          |                 | riber group                              | as shown in the boxes a | above.   | \$               |      |   |

| LEGAL NAME OF OWNER OF CABLE SYSTEM:  SYSTEM ID#  Lumos Media Inc  39236 |         |  |             |                         |           |                  |      |                   |  |
|--|---------|--|-------------|-------------------------|-----------|------------------|------|-------------------|--|
|  |         |  |             | TE FEES FOR EACH        |           |                  |      |                   |  |
|  | Y-THIRD | SUBSCRIBER GROU                            |             | <b>II</b>               | -FOURTH   | SUBSCRIBER GROUP |      | 9                 |  |
| COMMUNITY/ AREA  |         |  | 0           | COMMUNITY/ AREA         |           |                  | 0    | Computation       |  |
| CALL SIGN  | DSE     | CALL SIGN                                  | DSE         | CALL SIGN               | DSE       | CALL SIGN        | DSE  | of                |  |
|  |         |  |             |                         |           |                  |      | Base Rate Fee and |  |
|  |         | -  |             |                         |           |                  |      | Syndicated        |  |
|  |         |  |             |                         |           |                  |      | Exclusivity       |  |
|  |         |  |             |                         |           | _                |      | Surcharge         |  |
|  |         |  |             |                         |           |                  |      | for<br>Partially  |  |
|  |         |  |             |                         |           |                  |      | Distant           |  |
|  |         |  |             |                         |           |                  |      | Stations          |  |
|  | •       |  |             |                         |           |                  |      |                   |  |
|  |         |  |             |                         |           |                  |      |                   |  |
|  |         |  |             |                         |           |                  |      |                   |  |
|  |         |  |             |                         |           |                  |      |                   |  |
| T  |         |  | 0.00        |                         |           |                  | 0.00 |                   |  |
| Total DSEs   |         |  | 0.00        | Total DSEs              |           |                  |      |                   |  |
| Gross Receipts First Gro   | oup     | \$   | 0.00        | Gross Receipts Secon    | 0.00      |                  |      |                   |  |
| Base Rate Fee First Gro  | oup     | \$ 0.00 Base Rate Fee Second Group \$ 0.00 |             |                         |           |                  |      |                   |  |
| THIRT  | Y-FIFTH | SUBSCRIBER GROU                            | JP          | THIR                    | RTY-SIXTH | SUBSCRIBER GROUP | )    |                   |  |
| COMMUNITY/ AREA  |         |  | 0           | COMMUNITY/ AREA         |           |                  |      |                   |  |
| CALL SIGN  | DSE     | CALL SIGN                                  | DSE         | CALL SIGN               | DSE       | CALL SIGN        | DSE  |                   |  |
|  |         |  |             |                         |           | _                |      |                   |  |
|  |         | _  |             |                         |           |                  |      |                   |  |
|  | •       |  |             |                         |           |                  |      |                   |  |
|  |         |  |             |                         |           |                  |      |                   |  |
|  |         | -  |             |                         |           |                  |      |                   |  |
|  |         | -  |             |                         |           |                  |      |                   |  |
|  |         |  |             |                         |           |                  |      |                   |  |
|  |         |  |             |                         |           | _                |      |                   |  |
|  |         |  |             |                         |           |                  |      |                   |  |
|  |         | -  |             |                         |           | _                |      |                   |  |
|  |         |  |             |                         |           |                  |      |                   |  |
| Tatal DCCa   |         |  | 0.00        | Tetal DOF               |           |                  | 0.00 |                   |  |
| Total DSEs   |         |  | 0.00        | Total DSEs              | 0         |                  | 0.00 |                   |  |
| Gross Receipts Third Group \$ 0.00 Gross Receipts Fourth Group \$ 0.00   |         |  |             |                         |           |                  |      |                   |  |
| Base Rate Fee Third Gr   | roup    | \$   | 0.00        | Base Rate Fee Fourth    | Group     | \$               | 0.00 |                   |  |
| Base Rate Fee: Add the Enter here and in block                           |         |  | riber group | as shown in the boxes a | above.    | \$               |      |                   |  |

| LEGAL NAME OF OWNER OF CABLE SYSTEM:  SYSTEM ID#  Lumos Media Inc  39236 |  |                 |             |                                    |          |                 |      |                      |  |
|--|--|-----------------|-------------|------------------------------------|----------|-----------------|------|----------------------|--|
|  |  |                 |             | TE FEES FOR EACH                   |          |                 |      |                      |  |
|  | EVENTH   | SUBSCRIBER GROU |             | 1                                  | Y-EIGHTH | SUBSCRIBER GROU |      | 9                    |  |
| COMMUNITY/ AREA  |  |                 | 0           | COMMUNITY/ AREA                    |          |                 | 0    | Computation          |  |
| CALL SIGN  | DSE  | CALL SIGN       | DSE         | CALL SIGN                          | DSE      | CALL SIGN       | DSE  | of                   |  |
|  |  | -               |             |                                    |          |                 |      | Base Rate Fee and    |  |
|  | •                                |                 |             |                                    |          |                 |      | Syndicated           |  |
|  |  | -               |             |                                    |          |                 |      | Exclusivity          |  |
|  | •  |                 |             |                                    |          |                 |      | Surcharge            |  |
|  |  |                 |             |                                    |          |                 |      | for                  |  |
|  |  |                 |             |                                    |          |                 |      | Partially<br>Distant |  |
|  | •  | -               |             |                                    |          |                 |      | Stations             |  |
|  |  |                 |             |                                    |          |                 |      |                      |  |
|  |  |                 |             |                                    |          | <br> -          |      |                      |  |
|  | •  | -               |             |                                    |          |                 |      |                      |  |
|  |  |                 |             |                                    |          |                 |      |                      |  |
|  | •  |                 |             |                                    |          |                 |      |                      |  |
| Total DSEs   | •  |                 | 0.00        | Total DSEs                         | •        |                 | 0.00 |                      |  |
| Gross Receipts First Group \$ 0.00 Gross Receipts Seco                   |  |                 |             |                                    |          | \$              | 0.00 |                      |  |
| Base Rate Fee First Gro  | oup  | \$              | 0.00        | Base Rate Fee Second Group \$ 0.00 |          |                 |      |                      |  |
| THIRT  | Y-NINTH  | SUBSCRIBER GROU | JP          | !                                  | FORTIETH | SUBSCRIBER GROU | JP   |                      |  |
| COMMUNITY/ AREA  |  |                 | 0           | COMMUNITY/ AREA                    | 0        |                 |      |                      |  |
| CALL SIGN  | DSE  | CALL SIGN       | DSE         | CALL SIGN                          | DSE      | CALL SIGN       | DSE  |                      |  |
|  |  | -               |             |                                    |          | <br> -          |      |                      |  |
|  |  | -               |             |                                    |          |                 |      |                      |  |
|  | • · · · · · · · · · · · · · · · · · · ·                                |                 |             |                                    |          |                 |      |                      |  |
|  |  |                 |             |                                    |          |                 |      |                      |  |
|  | •  |                 |             |                                    |          | <br> -          |      |                      |  |
|  | •  |                 |             |                                    |          |                 |      |                      |  |
|  | •                                |                 |             |                                    |          |                 |      |                      |  |
|  |  |                 |             |                                    |          |                 |      |                      |  |
|  |  |                 |             |                                    |          |                 |      |                      |  |
|  |  |                 |             |                                    |          |                 |      |                      |  |
|  |  |                 |             |                                    |          |                 |      |                      |  |
|  | •  |                 |             |                                    |          |                 |      |                      |  |
| Total DSEs   |  |                 | 0.00        | Total DSEs                         |          |                 | 0.00 |                      |  |
| Gross Receipts Third G   | Gross Receipts Third Group \$ 0.00 Gross Receipts Fourth Group \$ 0.00 |                 |             |                                    |          |                 |      |                      |  |
| Base Rate Fee Third G  | oup  | \$              | 0.00        | Base Rate Fee Fourth               | Group    | \$              | 0.00 |                      |  |
| Base Rate Fee: Add the Enter here and in block                           |  |                 | riber group | as shown in the boxes              | above.   | \$              |      |                      |  |

| LEGAL NAME OF OWNER OF CABLE SYSTEM:  SYSTEM ID#  Lumos Media Inc  39236 |         |                 |             |                                     |          |                 |      |                      |  |
|--|---------|-----------------|-------------|-------------------------------------|----------|-----------------|------|----------------------|--|
|  |         |                 |             | TE FEES FOR EACH                    |          |                 |      |                      |  |
|  | Y-FIRST | SUBSCRIBER GROU |             | 1                                   | -SECOND  | SUBSCRIBER GROU |      | 9                    |  |
| COMMUNITY/ AREA  |         |                 | 0           | COMMUNITY/ AREA                     |          |                 | 0    | Computation          |  |
| CALL SIGN  | DSE     | CALL SIGN       | DSE         | CALL SIGN                           | DSE      | CALL SIGN       | DSE  | of                   |  |
|  |         | -               |             |                                     |          |                 |      | Base Rate Fee and    |  |
|  | •       |                 |             |                                     | <b></b>  |                 |      | Syndicated           |  |
|  | •       |                 |             |                                     | <b> </b> |                 |      | Exclusivity          |  |
|  |         |                 |             |                                     |          |                 |      | Surcharge            |  |
|  | •       |                 |             |                                     |          |                 |      | for                  |  |
|  | •       |                 |             |                                     | <b>.</b> |                 |      | Partially<br>Distant |  |
|  |         |                 |             |                                     | <b></b>  |                 |      | Stations             |  |
|  |         | -               |             |                                     |          |                 |      |                      |  |
|  |         |                 |             |                                     |          |                 |      |                      |  |
|  |         |                 |             |                                     |          |                 |      |                      |  |
|  | •       |                 |             |                                     | <u> </u> |                 |      |                      |  |
|  |         |                 |             |                                     | <b></b>  |                 |      |                      |  |
| Total DSEs   | ļ       | .u              | 0.00        | Total DSEs                          | <u> </u> | !!              | 0.00 |                      |  |
| Gross Receipts First Gr  | oup     | \$              | 0.00        | Gross Receipts Second Group \$ 0.00 |          |                 |      |                      |  |
|  |         |                 |             |                                     |          |                 |      |                      |  |
| Base Rate Fee First Gre  |         |                 |             |                                     |          |                 |      |                      |  |
|  | Y-THIRD | SUBSCRIBER GROU |             | ii e                                | /-FOURTH | SUBSCRIBER GROU |      |                      |  |
| COMMUNITY/ AREA  |         |                 | 0           | COMMUNITY/ AREA                     | 0        |                 |      |                      |  |
| CALL SIGN  | DSE     | CALL SIGN       | DSE         | CALL SIGN                           | DSE      | CALL SIGN       | DSE  |                      |  |
|  | •       | -               |             |                                     |          |                 |      |                      |  |
|  |         |                 |             |                                     |          | H               |      |                      |  |
|  | •       |                 |             |                                     | <b> </b> |                 |      |                      |  |
|  |         |                 |             |                                     |          |                 |      |                      |  |
|  | •       |                 |             |                                     |          |                 |      |                      |  |
|  | •       |                 |             |                                     | <b></b>  |                 |      |                      |  |
|  | •       |                 |             |                                     | <b>1</b> |                 |      |                      |  |
|  |         |                 |             |                                     |          |                 |      |                      |  |
|  |         | -               |             |                                     |          |                 |      |                      |  |
|  |         |                 |             |                                     | <b> </b> |                 |      |                      |  |
|  |         |                 |             |                                     | <b> </b> |                 |      |                      |  |
|  |         |                 |             |                                     |          |                 |      |                      |  |
| Total DSEs   |         |                 | 0.00        | Total DSEs                          |          |                 | 0.00 |                      |  |
| Gross Receipts Third G   | roup    | \$              | 0.00        | Gross Receipts Fourth               | Group    | \$              | 0.00 |                      |  |
| Base Rate Fee Third Group \$ 0.00  |         |                 |             | Base Rate Fee Fourth                | Group    | \$              | 0.00 |                      |  |
| Base Rate Fee: Add the Enter here and in block                           |         |                 | riber group | as shown in the boxes a             | above.   | \$              |      |                      |  |

|                | YSTEM ID#<br>39236 | 3                 |           |                      |         |  | R OF CABL | Lumos Media Inc         |  |
|----------------|--------------------|-------------------|-----------|----------------------|---------|--|-----------|-------------------------|--|
|                |                    | RIBER GROUP       | SUBSCF    | TE FEES FOR EACH     | BASE RA | COMPUTATION O                                      | OCK A: C  | BL                      |  |
| ç              | JP                 | I SUBSCRIBER GROU | RTY-SIXTH | FO                   | UP      | SUBSCRIBER GRO                                     | TY-FIFTH  | FOR                     |  |
|                | 0                  |                   |           | COMMUNITY/ AREA      | 0       |  |           | COMMUNITY/ AREA         |  |
| Comp           | DSE                | CALL SIGN         | DSE       | CALL SIGN            | DSE     | CALL SIGN  | DSE       | CALL SIGN               |  |
| Base R         |                    |                   |           |                      |         |  |           |                         |  |
| an             |                    |                   |           |                      |         | -  |           |                         |  |
| Syndi          |                    |                   |           |                      |         | -  |           |                         |  |
| Exclu<br>Surch |                    | H                 |           |                      |         |  |           |                         |  |
| fo             |                    |                   |           |                      | ···     | -  |           |                         |  |
| Part           |                    |                   |           |                      |         |  |           |                         |  |
| Dist           |                    |                   |           |                      |         | -  |           |                         |  |
| Stat           |                    |                   |           |                      |         | -  |           |                         |  |
|                |                    |                   |           |                      |         |  |           |                         |  |
|                |                    | H                 |           |                      |         |  |           |                         |  |
|                |                    |                   |           |                      |         |  |           |                         |  |
|                |                    |                   |           |                      |         |  |           |                         |  |
|                |                    |                   |           |                      |         |  |           |                         |  |
|                | 0.00               |                   |           | Total DSEs           | 0.00    |  |           | Total DSEs              |  |
|                | 0.00               | \$                | d Group   | Gross Receipts Secon | 0.00    | \$   | oup       | Gross Receipts First Gr |  |
|                | 0.00               | \$                | d Group   | Base Rate Fee Secon  | 0.00    | se Rate Fee First Group \$ 0.00                    |           |                         |  |
|                | JP                 | I SUBSCRIBER GROU | Y-EIGHTH  | FOR <sup>-</sup>     | UP      | SUBSCRIBER GRO                                     | SEVENTH   | FORTY-S                 |  |
|                | 0                  | COMMUNITY/ AREA 0 |           |                      |         | FORTY-SEVENTH SUBSCRIBER GROUP  COMMUNITY/ AREA  0 |           |                         |  |
|                |                    |                   |           |                      |         |  |           |                         |  |
|                | DSE                | CALL SIGN         | DSE       | CALL SIGN            | DSE     | CALL SIGN  | DSE       | CALL SIGN               |  |
|                | DSE                | CALL SIGN         | DSE       | CALL SIGN            | DSE     | CALL SIGN  | DSE       | CALL SIGN               |  |
|                | DSE                | CALL SIGN         | DSE       | CALL SIGN            | DSE     | CALL SIGN  | DSE       | CALL SIGN               |  |
|                | DSE                | CALL SIGN         | DSE       | CALL SIGN            | DSE     | CALL SIGN  | DSE       | CALL SIGN               |  |
|                | DSE                | CALL SIGN         | DSE       | CALL SIGN            | DSE     | CALL SIGN  | DSE       | CALL SIGN               |  |
|                | DSE                | CALL SIGN         | DSE       | CALL SIGN            | DSE     | CALL SIGN  | DSE       | CALL SIGN               |  |
|                | DSE                | CALL SIGN         | DSE       | CALL SIGN            | DSE     | CALL SIGN  | DSE       | CALL SIGN               |  |
|                | DSE                | CALL SIGN         | DSE       | CALL SIGN            | DSE     | CALL SIGN  | DSE       | CALL SIGN               |  |
|                | DSE                | CALL SIGN         | DSE       | CALL SIGN            | DSE     | CALL SIGN  | DSE       | CALL SIGN               |  |
|                | DSE                | CALL SIGN         | DSE       | CALL SIGN            | DSE     | CALL SIGN  | DSE       | CALL SIGN               |  |
|                | DSE                | CALL SIGN         | DSE       | CALL SIGN            | DSE     | CALL SIGN  | DSE       | CALL SIGN               |  |
|                | DSE                | CALL SIGN         | DSE       | CALL SIGN            | DSE     | CALL SIGN  | DSE       | CALL SIGN               |  |
|                | DSE                | CALL SIGN         | DSE       | CALL SIGN            | DSE     | CALL SIGN  | DSE       | CALL SIGN               |  |
|                | DSE                | CALL SIGN         | DSE       | Total DSEs           | DSE     | CALL SIGN  | DSE       | CALL SIGN               |  |
|                |                    | CALL SIGN         |           |                      |         | CALL SIGN  |           |                         |  |
|                | 0.00               |                   |           | Total DSEs           | 0.00    |  |           | Total DSEs              |  |

| LEGAL NAME OF OWNER OF CABLE SYSTEM:  SYSTEM ID#  Lumos Media Inc  39236 |   |                 |   |                       |          |                 |      |                      |  |
|--|---|-----------------|---|-----------------------|----------|-----------------|------|----------------------|--|
|  |   |                 |   | TE FEES FOR EACH      |          |                 |      |                      |  |
|  | Y-NINTH   | SUBSCRIBER GROU |   |                       | FIFTIETH | SUBSCRIBER GROU |      | 9                    |  |
| COMMUNITY/ AREA  |   |                 | 0                                       | COMMUNITY/ AREA       |          |                 | 0    | Computation          |  |
| CALL SIGN  | DSE   | CALL SIGN       | DSE                                     | CALL SIGN             | DSE      | CALL SIGN       | DSE  | of                   |  |
|  |   | -               |   |                       |          |                 |      | Base Rate Fee and    |  |
|  | •   |                 |   |                       |          |                 |      | Syndicated           |  |
|  | •   | -               |   |                       |          |                 |      | Exclusivity          |  |
|  |   |                 |   |                       |          |                 |      | Surcharge            |  |
|  | •   | -               |   |                       |          |                 |      | for                  |  |
|  | •   |                 |   |                       |          |                 |      | Partially<br>Distant |  |
|  | •   | -               |   |                       |          |                 |      | Stations             |  |
|  |   |                 |   |                       |          |                 |      |                      |  |
|  | •   |                 |   |                       |          |                 |      |                      |  |
|  |   |                 |   |                       |          |                 |      |                      |  |
|  | •   |                 |   |                       |          |                 |      |                      |  |
|  |   |                 |   |                       |          |                 |      |                      |  |
| Total DSEs   |   |                 | 0.00                                    | Total DSEs            |          |                 | 0.00 |                      |  |
| Gross Receipts First Gr  | oss Receipts First Group \$ 0.00 Gross Receipts |                 |   |                       |          | \$              | 0.00 |                      |  |
| Base Rate Fee First Gro  | oup   | \$              | 0.00 Base Rate Fee Second Group \$ 0.00 |                       |          |                 | 0.00 |                      |  |
| FIFT   | Y-FIRST   | SUBSCRIBER GROU | JP                                      | FIFTY                 | -SECOND  | SUBSCRIBER GROU | JP   |                      |  |
| COMMUNITY/ AREA  |   |                 | 0                                       | COMMUNITY/ AREA 0     |          |                 |      |                      |  |
| CALL SIGN  | DSE   | CALL SIGN       | DSE                                     | CALL SIGN             | DSE      | CALL SIGN       | DSE  |                      |  |
|  | •   |                 |   |                       |          |                 |      |                      |  |
|  |   |                 |   |                       |          |                 |      |                      |  |
|  |   | -               |   |                       |          |                 |      |                      |  |
|  |   |                 |   |                       |          |                 |      |                      |  |
|  | •   |                 |   |                       |          |                 |      |                      |  |
|  | •   |                 |   |                       |          |                 |      |                      |  |
|  |   |                 |   |                       |          |                 |      |                      |  |
|  |   |                 |   |                       |          |                 |      |                      |  |
|  |   |                 |   |                       |          |                 |      |                      |  |
|  |   |                 |   |                       |          |                 |      |                      |  |
|  |   |                 |   |                       |          |                 |      |                      |  |
|  |   |                 |   |                       |          |                 |      |                      |  |
| Total DSEs   |   |                 | 0.00                                    | Total DSEs            |          |                 | 0.00 |                      |  |
| Gross Receipts Third Group \$ 0.00 Gross Receipts Fourth Group \$ 0.00   |   |                 |   | 0.00                  |          |                 |      |                      |  |
| Base Rate Fee Third G  | roup  | \$              | 0.00                                    | Base Rate Fee Fourth  | Group    | \$              | 0.00 |                      |  |
| Base Rate Fee: Add the Enter here and in block                           |   |                 | riber group                             | as shown in the boxes | above.   | \$              |      |                      |  |

|            | YSTEM ID#<br>39236 | S                 |           |                                 |         | E SYSTEM:                       | R OF CABL               | LEGAL NAME OF OWNE<br>Lumos Media Inc |  |
|------------|--------------------|-------------------|-----------|---------------------------------|---------|---------------------------------|-------------------------|---------------------------------------|--|
|            |                    | IBER GROUP        | SUBSCR    | TE FEES FOR EACH                | BASE RA | COMPUTATION O                   | OCK A: C                | BL                                    |  |
| (          |                    | SUBSCRIBER GROU   | Y-FOURTH  | ii ii                           |         | SUBSCRIBER GRO                  | Y-THIRD                 |                                       |  |
| Com        | 0                  |                   |           | COMMUNITY/ AREA                 | 0       |                                 |                         | COMMUNITY/ AREA                       |  |
| Con        | DSE                | CALL SIGN         | DSE       | CALL SIGN                       | DSE     | CALL SIGN                       | DSE                     | CALL SIGN                             |  |
| Base       |                    |                   |           |                                 |         |                                 |                         |                                       |  |
| •          |                    |                   |           |                                 |         | -                               |                         |                                       |  |
| Syn        |                    | -                 |           |                                 |         | -                               |                         |                                       |  |
| Exc<br>Sur |                    |                   |           |                                 |         |                                 |                         |                                       |  |
| ou.        |                    |                   |           |                                 | ···     | -                               |                         |                                       |  |
| Pa         |                    |                   |           |                                 |         |                                 |                         |                                       |  |
| Di         |                    | ·=                |           |                                 |         | -                               |                         |                                       |  |
| Sta        |                    |                   |           |                                 |         | -                               |                         |                                       |  |
|            |                    |                   |           |                                 |         |                                 |                         |                                       |  |
|            |                    |                   |           |                                 |         |                                 |                         |                                       |  |
|            |                    |                   |           |                                 |         |                                 |                         |                                       |  |
|            |                    |                   |           |                                 |         |                                 |                         |                                       |  |
|            |                    |                   |           |                                 |         |                                 |                         |                                       |  |
|            | 0.00               |                   |           | Total DSEs                      | 0.00    |                                 |                         | Total DSEs                            |  |
|            | 0.00               | \$                | nd Group  | Gross Receipts Seco             | 0.00    | \$                              | Gross Receipts First Gr |                                       |  |
|            | 0.00               | \$                | d Group   | Base Rate Fee Secon             | 0.00    | se Rate Fee First Group \$ 0.00 |                         |                                       |  |
|            | JP                 | SUBSCRIBER GROU   | FTY-SIXTH | FI                              | UP      | SUBSCRIBER GRO                  | TY-FIFTH                | FIF                                   |  |
|            | 0                  | COMMUNITY/ AREA 0 |           |                                 |         |                                 |                         | COMMUNITY/ AREA                       |  |
|            | DSE                | CALL SIGN         | DSE       | CALL SIGN                       | DSE     | CALL SIGN                       | DSE                     | CALL SIGN                             |  |
|            |                    |                   |           |                                 |         | -                               |                         |                                       |  |
|            |                    |                   |           |                                 |         |                                 |                         |                                       |  |
|            |                    |                   | <u> </u>  |                                 |         | -                               |                         |                                       |  |
|            |                    |                   |           |                                 |         |                                 |                         |                                       |  |
|            |                    |                   |           |                                 |         |                                 |                         |                                       |  |
|            |                    |                   |           |                                 |         |                                 |                         |                                       |  |
|            |                    |                   | ···       |                                 |         | -                               |                         |                                       |  |
|            |                    |                   |           |                                 |         |                                 |                         |                                       |  |
|            |                    |                   |           |                                 |         |                                 |                         |                                       |  |
|            |                    |                   |           |                                 |         |                                 |                         |                                       |  |
|            |                    |                   |           |                                 |         |                                 |                         |                                       |  |
|            |                    |                   |           |                                 |         |                                 |                         |                                       |  |
|            |                    |                   |           |                                 |         |                                 |                         |                                       |  |
|            | 0.00               |                   |           | Total DSEs                      | 0.00    |                                 |                         | Total DSEs                            |  |
|            | 0.00               | \$                | n Group   | Total DSEs Gross Receipts Fourt | 0.00    | \$                              | roup                    | Total DSEs<br>Gross Receipts Third G  |  |
|            |                    | \$                | n Group   |                                 |         | \$                              | roup                    |                                       |  |

| LEGAL NAME OF OWNER OF CABLE SYSTEM:  SYSTEM ID#  Lumos Media Inc  39236 |   |                 |             |                         |          |                  |          |                   |  |
|--|---|-----------------|-------------|-------------------------|----------|------------------|----------|-------------------|--|
|  |   |                 |             | TE FEES FOR EACH        |          |                  |          |                   |  |
|  | EVENTH                                  | SUBSCRIBER GROU |             |                         | Y-EIGHTH | SUBSCRIBER GROUP |          | 9                 |  |
| COMMUNITY/ AREA  |   |                 | 0           | COMMUNITY/ AREA         |          |                  | 0        | Computation       |  |
| CALL SIGN  | DSE                                     | CALL SIGN       | DSE         | CALL SIGN               | DSE      | CALL SIGN        | DSE      | of                |  |
|  |   | -               |             |                         |          |                  |          | Base Rate Fee     |  |
|  |   |                 |             |                         |          |                  |          | and<br>Syndicated |  |
|  |   |                 |             |                         |          |                  |          | Exclusivity       |  |
|  |   | -               |             |                         |          | =                |          | Surcharge         |  |
|  |   |                 |             |                         |          |                  |          | for               |  |
|  |   | -               |             |                         |          |                  |          | Partially         |  |
|  |   |                 |             |                         |          |                  |          | Distant           |  |
|  |   |                 |             |                         |          |                  |          | Stations          |  |
|  |   |                 |             |                         |          |                  |          |                   |  |
|  |   | -               |             |                         |          |                  |          |                   |  |
|  |   |                 |             |                         |          |                  |          |                   |  |
|  |   |                 |             |                         |          |                  |          |                   |  |
|  |   |                 |             |                         |          |                  | <u> </u> |                   |  |
| Total DSEs   |   |                 | 0.00        | Total DSEs              |          |                  | 0.00     |                   |  |
| Gross Receipts First Gro   | oup                                     | \$              | 0.00        | Gross Receipts Secon    | d Group  | \$               | 0.00     |                   |  |
| Base Rate Fee First Group \$ 0.00  |   |                 |             | Base Rate Fee Second    | d Group  | \$               | 0.00     |                   |  |
| FIFT   | Y-NINTH                                 | SUBSCRIBER GROU | JP          |                         | SIXTIETH | SUBSCRIBER GROUP | )        |                   |  |
| COMMUNITY/ AREA  |   |                 | 0           | COMMUNITY/ AREA 0       |          |                  |          |                   |  |
| CALL SIGN  | DSE                                     | CALL SIGN       | DSE         | CALL SIGN               | DSE      | CALL SIGN        | DSE      |                   |  |
|  |   |                 |             |                         |          |                  |          |                   |  |
|  |   | -               |             |                         |          |                  |          |                   |  |
|  |   | -               |             |                         |          |                  |          |                   |  |
|  |   |                 |             |                         |          |                  |          |                   |  |
|  |   | -               |             |                         |          |                  |          |                   |  |
|  |   |                 |             |                         |          |                  |          |                   |  |
|  |   | -               |             |                         |          |                  |          |                   |  |
|  |   | -               |             |                         |          |                  |          |                   |  |
|  |   |                 |             |                         |          |                  |          |                   |  |
|  |   |                 |             |                         |          |                  |          |                   |  |
|  | • | -               |             |                         |          |                  |          |                   |  |
|  |   |                 |             |                         |          |                  |          |                   |  |
|  |   |                 |             |                         |          |                  |          |                   |  |
| Total DSEs   |   |                 | 0.00        | Total DSEs              |          |                  | 0.00     |                   |  |
| Gross Receipts Third Gr  | oup                                     | \$              | 0.00        | Gross Receipts Fourth   | Group    | \$               | 0.00     |                   |  |
| Base Rate Fee Third Group \$ 0.00 Base Rate Fee Fo                       |   |                 |             | Base Rate Fee Fourth    | Group    | \$               | 0.00     |                   |  |
| Base Rate Fee: Add the Enter here and in block                           |   |                 | riber group | as shown in the boxes a | above.   | \$               |          |                   |  |

| LEGAL NAME OF OWNER OF CABLE SYSTEM:  SYSTEM ID#  Lumos Media Inc  39236 |   |   |             |                       |          |                                |      |                  |  |
|--|---|---|-------------|-----------------------|----------|--------------------------------|------|------------------|--|
|  |   | COMPUTATION OF<br>SUBSCRIBER GRO            |             | TE FEES FOR EACH      |          | RIBER GROUP<br>SUBSCRIBER GROU | P    | •                |  |
| COMMUNITY/ AREA  |   |   | 0           | COMMUNITY/ AREA       |          |                                | 0    | 9<br>Computation |  |
| CALL SIGN  | DSE   | CALL SIGN                                   | DSE         | CALL SIGN             | DSE      | CALL SIGN                      | DSE  | of               |  |
|  |   |   |             |                       |          | . –                            |      | Base Rate Fe     |  |
|  |   | -   |             |                       |          |                                |      | Syndicated       |  |
|  |   |   |             |                       |          |                                |      | Exclusivity      |  |
|  |   |   |             |                       |          |                                |      | Surcharge<br>for |  |
|  |   |   |             |                       |          |                                |      | Partially        |  |
|  |   | -   |             |                       |          |                                |      | Distant          |  |
|  |   | -   |             |                       |          |                                |      | Stations         |  |
|  |   | -   |             |                       |          |                                |      |                  |  |
|  |   |   |             |                       |          |                                |      |                  |  |
|  |   |   |             |                       |          |                                |      |                  |  |
|  |   |   |             |                       |          |                                |      |                  |  |
| Total DSEs   |   |   | 0.00        | Total DSEs            |          | _                              | 0.00 |                  |  |
| Gross Receipts First G   | roup  | \$ 0.00 Gross Receipts Second Group \$ 0.00 |             |                       |          |                                |      |                  |  |
| Base Rate Fee First Group \$ 0.00 Base Rate Fee Second                   |   |   |             | Base Rate Fee Secon   | d Group  | \$                             | 0.00 |                  |  |
|  | ry-third  | SUBSCRIBER GRO                              |             | tt -                  | Y-FOURTH | I SUBSCRIBER GROU              |      |                  |  |
| COMMUNITY/ AREA  |   |   | 0           | COMMUNITY/ AREA 0     |          |                                |      |                  |  |
| CALL SIGN  | DSE   | CALL SIGN                                   | DSE         | CALL SIGN             | DSE      | CALL SIGN                      | DSE  |                  |  |
|  |   |   |             |                       |          |                                |      |                  |  |
|  |   |   |             |                       |          |                                |      |                  |  |
|  |   |   |             |                       |          |                                |      |                  |  |
|  |   | -   |             |                       |          |                                |      |                  |  |
|  |   |   |             |                       |          |                                |      |                  |  |
|  |   |   |             |                       |          |                                |      |                  |  |
|  |   | -   |             |                       |          |                                |      |                  |  |
|  |   |   |             |                       |          |                                |      |                  |  |
|  |   |   |             |                       |          |                                |      |                  |  |
|  |   |   |             |                       |          |                                |      |                  |  |
| Fotal DSEs   |   |   | 0.00        | Total DSEs            |          |                                | 0.00 |                  |  |
|  | ross Receipts Third Group \$ 0.00 Gross Receipts Fourth Group \$ 0.00 |   |             |                       |          |                                |      |                  |  |
|  | •   |   |             |                       | •        |                                |      |                  |  |
| Base Rate Fee Third G  | roup  | \$  | 0.00        | Base Rate Fee Fourth  | Group    | \$                             | 0.00 |                  |  |
| Base Rate Fee: Add th<br>Enter here and in block                         |   |   | riber group | as shown in the boxes | above.   | \$                             |      |                  |  |

| LEGAL NAME OF OWNE<br>Lumos Media Inc             | R OF CABL | E SYSTEM:                               |             |                                     |           | S                                | YSTEM ID#<br>39236 | Name                     |
|---|-----------|---|-------------|-------------------------------------|-----------|----------------------------------|--------------------|--------------------------|
|   |           | COMPUTATION OF<br>SUBSCRIBER GROU       |             | ATE FEES FOR EAC                    |           | RIBER GROUP<br>I SUBSCRIBER GROU | JP                 | •                        |
| COMMUNITY/ AREA                                   |           |   | 0           | COMMUNITY/ AREA                     | Α         |                                  | 0                  | 9<br>Computation         |
| CALL SIGN   | DSE       | CALL SIGN                               | DSE         | CALL SIGN                           | DSE       | CALL SIGN                        | DSE                | of                       |
|   |           |   |             |                                     |           |                                  |                    | Base Rate Fe             |
|   |           |   |             |                                     |           |                                  |                    | Syndicated               |
|   |           |   |             |                                     |           |                                  |                    | Exclusivity<br>Surcharge |
|   |           |   |             |                                     |           |                                  |                    | for                      |
|   |           |   |             |                                     |           |                                  |                    | Partially<br>Distant     |
|   |           |   |             |                                     |           |                                  |                    | Stations                 |
|   |           |   |             |                                     |           |                                  |                    |                          |
|   |           | -                                       |             |                                     |           |                                  |                    |                          |
|   |           |   |             |                                     |           |                                  |                    |                          |
|   |           |   |             |                                     |           |                                  |                    |                          |
| Total DSEs  |           |   |             |                                     |           |                                  | 0.00               |                          |
| Gross Receipts First Gr                           | oup       | \$                                      | 0.00        | Gross Receipts Second Group \$ 0.00 |           |                                  |                    |                          |
| se Rate Fee First Group \$ 0.00                   |           |   |             | Base Rate Fee Seco                  | ond Group | \$                               | 0.00               |                          |
|   | SEVENTH   | SUBSCRIBER GROU                         |             | 11                                  |           | I SUBSCRIBER GROU                |                    |                          |
| COMMUNITY/ AREA                                   |           |   | 0           | COMMUNITY/ AREA                     |           |                                  |                    |                          |
| CALL SIGN   | DSE       | CALL SIGN                               | DSE         | CALL SIGN                           | DSE       | CALL SIGN                        | DSE                |                          |
|   |           |   |             |                                     |           |                                  |                    |                          |
|   |           | -                                       |             |                                     |           |                                  |                    |                          |
|   |           |   |             |                                     |           |                                  |                    |                          |
|   |           |   |             |                                     |           |                                  |                    |                          |
|   |           | -                                       |             |                                     |           |                                  |                    |                          |
|   |           | - 1111111111111111111111111111111111111 |             |                                     |           |                                  |                    |                          |
|   |           | - 1111111111111111111111111111111111111 |             |                                     |           |                                  |                    |                          |
|   |           |   |             |                                     |           |                                  |                    |                          |
|   |           |   |             |                                     |           |                                  |                    |                          |
|   |           |   |             |                                     |           |                                  |                    |                          |
| Total DSEs  |           |   | 0.00        | Total DSEs                          |           |                                  | 0.00               |                          |
| Gross Receipts Third G                            | roup      | \$                                      | 0.00        | Gross Receipts Four                 | tn Group  | \$                               | 0.00               |                          |
| Base Rate Fee Third G                             | roup      | \$                                      | 0.00        | Base Rate Fee Four                  | th Group  | \$                               | 0.00               |                          |
| Base Rate Fee: Add the<br>Enter here and in block |           |   | riber group | as shown in the boxes               | s above.  | \$                               |                    |                          |

| LEGAL NAME OF OWNER OF CABLE SYSTEM:  SYSTEM ID#  Lumos Media Inc  39236 |  |                 |             |                                     |          |                  |      |   |
|--|--|-----------------|-------------|-------------------------------------|----------|------------------|------|---|
| BLO  | OCK A: (   | COMPUTATION OF  | BASE RA     | TE FEES FOR EACH                    | SUBSCR   | IBER GROUP       |      |   |
| SIXT   | Y-NINTH  | SUBSCRIBER GROU | JP          | SE                                  | /ENTIETH | SUBSCRIBER GROUP |      | 0   |
| COMMUNITY/ AREA  |  |                 | 0           | COMMUNITY/ AREA                     |          |                  | 0    | <b>9</b> Computation  |
| CALL SIGN  | DSE  | CALL SIGN       | DSE         | CALL SIGN                           | DSE      | CALL SIGN        | DSE  | of  |
|  |  |                 |             |                                     |          |                  |      | Base Rate Fee<br>and<br>Syndicated<br>Exclusivity<br>Surcharge<br>for<br>Partially<br>Distant<br>Stations |
| Total DSEs   | •  |                 | 0.00        | Total DSEs                          | !        |                  | 0.00 |   |
| Gross Receipts First Gro   | oup  | \$              | 0.00        | Gross Receipts Second Group \$ 0.00 |          |                  |      |   |
| Base Rate Fee First Group \$ 0.00 Base Rate Fee Se                       |  |                 |             |                                     |          | \$               | 0.00 |   |
|  | Y-FIRST  | SUBSCRIBER GROU |             | ii                                  | -SECOND  | SUBSCRIBER GROUP |      |   |
| COMMUNITY/ AREA  |  |                 | 0           | COMMUNITY/ AREA 0                   |          |                  |      |   |
| CALL SIGN  | DSE  | CALL SIGN       | DSE         | CALL SIGN                           | DSE      | CALL SIGN        | DSE  |   |
|  |  | -               |             |                                     |          |                  |      |   |
|  |  |                 |             |                                     |          |                  |      |   |
|  |  | -               |             |                                     |          | -                |      |   |
|  |  |                 |             |                                     |          |                  |      |   |
|  |  |                 |             |                                     |          |                  |      |   |
|  |  |                 |             |                                     |          |                  |      |   |
|  |  |                 |             |                                     | •        |                  |      |   |
|  |  | -               |             |                                     |          | -                |      |   |
|  |  |                 |             |                                     |          |                  |      |   |
|  |  |                 |             |                                     |          |                  |      |   |
|  |  | -               |             |                                     |          | -                |      |   |
|  | •  |                 |             |                                     | •        |                  |      |   |
|  |  |                 |             |                                     |          |                  |      |   |
| Total DSEs   |  |                 | 0.00        | Total DSEs                          |          |                  | 0.00 |   |
| Gross Receipts Third Gr  | oss Receipts Third Group \$ 0.00 Gross Receipts Fourth Group \$ 0.00 |                 |             |                                     |          |                  |      |   |
| Base Rate Fee Third Gr   | oup  | \$              | 0.00        | Base Rate Fee Fourth                | Group    | \$               | 0.00 |   |
| Base Rate Fee: Add the Enter here and in block                           |  |                 | riber group | as shown in the boxes a             | above.   | \$               |      |   |

| LEGAL NAME OF OWNER<br>Lumos Media Inc         | R OF CABI | LE SYSTEM:       |             |                                     |           | SY   | 39236 | Name                |
|--|-----------|------------------|-------------|-------------------------------------|-----------|--|-------|---------------------|
|  |           |                  |             | TE FEES FOR EACH                    |           |  |       |                     |
|  | Y-THIRD   | SUBSCRIBER GROU  |             | H .                                 | '-FOURTH  | SUBSCRIBER GROUP                             |       | 9                   |
| COMMUNITY/ AREA                                |           |                  | 0           | COMMUNITY/ AREA                     |           |  | 0     | Computation         |
| CALL SIGN                                      | DSE       | CALL SIGN        | DSE         | CALL SIGN                           | DSE       | CALL SIGN                                    | DSE   | of                  |
|  |           |                  |             |                                     |           |  |       | Base Rate Fee and   |
|  |           |                  |             |                                     |           |  |       | Syndicated          |
|  | ••••••    | -                |             |                                     |           |  |       | Exclusivity         |
|  |           |                  |             |                                     |           |  |       | Surcharge           |
|  | •         |                  |             |                                     |           |  |       | for                 |
|  | ••••••    |                  |             |                                     |           |  |       | Partially           |
|  | ••••••    | -                |             |                                     |           |  |       | Distant<br>Stations |
|  | •         |                  |             |                                     |           |  |       | Stations            |
|  |           |                  |             |                                     |           |  |       |                     |
|  |           | -                |             |                                     |           |  |       |                     |
|  |           |                  |             |                                     |           |  |       |                     |
|  | •         |                  |             |                                     |           |  |       |                     |
|  |           |                  |             |                                     |           |  |       |                     |
| Total DSEs                                     |           |                  | 0.00        | Total DSEs                          |           |  | 0.00  |                     |
| Gross Receipts First Gro                       | oup       | \$               | 0.00        | Gross Receipts Second Group \$ 0.00 |           |  |       |                     |
|  |           |                  |             |                                     |           |  |       |                     |
| Base Rate Fee First Gro                        |           | \$               | 0.00        | Base Rate Fee Secon                 |           | \$   | 0.00  |                     |
| SEVENT   | ΓY-FIFTH  | SUBSCRIBER GROU  |             | SEVEN                               | ITY-SIXTH | SUBSCRIBER GROUP                             | )     |                     |
| COMMUNITY/ AREA                                |           |                  | 0           | COMMUNITY/ AREA 0                   |           |  |       |                     |
| CALL SIGN                                      | DSE       | CALL SIGN        | DSE         | CALL SIGN                           | DSE       | CALL SIGN                                    | DSE   |                     |
|  |           | -                |             |                                     |           |  |       |                     |
|  |           |                  |             |                                     |           |  |       |                     |
|  |           |                  |             |                                     |           |  |       |                     |
|  |           |                  |             |                                     |           |  |       |                     |
|  |           | -                |             |                                     |           |  |       |                     |
|  | •         |                  |             |                                     |           |  |       |                     |
|  |           |                  |             |                                     |           |  |       |                     |
|  |           |                  |             |                                     |           |  |       |                     |
|  |           | -                |             |                                     |           |  |       |                     |
|  |           |                  |             |                                     |           |  |       |                     |
|  |           | +                |             |                                     |           |  |       |                     |
|  | •         |                  |             |                                     |           |  |       |                     |
|  |           |                  |             |                                     |           |  |       |                     |
| Total DSEs                                     |           |                  | 0.00        | Total DSEs                          |           |  | 0.00  |                     |
| Gross Receipts Third G                         | roup      | \$               | 0.00        | Gross Receipts Fourth               | Group     | \$   | 0.00  |                     |
| Base Rate Fee Third G                          | roup      | \$               | 0.00        | Base Rate Fee Fourth                | Group     | \$   | 0.00  |                     |
|  | <u> </u>  | <u> </u>         |             |                                     | ı-<br>    | <u>.                                    </u> |       |                     |
| Base Rate Fee: Add the Enter here and in block |           |                  | riber group | as shown in the boxes a             | above.    | •  |       |                     |
| Littor fiere and in block                      | o, iii i  | Space L (page 1, |             |                                     |           | Ψ  |       |                     |

| LEGAL NAME OF OWNER OF CABLE SYSTEM:  SYSTEM ID#  Lumos Media Inc  39236 |         |                 |             |                       |          |                  |      |                   |  |
|--|---------|-----------------|-------------|-----------------------|----------|------------------|------|-------------------|--|
|  |         |                 |             | TE FEES FOR EACH      |          |                  |      |                   |  |
|  | EVENTH  | SUBSCRIBER GROU |             |                       | Y-EIGHTH | SUBSCRIBER GROUP |      | 9                 |  |
| COMMUNITY/ AREA  |         |                 | 0           | COMMUNITY/ AREA       |          |                  | 0    | Computation       |  |
| CALL SIGN  | DSE     | CALL SIGN       | DSE         | CALL SIGN             | DSE      | CALL SIGN        | DSE  | of                |  |
|  |         |                 |             |                       |          |                  |      | Base Rate Fee and |  |
|  |         | -               |             |                       | <b>.</b> |                  |      | Syndicated        |  |
|  |         | -               |             |                       |          |                  |      | Exclusivity       |  |
|  | •       | _               |             |                       |          |                  |      | Surcharge         |  |
|  | •       |                 |             |                       |          |                  |      | for<br>Partially  |  |
|  |         | -               |             |                       |          |                  |      | Distant           |  |
|  |         |                 |             |                       |          |                  |      | Stations          |  |
|  | •       |                 |             |                       |          |                  |      |                   |  |
|  | •       |                 |             |                       |          |                  |      |                   |  |
|  | •       | -               |             |                       |          | _                |      |                   |  |
|  |         |                 |             |                       |          |                  |      |                   |  |
|  |         |                 |             |                       | ļ        |                  |      |                   |  |
| Total DSEs   |         |                 | 0.00        | Total DSEs            |          |                  | 0.00 |                   |  |
| Gross Receipts First Gro   | oup     | \$              | 0.00        | Gross Receipts Secon  | d Group  | \$               | 0.00 |                   |  |
| Base Rate Fee First Gro  | oup     | \$              | 0.00        | Base Rate Fee Secon   | d Group  | \$               | 0.00 |                   |  |
| SEVENT   | Y-NINTH | SUBSCRIBER GROU | JP          | Е                     | IGHTIETH | SUBSCRIBER GROUP | )    |                   |  |
| COMMUNITY/ AREA  |         |                 | 0           | COMMUNITY/ AREA 0     |          |                  |      |                   |  |
| CALL SIGN  | DSE     | CALL SIGN       | DSE         | CALL SIGN             | DSE      | CALL SIGN        | DSE  |                   |  |
|  | •       |                 |             |                       |          |                  |      |                   |  |
|  |         |                 |             |                       |          |                  |      |                   |  |
|  | •       |                 |             |                       |          |                  |      |                   |  |
|  |         | -               |             |                       |          |                  |      |                   |  |
|  | •       | -               |             |                       |          |                  |      |                   |  |
|  | ••••••  |                 |             |                       |          |                  |      |                   |  |
|  |         | -               |             |                       | <b>.</b> | _                |      |                   |  |
|  |         | -               |             |                       |          |                  |      |                   |  |
|  | •       | -               |             |                       |          |                  |      |                   |  |
|  | ••••••  |                 |             |                       |          |                  |      |                   |  |
|  | •••••   |                 |             |                       |          |                  |      |                   |  |
|  | •       |                 |             |                       |          |                  |      |                   |  |
| Total DSEs   |         |                 | 0.00        | Total DSEs            |          |                  | 0.00 |                   |  |
| Gross Receipts Third Gr  | roup    | \$              | 0.00        | Gross Receipts Fourth | Group    | \$               | 0.00 |                   |  |
| Base Rate Fee Third Gr   | roup    | \$              | 0.00        | Base Rate Fee Fourth  | Group    | \$               | 0.00 |                   |  |
| Base Rate Fee: Add the Enter here and in block                           |         |                 | riber group | as shown in the boxes | above.   | \$               |      |                   |  |

|             | 39236 | S               |   |                                  |         | E SYSTEM:      | R OF CABL       | LEGAL NAME OF OWNE  Lumos Media Inc |
|-------------|-------|-----------------|---|----------------------------------|---------|----------------|-----------------|-------------------------------------|
|             |       | IBER GROUP      | SUBSCR                                  | TE FEES FOR EACH                 | BASE RA | COMPUTATION O  | OCK A: C        | BL                                  |
| ļ           |       | SUBSCRIBER GROU | -SECOND                                 |                                  |         | SUBSCRIBER GRO | TY-FIRST        |                                     |
| Com         | 0     |                 |   | COMMUNITY/ AREA                  | 0       |                |                 | COMMUNITY/ AREA                     |
| Com         | DSE   | CALL SIGN       | DSE                                     | CALL SIGN                        | DSE     | CALL SIGN      | DSE             | CALL SIGN                           |
| Base        |       |                 |   |                                  |         |                |                 |                                     |
| a           |       |                 |   |                                  |         |                |                 |                                     |
| Synd<br>Exc |       |                 |   |                                  |         |                |                 |                                     |
| Sur         |       |                 |   |                                  |         |                |                 |                                     |
|             |       | -               |   |                                  |         | -              |                 |                                     |
| Pa          |       |                 |   |                                  |         |                |                 |                                     |
| Di          |       | ,               |   |                                  |         |                |                 |                                     |
| Sta         |       | ,               |   |                                  |         | -              |                 |                                     |
|             |       |                 | <b>.</b>                                |                                  |         |                |                 |                                     |
|             |       |                 |   |                                  |         |                |                 |                                     |
|             |       |                 |   |                                  |         |                |                 |                                     |
|             |       |                 |   |                                  |         |                |                 |                                     |
|             |       |                 |   |                                  |         |                |                 |                                     |
|             | 0.00  |                 |   | Total DSEs                       | 0.00    |                |                 | Total DSEs                          |
|             | 0.00  | \$              | d Group                                 | Gross Receipts Secor             | 0.00    | \$             | oup             | Gross Receipts First Gr             |
|             | 0.00  | \$              | d Group                                 | Base Rate Fee Secon              | 0.00    | \$             | oup             | <b>Base Rate Fee</b> First Gr       |
|             | JP    | SUBSCRIBER GROU | /-FOURTH                                | EIGHT                            | UP      | SUBSCRIBER GRO | Y-THIRD         | EIGHT                               |
|             | 0     |                 | COMMUNITY/ AREA                         | 0                                |         |                | COMMUNITY/ AREA |                                     |
|             | DSE   | CALL SIGN       | DSE                                     | CALL SIGN                        | DSE     | CALL SIGN      | DSE             | CALL SIGN                           |
|             |       |                 |   |                                  |         |                |                 |                                     |
|             |       |                 |   |                                  |         |                |                 |                                     |
|             |       |                 | <b></b>                                 |                                  |         | -              |                 |                                     |
|             |       |                 |   |                                  |         |                |                 |                                     |
|             |       |                 |   |                                  |         |                |                 |                                     |
|             |       |                 |   |                                  |         |                |                 |                                     |
|             |       |                 | *************************************** |                                  |         |                |                 |                                     |
|             |       |                 |   |                                  |         |                |                 |                                     |
|             |       |                 |   |                                  |         |                |                 |                                     |
|             |       |                 |   |                                  |         |                |                 |                                     |
|             |       |                 |   |                                  |         |                |                 |                                     |
|             |       |                 |   |                                  |         |                |                 |                                     |
|             |       |                 |   |                                  |         |                |                 |                                     |
|             | 0.00  |                 |   | Total DSEs                       | 0.00    |                |                 | Total DSEs                          |
|             | 0.00  | \$              | Group                                   | Total DSEs Gross Receipts Fourth | 0.00    | \$             | roup            | Total DSEs Gross Receipts Third G   |
|             |       | \$              | Group                                   |                                  |         | \$             | roup            |                                     |

| 9         | YSTEM ID#<br>39236 | 3               |                     |                       |                  | e ororem.      | R OF CABL               | Lumos Media Inc        |
|-----------|--------------------|-----------------|---------------------|-----------------------|------------------|----------------|-------------------------|------------------------|
|           |                    | RIBER GROUP     | SUBSCF              | TE FEES FOR EACH      | BASE RA          | COMPUTATION OF | OCK A: C                | BL                     |
|           |                    | SUBSCRIBER GROU | HTY-SIXTH           | ii                    |                  | SUBSCRIBER GRO | TY-FIFTH                |                        |
| Com       | 0                  |                 |                     | COMMUNITY/ AREA       | 0                |                |                         | COMMUNITY/ AREA        |
|           | DSE                | CALL SIGN       | DSE                 | CALL SIGN             | DSE              | CALL SIGN      | DSE                     | CALL SIGN              |
| Base      |                    |                 |                     |                       |                  |                |                         |                        |
|           |                    |                 |                     |                       |                  | -              |                         |                        |
| Syn       |                    |                 |                     |                       |                  | -              |                         |                        |
| Exc<br>Su |                    |                 |                     |                       |                  |                |                         |                        |
|           |                    | <u></u>         |                     |                       |                  |                |                         |                        |
| Pa        |                    |                 |                     |                       |                  |                |                         |                        |
| D         |                    |                 |                     |                       |                  |                |                         |                        |
| St        |                    |                 |                     |                       |                  |                |                         |                        |
|           |                    |                 |                     |                       |                  |                |                         |                        |
|           |                    |                 |                     |                       |                  |                |                         |                        |
|           |                    |                 | <b></b>             |                       |                  | -              |                         |                        |
|           |                    |                 |                     |                       |                  |                |                         |                        |
|           |                    |                 |                     |                       |                  |                |                         |                        |
|           | 0.00               |                 |                     | Total DSEs            | 0.00             |                |                         | Total DSEs             |
|           | 0.00               | \$              | Gross Receipts Seco | 0.00                  | \$               | oup            | Gross Receipts First Gr |                        |
| 1         |                    |                 |                     |                       |                  |                |                         |                        |
|           | 0.00               | \$              | d Group             | Base Rate Fee Secon   | 0.00             | \$             | oup                     | Base Rate Fee First Gr |
|           | JP                 | SUBSCRIBER GROU | Y-EIGHTH            | EIGH <sup>*</sup>     | UP               | SUBSCRIBER GRO | SEVENTH                 | EIGHTY-S               |
|           | COMMUNITY/ AREA 0  |                 |                     |                       | OMMUNITY/ AREA 0 |                |                         |                        |
| n         | 0                  |                 |                     | COMMUNITY/ AREA       |                  |                |                         |                        |
|           | DSE                | CALL SIGN       | DSE                 | COMMUNITY/ AREA       | DSE              | CALL SIGN      | DSE                     | CALL SIGN              |
|           |                    | CALL SIGN       | DSE                 |                       |                  | CALL SIGN      | DSE                     |                        |
|           |                    | CALL SIGN       | DSE                 |                       |                  | CALL SIGN      | DSE                     |                        |
|           |                    | CALL SIGN       | DSE                 |                       |                  | CALL SIGN      | DSE                     |                        |
|           |                    | CALL SIGN       | DSE                 |                       |                  | CALL SIGN      | DSE                     |                        |
|           |                    | CALL SIGN       | DSE                 |                       |                  | CALL SIGN      | DSE                     |                        |
|           |                    | CALL SIGN       | DSE                 |                       |                  | CALL SIGN      | DSE                     |                        |
|           |                    | CALL SIGN       | DSE                 |                       |                  | CALL SIGN      | DSE                     |                        |
|           |                    | CALL SIGN       | DSE                 |                       |                  | CALL SIGN      | DSE                     |                        |
|           |                    | CALL SIGN       | DSE                 |                       |                  | CALL SIGN      | DSE                     |                        |
|           |                    | CALL SIGN       | DSE                 |                       |                  | CALL SIGN      | DSE                     |                        |
|           |                    | CALL SIGN       | DSE                 |                       |                  | CALL SIGN      | DSE                     |                        |
|           |                    | CALL SIGN       | DSE                 |                       |                  | CALL SIGN      | DSE                     |                        |
|           |                    | CALL SIGN       | DSE                 |                       |                  | CALL SIGN      | DSE                     |                        |
|           | DSE                | CALL SIGN       |                     | CALL SIGN             | DSE              | CALL SIGN      |                         | CALL SIGN              |
|           | DSE                |                 |                     | CALL SIGN  Total DSEs | DSE              |                |                         | CALL SIGN              |

| LEGAL NAME OF OWNER OF CABLE SYSTEM:  SYSTEM ID#  Lumos Media Inc  39236 |   |                 |             |                         |          |                  |      |                      |  |
|--|---|-----------------|-------------|-------------------------|----------|------------------|------|----------------------|--|
|  |   |                 |             | TE FEES FOR EACH        |          |                  |      |                      |  |
|  | Y-NINTH                                 | SUBSCRIBER GROU |             | H .                     | NINTIETH | SUBSCRIBER GROUP |      | 9                    |  |
| COMMUNITY/ AREA  |   |                 | 0           | COMMUNITY/ AREA         |          |                  | 0    | Computation          |  |
| CALL SIGN  | DSE                                     | CALL SIGN       | DSE         | CALL SIGN               | DSE      | CALL SIGN        | DSE  | of                   |  |
|  |   | -               |             |                         |          |                  |      | Base Rate Fee and    |  |
|  |   |                 |             |                         |          |                  |      | Syndicated           |  |
|  |   | -               |             |                         |          |                  |      | Exclusivity          |  |
|  |   |                 |             |                         |          |                  |      | Surcharge            |  |
|  |   |                 |             |                         |          | _                |      | for                  |  |
|  |   |                 |             |                         |          |                  |      | Partially<br>Distant |  |
|  | •                                       |                 |             |                         |          |                  |      | Stations             |  |
|  |   |                 |             |                         |          |                  |      |                      |  |
|  | •                                       |                 |             |                         |          |                  |      |                      |  |
|  |   |                 |             |                         |          |                  |      |                      |  |
|  |   |                 |             |                         |          |                  |      |                      |  |
|  |   |                 |             |                         |          |                  |      |                      |  |
| Total DSEs   |   |                 | 0.00        | Total DSEs              |          |                  | 0.00 |                      |  |
| Gross Receipts First Gro   | oup                                     | \$              | 0.00        | Gross Receipts Secon    | d Group  | \$               | 0.00 |                      |  |
| Base Rate Fee First Gro  | oup                                     | \$              | 0.00        | Base Rate Fee Second    | d Group  | \$               | 0.00 |                      |  |
| NINET  | Y-FIRST                                 | SUBSCRIBER GROU | JP          | NINETY                  | '-SECOND | SUBSCRIBER GROUP | )    |                      |  |
| COMMUNITY/ AREA  |   |                 | 0           | COMMUNITY/ AREA 0       |          |                  |      |                      |  |
| CALL SIGN  | DSE                                     | CALL SIGN       | DSE         | CALL SIGN               | DSE      | CALL SIGN        | DSE  |                      |  |
|  |   |                 |             |                         |          |                  |      |                      |  |
|  |   | -               |             |                         |          |                  |      |                      |  |
|  | • · · · · · · · · · · · · · · · · · · · |                 |             |                         |          |                  |      |                      |  |
|  | •                                       |                 |             |                         |          |                  |      |                      |  |
|  |   |                 |             |                         |          | _                |      |                      |  |
|  |   | -               |             |                         |          |                  |      |                      |  |
|  |   |                 |             |                         |          |                  |      |                      |  |
|  |   | -               |             |                         |          | _                |      |                      |  |
|  |   |                 |             |                         |          |                  |      |                      |  |
|  | •                                       |                 |             |                         |          |                  |      |                      |  |
|  | •                                       |                 |             |                         |          |                  |      |                      |  |
|  | •                                       |                 |             |                         |          |                  |      |                      |  |
| Total DSEs   |   |                 | 0.00        | Total DSEs              |          |                  | 0.00 |                      |  |
| Gross Receipts Third Gr  | roup                                    | \$              | 0.00        | Gross Receipts Fourth   | Group    | \$               | 0.00 |                      |  |
| Base Rate Fee Third Gr   | oup                                     | \$              | 0.00        | Base Rate Fee Fourth    | Group    | \$               | 0.00 |                      |  |
| Base Rate Fee: Add the Enter here and in block                           |   |                 | riber group | as shown in the boxes a | above.   | \$               |      |                      |  |

| LEGAL NAME OF OWNER<br>Lumos Media Inc         | R OF CABL                               | E SYSTEM:       |             |                         |                                     | S               | YSTEM ID#<br>39236 | Name                 |  |
|--|---|-----------------|-------------|-------------------------|-------------------------------------|-----------------|--------------------|----------------------|--|
|  |   |                 |             | TE FEES FOR EACH        |                                     |                 |                    |                      |  |
|  | Y-THIRD                                 | SUBSCRIBER GROU |             |                         | -FOURTH                             | SUBSCRIBER GROU |                    | 9                    |  |
| COMMUNITY/ AREA                                |   |                 | 0           | COMMUNITY/ AREA         |                                     |                 | 0                  | Computation          |  |
| CALL SIGN                                      | DSE                                     | CALL SIGN       | DSE         | CALL SIGN               | DSE                                 | CALL SIGN       | DSE                | of                   |  |
|  |   |                 |             |                         |                                     |                 |                    | Base Rate Fee and    |  |
|  |   |                 |             |                         |                                     |                 |                    | Syndicated           |  |
|  | •                                       | -               |             |                         |                                     |                 |                    | Exclusivity          |  |
|  |   |                 |             |                         |                                     |                 |                    | Surcharge            |  |
|  | •                                       |                 |             |                         |                                     |                 |                    | for                  |  |
|  | •                                       |                 |             |                         |                                     |                 |                    | Partially<br>Distant |  |
|  |   |                 |             |                         |                                     |                 |                    | Stations             |  |
|  | •                                       |                 |             |                         |                                     |                 |                    | 014110110            |  |
|  |   |                 |             |                         |                                     |                 |                    |                      |  |
|  | •                                       |                 |             |                         |                                     |                 |                    |                      |  |
|  | •                                       |                 |             |                         |                                     |                 |                    |                      |  |
|  |   |                 |             |                         |                                     |                 |                    |                      |  |
| Total DSEs                                     |   |                 | 0.00        | Total DSEs              | ·                                   | !!              | 0.00               |                      |  |
| Gross Receipts First Gr                        | Gross Receipts First Group \$ 0.00      |                 |             |                         | Gross Receipts Second Group \$ 0.00 |                 |                    |                      |  |
|  |   |                 |             |                         |                                     |                 |                    |                      |  |
| Base Rate Fee First Gro                        |   | \$              | 0.00        | Base Rate Fee Secon     |                                     | \$              | 0.00               |                      |  |
|  | Y-FIFTH                                 | SUBSCRIBER GROU |             |                         | TY-SIXTH                            | SUBSCRIBER GROU | )P<br><b>0</b>     |                      |  |
| COMMUNITY/ AREA                                |   |                 | 0           | COMMUNITY/ AREA 0       |                                     |                 |                    |                      |  |
| CALL SIGN                                      | DSE                                     | CALL SIGN       | DSE         | CALL SIGN               | DSE                                 | CALL SIGN       | DSE                |                      |  |
|  |   | -               |             |                         |                                     |                 |                    |                      |  |
|  |   |                 |             |                         |                                     |                 |                    |                      |  |
|  | • |                 |             |                         |                                     |                 |                    |                      |  |
|  | •                                       |                 |             |                         |                                     |                 |                    |                      |  |
|  |   |                 |             |                         |                                     |                 |                    |                      |  |
|  | •                                       |                 |             |                         |                                     |                 |                    |                      |  |
|  | •                                       |                 |             |                         |                                     |                 |                    |                      |  |
|  | •                                       | -               |             |                         |                                     |                 |                    |                      |  |
|  |   |                 |             |                         |                                     |                 |                    |                      |  |
|  |   |                 |             |                         |                                     |                 |                    |                      |  |
|  | •                                       |                 |             |                         |                                     |                 |                    |                      |  |
|  |   |                 |             |                         |                                     |                 |                    |                      |  |
| Total DSEs                                     |   |                 | 0.00        | Total DSEs              |                                     |                 | 0.00               |                      |  |
| Gross Receipts Third G                         | roup                                    | \$              | 0.00        | Gross Receipts Fourth   | Group                               | \$              | 0.00               |                      |  |
| Base Rate Fee Third G                          | oup                                     | \$              | 0.00        | Base Rate Fee Fourth    | Group                               | \$              | 0.00               |                      |  |
| Base Rate Fee: Add the Enter here and in block |   |                 | riber group | as shown in the boxes a | above.                              | \$              |                    |                      |  |

| LEGAL NAME OF OWNER OF CABLE SYSTEM:  SYSTEM ID#  Lumos Media Inc  39236 |         |                 |             |                                     |          |                  |      |                      |  |
|--|---------|-----------------|-------------|-------------------------------------|----------|------------------|------|----------------------|--|
|  |         |                 |             | TE FEES FOR EACH                    |          |                  |      |                      |  |
|  | EVENTH  | SUBSCRIBER GROU |             |                                     | Y-EIGHTH | SUBSCRIBER GROUP |      | 9                    |  |
| COMMUNITY/ AREA  |         |                 | 0           | COMMUNITY/ AREA                     |          |                  | 0    | Computation          |  |
| CALL SIGN  | DSE     | CALL SIGN       | DSE         | CALL SIGN                           | DSE      | CALL SIGN        | DSE  | of                   |  |
|  |         |                 |             |                                     |          |                  |      | Base Rate Fee        |  |
|  |         |                 |             |                                     |          |                  |      | and<br>Syndicated    |  |
|  |         | -               |             |                                     |          |                  |      | Exclusivity          |  |
|  |         | -               |             |                                     |          |                  |      | Surcharge            |  |
|  |         |                 |             |                                     |          |                  |      | for                  |  |
|  |         |                 |             |                                     |          |                  |      | Partially<br>Distant |  |
|  |         |                 |             |                                     |          | H                |      | Stations             |  |
|  |         |                 |             |                                     |          |                  |      |                      |  |
|  |         |                 |             |                                     |          |                  |      |                      |  |
|  |         |                 |             |                                     |          |                  |      |                      |  |
|  |         |                 |             |                                     |          |                  |      |                      |  |
|  |         |                 |             |                                     |          |                  |      |                      |  |
| Total DSEs   |         |                 | 0.00        | Total DSEs                          | •        |                  | 0.00 |                      |  |
| Gross Receipts First Gro   | oup     | \$              | 0.00        | Gross Receipts Second Group \$ 0.00 |          |                  |      |                      |  |
|  |         |                 |             |                                     |          |                  |      |                      |  |
| Base Rate Fee First Gro  |         | \$              | 0.00        | Base Rate Fee Secon                 |          | \$               | 0.00 |                      |  |
|  | Y-NINTH | SUBSCRIBER GROU |             |                                     | NDREDTH  | SUBSCRIBER GROUP |      |                      |  |
| COMMUNITY/ AREA  |         |                 | 0           | COMMUNITY/ AREA 0                   |          |                  |      |                      |  |
| CALL SIGN  | DSE     | CALL SIGN       | DSE         | CALL SIGN                           | DSE      | CALL SIGN        | DSE  |                      |  |
|  |         |                 |             |                                     |          |                  |      |                      |  |
|  |         |                 |             |                                     |          |                  |      |                      |  |
|  |         |                 |             |                                     |          |                  |      |                      |  |
|  |         | -               |             |                                     |          | =                |      |                      |  |
|  |         |                 |             |                                     |          |                  |      |                      |  |
|  |         |                 |             |                                     |          |                  |      |                      |  |
|  |         |                 |             |                                     |          |                  |      |                      |  |
|  |         |                 |             |                                     |          |                  |      |                      |  |
|  |         | -               |             |                                     |          | =                |      |                      |  |
|  |         |                 |             |                                     |          |                  |      |                      |  |
|  |         |                 |             |                                     |          |                  |      |                      |  |
|  |         |                 |             |                                     |          |                  |      |                      |  |
| Total DSEs   |         |                 | 0.00        | Total DSEs                          |          |                  | 0.00 |                      |  |
| Gross Receipts Third Gr  | oup     | \$              | 0.00        | Gross Receipts Fourth               | Group    | \$               | 0.00 |                      |  |
|  |         |                 |             |                                     |          |                  |      |                      |  |
| Base Rate Fee Third Gr   | oup     | \$              | 0.00        | Base Rate Fee Fourth                | Group    | \$               | 0.00 |                      |  |
|  |         |                 |             | Ш                                   |          |                  |      |                      |  |
| Base Rate Fee: Add the<br>Enter here and in block                        |         |                 | riber group | as shown in the boxes a             | above.   | \$               |      |                      |  |

| LEGAL NAME OF OWNER<br>Lumos Media Inc         | R OF CABL | E SYSTEM:       |                |                                     |        | SY               | 39236 | Name              |
|--|-----------|-----------------|----------------|-------------------------------------|--------|------------------|-------|-------------------|
|  |           |                 |                | TE FEES FOR EACH                    |        |                  |       |                   |
|  | D FIRST   | SUBSCRIBER GROU |                |                                     | SECOND | SUBSCRIBER GROUP |       | 9                 |
| COMMUNITY/ AREA                                |           |                 | 0              | COMMUNITY/ AREA                     |        |                  | 0     | Computation       |
| CALL SIGN                                      | DSE       | CALL SIGN       | DSE            | CALL SIGN                           | DSE    | CALL SIGN        | DSE   | of                |
|  |           |                 |                |                                     |        |                  |       | Base Rate Fee and |
|  |           | -               |                |                                     |        |                  |       | Syndicated        |
|  |           |                 |                |                                     |        |                  |       | Exclusivity       |
|  |           |                 |                |                                     |        |                  |       | Surcharge<br>for  |
|  |           |                 |                |                                     |        |                  |       | Partially         |
|  |           | -               |                |                                     |        |                  |       | Distant           |
|  |           |                 |                |                                     |        |                  |       | Stations          |
|  |           |                 |                |                                     |        |                  |       |                   |
|  |           | -               |                |                                     |        | _                |       |                   |
|  |           |                 |                |                                     |        |                  |       |                   |
|  |           |                 |                |                                     |        |                  |       |                   |
| Total DSEs                                     |           |                 | 0.00           | Total DSEs                          |        |                  | 0.00  |                   |
| Gross Receipts First Group \$ 0.00             |           |                 |                | Gross Receipts Second Group \$ 0.00 |        |                  |       |                   |
|  |           |                 |                |                                     |        |                  |       |                   |
| Base Rate Fee First Gro                        |           | \$              | 0.00           | Base Rate Fee Secon                 |        | \$               | 0.00  |                   |
|  | D THIRD   | SUBSCRIBER GROU | JP<br><b>0</b> |                                     | FOURTH | SUBSCRIBER GROUP | 0     |                   |
| COMMUNITY/ AREA                                |           |                 | U              | COMMUNITY/ AREA                     |        |                  |       |                   |
| CALL SIGN                                      | DSE       | CALL SIGN       | DSE            | CALL SIGN                           | DSE    | CALL SIGN        | DSE   |                   |
|  |           |                 |                |                                     |        |                  |       |                   |
|  |           |                 |                |                                     |        |                  |       |                   |
|  |           | -               |                |                                     |        | _                |       |                   |
|  |           |                 |                |                                     |        |                  |       |                   |
|  |           | -               |                |                                     |        |                  |       |                   |
|  |           |                 |                |                                     |        |                  |       |                   |
|  |           |                 |                |                                     |        |                  |       |                   |
|  |           |                 |                |                                     |        |                  |       |                   |
|  |           |                 |                |                                     |        |                  |       |                   |
|  |           |                 |                |                                     |        | _                |       |                   |
|  |           |                 |                |                                     |        |                  |       |                   |
| Total DSEs                                     |           |                 | 0.00           | Total DSEs                          |        |                  | 0.00  |                   |
| Gross Receipts Third Gr                        | oup       | \$              | 0.00           | Gross Receipts Fourth               | Group  | \$               | 0.00  |                   |
|  |           |                 |                |                                     |        |                  |       |                   |
| Base Rate Fee Third Gr                         | oup       | \$              | 0.00           | Base Rate Fee Fourth                | Group  | \$               | 0.00  |                   |
|  |           |                 |                | Ш                                   |        |                  |       |                   |
| Base Rate Fee: Add the Enter here and in block |           |                 | riber group    | as shown in the boxes a             | above. | \$               |       |                   |

| LEGAL NAME OF OWNER<br>Lumos Media Inc         | R OF CABL                         | E SYSTEM:       |                       |                       |                                     | SY   | 39236 | Name              |  |
|--|-----------------------------------|-----------------|-----------------------|-----------------------|-------------------------------------|--|-------|-------------------|--|
|  |                                   |                 |                       | TE FEES FOR EACH      |                                     |  |       |                   |  |
|  | D FIFTH                           | SUBSCRIBER GROU |                       |                       | RED SIXTH                           | SUBSCRIBER GROUP                             |       | 9                 |  |
| COMMUNITY/ AREA                                |                                   |                 | 0                     | COMMUNITY/ AREA       |                                     |  | 0     | Computation       |  |
| CALL SIGN                                      | DSE                               | CALL SIGN       | DSE                   | CALL SIGN             | DSE                                 | CALL SIGN                                    | DSE   | of                |  |
|  |                                   |                 |                       |                       |                                     |  |       | Base Rate Fee and |  |
|  |                                   | -               |                       |                       | <u> </u>                            |  |       | Syndicated        |  |
|  |                                   |                 |                       |                       |                                     |  |       | Exclusivity       |  |
|  |                                   | -               |                       |                       |                                     |  |       | Surcharge<br>for  |  |
|  |                                   |                 |                       |                       |                                     |  |       | Partially         |  |
|  |                                   | -               |                       |                       |                                     |  |       | Distant           |  |
|  |                                   |                 |                       |                       |                                     |  |       | Stations          |  |
|  |                                   |                 |                       |                       |                                     |  |       |                   |  |
|  |                                   | -               |                       |                       |                                     |  |       |                   |  |
|  |                                   |                 |                       |                       |                                     |  |       |                   |  |
|  | •                                 |                 |                       |                       |                                     |  |       |                   |  |
| Total DSEs                                     |                                   |                 | 0.00                  | Total DSEs            | ļ                                   | <u>                                     </u> | 0.00  |                   |  |
| Gross Receipts First Gro                       | Gross Receipts First Group \$ 0.0 |                 |                       |                       | Gross Receipts Second Group \$ 0.00 |  |       |                   |  |
|  |                                   |                 |                       |                       |                                     |  |       |                   |  |
| Base Rate Fee First Gro                        |                                   | \$              | 0.00                  | Base Rate Fee Secon   |                                     | \$   | 0.00  |                   |  |
|  | EVENTH                            | SUBSCRIBER GROU | <u>ЈР</u><br><b>0</b> | İ                     | D EIGHTH                            | SUBSCRIBER GROUP                             | 0     |                   |  |
| COMMUNITY/ AREA                                |                                   |                 |                       | COMMUNITY/ AREA       |                                     |  |       |                   |  |
| CALL SIGN                                      | DSE                               | CALL SIGN       | DSE                   | CALL SIGN             | DSE                                 | CALL SIGN                                    | DSE   |                   |  |
|  |                                   |                 |                       |                       |                                     |  |       |                   |  |
|  |                                   |                 |                       |                       |                                     |  |       |                   |  |
|  |                                   | -               |                       |                       | <b>.</b>                            | -  |       |                   |  |
|  |                                   |                 |                       |                       |                                     |  |       |                   |  |
|  |                                   |                 |                       |                       |                                     |  |       |                   |  |
|  |                                   |                 |                       |                       |                                     |  |       |                   |  |
|  |                                   |                 |                       |                       |                                     |  |       |                   |  |
|  |                                   | -               |                       |                       |                                     |  |       |                   |  |
|  |                                   |                 |                       |                       |                                     |  |       |                   |  |
|  |                                   | -               |                       |                       |                                     |  |       |                   |  |
|  |                                   |                 |                       |                       |                                     |  |       |                   |  |
| Total DSEs                                     |                                   |                 | 0.00                  | Total DSEs            |                                     |  | 0.00  |                   |  |
| Gross Receipts Third Gr                        | oup                               | \$              | 0.00                  | Gross Receipts Fourth | Group                               | \$   | 0.00  |                   |  |
| 2. 300 . toodipto 11md Of                      | - ~ L                             | <u>*</u>        |                       |                       | . J. 54P                            | <u>-</u>                                     |       |                   |  |
| Base Rate Fee Third Gr                         | oup                               | \$              | 0.00                  | Base Rate Fee Fourth  | Group                               | \$   | 0.00  |                   |  |
| Base Rate Fee: Add the Enter here and in block |                                   |                 | riber group           | as shown in the boxes | above.                              | \$   |       |                   |  |

| LEGAL NAME OF OWNER<br>Lumos Media Inc         | R OF CABL | LE SYSTEM:      |             |                       |          | S               | YSTEM ID#<br>39236 | Name                      |
|--|-----------|-----------------|-------------|-----------------------|----------|-----------------|--------------------|---------------------------|
|  |           |                 |             | TE FEES FOR EACH      |          |                 |                    |                           |
|  | D NINTH   | SUBSCRIBER GROU |             | ONE HUNDRI            | ED TENTH | SUBSCRIBER GROU |                    | 9                         |
| COMMUNITY/ AREA                                |           |                 | 0           | COMMUNITY/ AREA       |          |                 | 0                  | Computation               |
| CALL SIGN                                      | DSE       | CALL SIGN       | DSE         | CALL SIGN             | DSE      | CALL SIGN       | DSE                | of                        |
|  |           | -               |             |                       |          | _               |                    | Base Rate Fee             |
|  |           |                 |             |                       | <u> </u> | ,               |                    | and                       |
|  |           |                 |             |                       | <b>1</b> |                 |                    | Syndicated<br>Exclusivity |
|  |           |                 |             |                       |          |                 |                    | Surcharge                 |
|  | •         | -               |             |                       |          |                 |                    | for                       |
|  |           |                 |             |                       |          |                 |                    | Partially                 |
|  |           |                 |             |                       |          |                 |                    | Distant                   |
|  |           |                 |             |                       |          | ,—              |                    | Stations                  |
|  |           |                 |             |                       |          | -               |                    |                           |
|  |           |                 |             |                       |          |                 |                    |                           |
|  |           |                 |             |                       |          | ,               |                    |                           |
|  |           |                 |             |                       | <b></b>  |                 |                    |                           |
|  |           |                 |             |                       |          |                 |                    |                           |
| Total DSEs                                     | •         |                 | 0.00        | Total DSEs            | •        |                 | 0.00               |                           |
| Gross Receipts First Gr                        | oup       | \$              | 0.00        | Gross Receipts Secon  | d Group  | \$              | 0.00               |                           |
| Base Rate Fee First Gro                        | oup       | \$              | 0.00        | Base Rate Fee Secon   | d Group  | \$              | 0.00               |                           |
| ONE HUNDRED EL                                 | EVENTH    | SUBSCRIBER GROU | JP          | ONE HUNDRED           | TWELVTH  | SUBSCRIBER GROU | JP                 |                           |
| COMMUNITY/ AREA                                |           |                 | 0           | COMMUNITY/ AREA 0     |          |                 |                    |                           |
| CALL SIGN                                      | DSE       | CALL SIGN       | DSE         | CALL SIGN             | DSE      | CALL SIGN       | DSE                |                           |
|  |           | -               |             |                       | ļ        |                 |                    |                           |
|  |           |                 |             |                       |          |                 |                    |                           |
|  |           |                 |             |                       |          |                 |                    |                           |
|  |           |                 |             |                       | <b>1</b> |                 |                    |                           |
|  |           |                 |             |                       |          |                 |                    |                           |
|  | •         | -               |             |                       |          |                 |                    |                           |
|  |           |                 |             |                       |          |                 |                    |                           |
|  |           |                 |             |                       |          | <b>.</b>        |                    |                           |
|  |           |                 |             |                       |          | ,               |                    |                           |
|  |           |                 |             |                       | <b></b>  |                 |                    |                           |
|  |           |                 |             |                       |          | -               |                    |                           |
|  |           |                 |             |                       |          |                 |                    |                           |
|  | •         |                 |             |                       |          |                 |                    |                           |
| Total DSEs                                     |           |                 | 0.00        | Total DSEs            |          |                 | 0.00               |                           |
| Gross Receipts Third G                         | roup      | \$              | 0.00        | Gross Receipts Fourth | Group    | \$              | 0.00               |                           |
| Base Rate Fee Third G                          | roup      | \$              | 0.00        | Base Rate Fee Fourth  | Group    | \$              | 0.00               |                           |
| Base Rate Fee: Add the Enter here and in block |           |                 | riber group | as shown in the boxes | above.   | \$              |                    |                           |

| LEGAL NAME OF OWNER OF CABLE SYSTEM:  SYSTEM ID#  Lumos Media Inc  39236 |        |                 |             |                         |         |                  |      |                   |
|--|--------|-----------------|-------------|-------------------------|---------|------------------|------|-------------------|
|  |        |                 |             | TE FEES FOR EACH        |         |                  |      |                   |
| ONE HUNDRED THIR   | TEENTH | SUBSCRIBER GROU |             |                         | RTEENTH | SUBSCRIBER GROUP |      | 9                 |
| COMMUNITY/ AREA  |        |                 | 0           | COMMUNITY/ AREA         |         |                  | 0    | Computation       |
| CALL SIGN  | DSE    | CALL SIGN       | DSE         | CALL SIGN               | DSE     | CALL SIGN        | DSE  | of                |
|  |        |                 |             |                         |         |                  |      | Base Rate Fee and |
|  | •      | -               |             |                         |         |                  |      | Syndicated        |
|  |        | -               |             |                         |         |                  |      | Exclusivity       |
|  | •      | _               |             |                         |         | _                |      | Surcharge         |
|  | •      |                 |             |                         |         |                  |      | for<br>Partially  |
|  |        |                 |             |                         |         |                  |      | Distant           |
|  |        |                 |             |                         |         |                  |      | Stations          |
|  | •      |                 |             |                         |         |                  |      |                   |
|  |        |                 |             |                         | •       |                  |      |                   |
|  | •      | -               |             |                         |         |                  |      |                   |
|  |        |                 |             |                         |         |                  |      |                   |
|  |        |                 |             |                         |         |                  |      |                   |
| Total DSEs   |        |                 | 0.00        | Total DSEs              |         |                  | 0.00 |                   |
| Gross Receipts First Gro   | oup    | \$              | 0.00        | Gross Receipts Secon    | d Group | \$               | 0.00 |                   |
| Base Rate Fee First Gro  | oup    | \$              | 0.00        | Base Rate Fee Second    | d Group | \$               | 0.00 |                   |
| ONE HUNDRED FIF  | TEENTH | SUBSCRIBER GROU |             | ONE HUNDRED SI          | XTEENTH | SUBSCRIBER GROUP | )    |                   |
| COMMUNITY/ AREA  |        |                 | 0           | COMMUNITY/ AREA         |         |                  | 0    |                   |
| CALL SIGN  | DSE    | CALL SIGN       | DSE         | CALL SIGN               | DSE     | CALL SIGN        | DSE  |                   |
|  | •      |                 |             |                         |         |                  |      |                   |
|  |        |                 |             |                         |         |                  |      |                   |
|  | •      | -               |             |                         |         |                  |      |                   |
|  |        |                 |             |                         |         |                  |      |                   |
|  | •      | _               |             |                         |         | _                |      |                   |
|  |        |                 |             |                         |         |                  |      |                   |
|  |        | -               |             |                         |         |                  |      |                   |
|  |        |                 |             |                         |         |                  |      |                   |
|  | •      |                 |             |                         |         |                  |      |                   |
|  |        |                 |             |                         |         |                  |      |                   |
|  | •      |                 |             |                         |         |                  |      |                   |
|  |        |                 |             |                         |         |                  |      |                   |
| Total DSEs   |        |                 | 0.00        | Total DSEs              |         |                  | 0.00 |                   |
| Gross Receipts Third Gr  | roup   | \$              | 0.00        | Gross Receipts Fourth   | Group   | \$               | 0.00 |                   |
| Base Rate Fee Third Gr   | roup   | \$              | 0.00        | Base Rate Fee Fourth    | Group   | \$               | 0.00 |                   |
| Base Rate Fee: Add the Enter here and in block                           |        |                 | riber group | as shown in the boxes a | above.  | \$               |      |                   |

| LEGAL NAME OF OWNER OF CABLE SYSTEM:  SYSTEM ID#  Lumos Media Inc  39236 |   |                 |             |                         |          |                 |      | Name                 |
|--|---|-----------------|-------------|-------------------------|----------|-----------------|------|----------------------|
|  |   |                 |             | TE FEES FOR EACH        |          |                 |      |                      |
| ONE HUNDRED SEVEN  | TEENTH                                  | SUBSCRIBER GROU |             |                         | HTEENTH  | SUBSCRIBER GROU |      | 9                    |
| COMMUNITY/ AREA  |   |                 | 0           | COMMUNITY/ AREA         |          |                 | 0    | Computation          |
| CALL SIGN  | DSE                                     | CALL SIGN       | DSE         | CALL SIGN               | DSE      | CALL SIGN       | DSE  | of                   |
|  |   |                 |             |                         |          |                 |      | Base Rate Fee and    |
|  | • |                 |             |                         |          |                 |      | Syndicated           |
|  |   |                 |             |                         |          |                 |      | Exclusivity          |
|  | •                                       |                 |             |                         |          |                 |      | Surcharge            |
|  |   | -               |             |                         |          |                 |      | for                  |
|  |   |                 |             |                         |          |                 |      | Partially<br>Distant |
|  |   | -               |             |                         |          | _               |      | Stations             |
|  |   |                 |             |                         |          |                 |      |                      |
|  | •                                       |                 |             |                         |          |                 |      |                      |
|  | •                                       |                 |             |                         |          |                 |      |                      |
|  |   |                 |             |                         |          |                 |      |                      |
|  |   |                 |             |                         |          |                 |      |                      |
| Total DSEs   |   | -               | 0.00        | Total DSEs              |          |                 | 0.00 |                      |
| Gross Receipts First Gro   | oup                                     | \$              | 0.00        | Gross Receipts Secon    | d Group  | \$              | 0.00 |                      |
| Base Rate Fee First Gro  | oup                                     | \$              | 0.00        | Base Rate Fee Second    | d Group  | \$              | 0.00 |                      |
| ONE HUNDRED NIN  | TEENTH                                  | SUBSCRIBER GROL |             | ONE HUNDRED TV          | VENTIETH | SUBSCRIBER GROU |      |                      |
| COMMUNITY/ AREA  |   |                 | 0           | COMMUNITY/ AREA         |          |                 | 0    |                      |
| CALL SIGN  | DSE                                     | CALL SIGN       | DSE         | CALL SIGN               | DSE      | CALL SIGN       | DSE  |                      |
|  |   | -               |             |                         |          |                 |      |                      |
|  |   |                 |             |                         |          |                 |      |                      |
|  |   | -               |             |                         |          | _               |      |                      |
|  |   |                 |             |                         |          |                 |      |                      |
|  |   | -               |             |                         |          |                 |      |                      |
|  |   |                 |             |                         |          |                 |      |                      |
|  |   |                 |             |                         |          |                 |      |                      |
|  |   | -               |             |                         |          |                 |      |                      |
|  | •                                       |                 |             |                         |          |                 |      |                      |
|  |   |                 |             |                         |          |                 |      |                      |
|  |   |                 |             |                         |          |                 |      |                      |
|  |   |                 |             |                         |          |                 |      |                      |
| Total DSEs   |   |                 | 0.00        | Total DSEs              |          |                 | 0.00 |                      |
| Gross Receipts Third G   | roup                                    | \$              | 0.00        | Gross Receipts Fourth   | Group    | \$              | 0.00 |                      |
| Base Rate Fee Third Gi   | oup                                     | \$              | 0.00        | Base Rate Fee Fourth    | Group    | \$              | 0.00 |                      |
| Base Rate Fee: Add the Enter here and in block                           |   |                 | riber group | as shown in the boxes a | above.   | \$              |      |                      |

| LEGAL NAME OF OWNER OF CABLE SYSTEM:  SYSTEM ID#  Lumos Media Inc  39236 |          |                  |             |                         |          |                  |      | Name              |
|--|----------|------------------|-------------|-------------------------|----------|------------------|------|-------------------|
|  |          |                  |             | TE FEES FOR EACH        |          |                  |      |                   |
| ONE HUNDRED TWEN   | TY-FIRST | SUBSCRIBER GROU  |             | ONE HUNDRED TWENT       | Y-SECOND | SUBSCRIBER GROUP |      | 9                 |
| COMMUNITY/ AREA  |          |                  | 0           | COMMUNITY/ AREA         |          |                  | 0    | Computation       |
| CALL SIGN  | DSE      | CALL SIGN        | DSE         | CALL SIGN               | DSE      | CALL SIGN        | DSE  | of                |
|  |          |                  |             |                         |          |                  |      | Base Rate Fee     |
|  |          |                  |             |                         |          |                  |      | and<br>Syndicated |
|  |          |                  |             |                         |          |                  |      | Exclusivity       |
|  |          | -                |             |                         |          |                  |      | Surcharge         |
|  |          |                  |             |                         |          |                  |      | for               |
|  |          |                  |             |                         |          |                  |      | Partially         |
|  | ••••••   | -                |             |                         |          |                  |      | Distant           |
|  |          |                  |             |                         |          |                  |      | Stations          |
|  |          | -                |             |                         |          |                  |      |                   |
|  |          |                  |             |                         |          |                  |      |                   |
|  |          |                  |             |                         |          |                  |      |                   |
|  |          |                  |             |                         |          |                  |      |                   |
|  |          |                  |             |                         | <u> </u> |                  |      |                   |
| Total DSEs   |          |                  | 0.00        | Total DSEs              |          |                  | 0.00 |                   |
| Gross Receipts First Gro   | oup      | \$               | 0.00        | Gross Receipts Secon    | d Group  | \$               | 0.00 |                   |
| Base Rate Fee First Gro  | oup      | \$               | 0.00        | Base Rate Fee Second    | d Group  | \$               | 0.00 |                   |
| ONE HUNDRED TWEN   | TY-THIRD | SUBSCRIBER GROUP |             | ONE HUNDRED TWENT       | Y-FOURTH | SUBSCRIBER GROUP |      |                   |
| COMMUNITY/ AREA  |          |                  | 0           | COMMUNITY/ AREA         |          |                  | 0    |                   |
| CALL SIGN  | DSE      | CALL SIGN        | DSE         | CALL SIGN               | DSE      | CALL SIGN        | DSE  |                   |
|  |          |                  |             |                         |          |                  |      |                   |
|  |          |                  |             |                         |          |                  |      |                   |
|  |          |                  |             |                         |          |                  |      |                   |
|  |          | -                |             |                         |          |                  |      |                   |
|  |          |                  |             |                         |          |                  |      |                   |
|  |          |                  |             |                         |          |                  |      |                   |
|  |          |                  |             |                         |          |                  |      |                   |
|  |          |                  |             |                         |          |                  |      |                   |
|  |          |                  |             |                         |          |                  |      |                   |
|  |          | -                |             |                         |          |                  |      |                   |
|  |          |                  |             |                         |          |                  |      |                   |
|  |          |                  |             |                         | •        |                  |      |                   |
| Total DSEs   |          |                  | 0.00        | Total DSEs              |          |                  | 0.00 |                   |
|  | -oun     | •                |             |                         | Crous    | •                | -    |                   |
| Gross Receipts Third Gr  | oup      | \$               | 0.00        | Gross Receipts Fourth   | Group    | \$               | 0.00 |                   |
| Base Rate Fee Third Gr   | oup      | \$               | 0.00        | Base Rate Fee Fourth    | Group    | \$               | 0.00 |                   |
| Base Rate Fee: Add the Enter here and in block                           |          |                  | riber group | as shown in the boxes a | above.   | \$               |      |                   |

| LEGAL NAME OF OWNER OF CABLE SYSTEM:  SYSTEM ID#  Lumos Media Inc  39236 |          |                  |             |                         |           |                  |               |                      |
|--|----------|------------------|-------------|-------------------------|-----------|------------------|---------------|----------------------|
|  |          |                  | BASE RA     | TE FEES FOR EACH        |           |                  |               |                      |
| ONE HUNDRED TWEN   | TY-FIFTH | SUBSCRIBER GROUP |             |                         | NTY-SIXTH | SUBSCRIBER GROUP | •             | 9                    |
| COMMUNITY/ AREA  |          |                  | 0           | COMMUNITY/ AREA         |           |                  | 0             | Computation          |
| CALL SIGN  | DSE      | CALL SIGN        | DSE         | CALL SIGN               | DSE       | CALL SIGN        | DSE           | of                   |
|  |          | -                |             |                         |           |                  |               | Base Rate Fee        |
|  | •        |                  |             |                         |           |                  |               | and<br>Syndicated    |
|  |          |                  |             |                         |           |                  |               | Exclusivity          |
|  |          |                  |             |                         |           |                  |               | Surcharge            |
|  | •        |                  |             |                         |           | <br> -           |               | for                  |
|  | •        |                  |             |                         |           |                  |               | Partially<br>Distant |
|  |          |                  |             |                         |           |                  |               | Stations             |
|  |          | -                |             |                         |           |                  |               |                      |
|  |          |                  |             |                         |           |                  |               |                      |
|  | •        |                  |             |                         |           |                  |               |                      |
|  | •        |                  |             |                         |           |                  |               |                      |
|  |          |                  |             |                         |           |                  |               |                      |
| Total DSEs   | !        |                  | 0.00        | Total DSEs              |           | <del>! !</del>   | 0.00          |                      |
| Gross Receipts First Gro   | oup      | \$               | 0.00        | Gross Receipts Secon    | d Group   | \$               | 0.00          |                      |
|  |          |                  |             |                         |           |                  |               |                      |
| Base Rate Fee First Gro  |          | \$               | 0.00        | Base Rate Fee Second    |           | \$               | 0.00          |                      |
| NE HUNDRED TWENTY-   | SEVENTH  | SUBSCRIBER GROUP |             | ONE HUNDRED TWEN        | TY-EIGHTH | SUBSCRIBER GROUP |               |                      |
| COMMUNITY/ AREA  |          |                  | 0           | COMMUNITY/ AREA         |           |                  | 0             |                      |
| CALL SIGN  | DSE      | CALL SIGN        | DSE         | CALL SIGN               | DSE       | CALL SIGN        | DSE           |                      |
|  |          | -                |             |                         |           |                  |               |                      |
|  |          |                  |             |                         |           |                  |               |                      |
|  |          |                  |             |                         |           |                  |               |                      |
|  | •        |                  |             |                         |           |                  |               |                      |
|  |          | -                |             |                         |           | <br>             |               |                      |
|  |          |                  |             |                         |           |                  |               |                      |
|  |          |                  |             |                         |           |                  |               |                      |
|  | •        |                  |             |                         |           |                  |               |                      |
|  |          |                  |             |                         |           |                  |               |                      |
|  | •        |                  |             |                         |           |                  |               |                      |
|  |          |                  |             |                         |           |                  |               |                      |
|  |          |                  |             |                         |           |                  |               |                      |
| Total DSEs   |          |                  | 0.00        | Total DSEs              | ·         |                  | 0.00          |                      |
| Gross Receipts Third G   | roup     | \$               | 0.00        | Gross Receipts Fourth   | Group     | \$               | 0.00          |                      |
|  |          |                  |             |                         |           |                  | $\neg \neg  $ |                      |
| Base Rate Fee Third Gi   | oup      | \$               | 0.00        | Base Rate Fee Fourth    | Group     | \$               | 0.00          |                      |
| Base Rate Fee: Add the Enter here and in block                           |          |                  | riber group | as shown in the boxes a | above.    | \$               |               |                      |

| LEGAL NAME OF OWNER OF CABLE SYSTEM:  SYSTEM ID#  Lumos Media Inc  39236 |          |                  |             |                         |           |                  |      | Name                |
|--|----------|------------------|-------------|-------------------------|-----------|------------------|------|---------------------|
| BL   | OCK A: ( | COMPUTATION OF   | BASE RA     | TE FEES FOR EACH        | SUBSCR    | IBER GROUP       |      |                     |
| ONE HUNDRED TWEN   | TY-NINTH | SUBSCRIBER GROUP |             |                         | THIRTIETH | SUBSCRIBER GROUP |      | 9                   |
| COMMUNITY/ AREA  |          |                  | 0           | COMMUNITY/ AREA         |           |                  | 0    | Computation         |
| CALL SIGN  | DSE      | CALL SIGN        | DSE         | CALL SIGN               | DSE       | CALL SIGN        | DSE  | of                  |
|  |          | -                |             |                         |           |                  |      | Base Rate Fee and   |
|  |          |                  |             |                         |           |                  |      | Syndicated          |
|  |          | -                |             |                         |           |                  |      | Exclusivity         |
|  |          |                  |             |                         |           |                  |      | Surcharge           |
|  |          |                  |             |                         |           |                  |      | for                 |
|  | •        |                  |             |                         |           |                  |      | Partially           |
|  |          |                  |             |                         |           |                  |      | Distant<br>Stations |
|  |          |                  |             |                         |           |                  |      | Stations            |
|  | •        |                  |             |                         |           |                  |      |                     |
|  |          |                  |             |                         |           |                  |      |                     |
|  |          |                  |             |                         |           |                  |      |                     |
|  |          |                  |             |                         |           |                  |      |                     |
|  |          |                  |             |                         | <u> </u>  |                  |      |                     |
| Total DSEs   |          |                  | 0.00        | Total DSEs              |           |                  | 0.00 |                     |
| Gross Receipts First Gro   | oup      | \$               | 0.00        | Gross Receipts Secon    | d Group   | \$               | 0.00 |                     |
| Base Rate Fee First Gro  | oup      | \$               | 0.00        | Base Rate Fee Secon     | d Group   | \$               | 0.00 |                     |
| ONE HUNDRED THIR   | TY-FIRST | SUBSCRIBER GROUP |             | ONE HUNDRED THIRT       | Y-SECOND  | SUBSCRIBER GROUP |      |                     |
| COMMUNITY/ AREA  |          |                  | 0           | COMMUNITY/ AREA         |           |                  | 0    |                     |
| CALL SIGN  | DSE      | CALL SIGN        | DSE         | CALL SIGN               | DSE       | CALL SIGN        | DSE  |                     |
|  | •        |                  |             |                         |           |                  |      |                     |
|  |          |                  |             |                         |           |                  |      |                     |
|  |          |                  |             |                         |           |                  |      |                     |
|  |          |                  |             |                         |           |                  |      |                     |
|  |          |                  |             |                         |           |                  |      |                     |
|  |          |                  |             |                         |           |                  |      |                     |
|  |          |                  |             |                         |           |                  |      |                     |
|  |          |                  |             |                         |           |                  |      |                     |
|  | •        |                  |             |                         |           |                  |      |                     |
|  |          |                  |             |                         |           |                  |      |                     |
|  |          | -                |             |                         |           |                  |      |                     |
|  |          |                  |             |                         |           |                  |      |                     |
|  |          |                  |             |                         |           |                  |      |                     |
| Total DSEs   |          |                  | 0.00        | Total DSEs              |           | _                | 0.00 |                     |
| Gross Receipts Third Gr  | roup     | \$               | 0.00        | Gross Receipts Fourth   | Group     | \$               | 0.00 |                     |
| Base Rate Fee Third Gr   | oup      | \$               | 0.00        | Base Rate Fee Fourth    | Group     | \$               | 0.00 |                     |
| Base Rate Fee: Add the Enter here and in block                           |          |                  | riber group | as shown in the boxes a | above.    | \$               |      |                     |

| LEGAL NAME OF OWNER OF CABLE SYSTEM:  SYSTEM ID#  Lumos Media Inc  39236 |                                   |   |             |                       |             |                    |      |                      |
|--|-----------------------------------|---|-------------|-----------------------|-------------|--------------------|------|----------------------|
| BL   | OCK A: 0                          | COMPUTATION OF                            | BASE RA     | TE FEES FOR EACH      | H SUBSCF    | RIBER GROUP        |      |                      |
| ONE HUNDRED THIR   | TY-THIRD                          | SUBSCRIBER GROUP                          | ı           | ONE HUNDRED THIR      | TY-FOURTH   | I SUBSCRIBER GROUP |      | •                    |
| COMMUNITY/ AREA  |                                   |   | 0           | COMMUNITY/ AREA       |             |                    | 0    | <b>9</b> Computation |
| CALL SIGN  | DSE                               | CALL SIGN                                 | DSE         | CALL SIGN             | DSE         | CALL SIGN          | DSE  | of                   |
|  |                                   |   |             |                       |             |                    |      | Base Rate Fee        |
|  | <u> </u>                          | -   |             |                       |             |                    |      | and                  |
|  |                                   |   |             |                       |             |                    |      | Syndicated           |
|  |                                   | -   |             |                       |             |                    |      | Exclusivity          |
|  |                                   |   |             |                       |             |                    |      | Surcharge<br>for     |
|  |                                   |   |             |                       |             |                    |      | Partially            |
|  |                                   | -   |             |                       |             |                    |      | Distant              |
|  |                                   |   |             |                       |             |                    |      | Stations             |
|  |                                   |   |             |                       |             |                    |      |                      |
|  |                                   |   |             |                       |             |                    |      |                      |
|  |                                   |   |             |                       |             |                    |      |                      |
|  | <b> </b>                          |   |             |                       |             |                    |      |                      |
|  | <b>.</b>                          |   |             |                       |             |                    |      |                      |
| Total DSEs   | <u> </u>                          |   | 0.00        | Total DSEs            |             | <u> </u>           | 0.00 |                      |
|  |                                   |   |             |                       |             |                    | •    |                      |
| Gross Receipts First Gr  | oup                               | \$  | 0.00        | Gross Receipts Secon  | na Group    | \$                 | 0.00 |                      |
| Base Rate Fee First Gr   | oup                               | \$  | 0.00        | Base Rate Fee Secon   | nd Group    | \$                 | 0.00 |                      |
|  | RTY-FIFTH                         | SUBSCRIBER GROUP                          |             | ONE HUNDRED TH        | IIRTY-SIXTH | I SUBSCRIBER GROUP |      |                      |
| COMMUNITY/ AREA  |                                   |   | 0           | COMMUNITY/ AREA       |             |                    | 0    |                      |
| CALL SIGN  | DSE                               | CALL SIGN                                 | DSE         | CALL SIGN             | DSE         | CALL SIGN          | DSE  |                      |
|  |                                   |   |             |                       |             |                    |      |                      |
|  |                                   | -   | •           |                       |             |                    |      |                      |
|  |                                   |   |             |                       |             |                    |      |                      |
|  |                                   |   |             |                       |             | ·                  |      |                      |
|  |                                   | -   |             |                       |             | . =                |      |                      |
|  |                                   |   |             |                       |             |                    |      |                      |
|  |                                   |   |             |                       |             |                    |      |                      |
|  |                                   |   |             |                       |             |                    |      |                      |
|  |                                   | -   |             |                       |             |                    |      |                      |
|  |                                   |   |             |                       |             |                    |      |                      |
|  | <b></b>                           |   |             |                       |             |                    |      |                      |
|  | <b>+</b>                          |   |             |                       |             |                    |      |                      |
|  |                                   |   |             |                       |             |                    |      |                      |
| Total DSEs   |                                   |   | 0.00        | Total DSEs            |             |                    | 0.00 |                      |
| Gross Receipts Third G   | roup                              | \$  | 0.00        | Gross Receipts Fourtl | h Group     | \$                 | 0.00 |                      |
| Base Rate Fee Third G  | roup                              | \$  | 0.00        | Base Rate Fee Fourth  | h Group     | \$                 | 0.00 |                      |
| Base Rate Fee: Add the Enter here and in block                           | e <b>base rat</b><br>3, line 1, s | e fees for each subsc<br>space L (page 7) | riber group | as shown in the boxes | above.      | \$                 |      |                      |

| LEGAL NAME OF OWNER OF CABLE SYSTEM:  SYSTEM ID#  Lumos Media Inc  39236 |          |                  |             |                         |           |                  |      | Name              |
|--|----------|------------------|-------------|-------------------------|-----------|------------------|------|-------------------|
|  |          |                  | BASE RA     | TE FEES FOR EACH        |           |                  |      |                   |
| ONE HUNDRED THIRTY-  | SEVENTH  | SUBSCRIBER GROUP |             |                         | TY-EIGHTH | SUBSCRIBER GROUP |      | 9                 |
| COMMUNITY/ AREA  |          |                  | 0           | COMMUNITY/ AREA         |           |                  | 0    | Computation       |
| CALL SIGN  | DSE      | CALL SIGN        | DSE         | CALL SIGN               | DSE       | CALL SIGN        | DSE  | of                |
|  |          | -                |             |                         |           |                  |      | Base Rate Fee     |
|  | •        |                  |             |                         |           |                  |      | and<br>Syndicated |
|  |          |                  |             |                         |           |                  |      | Exclusivity       |
|  |          | _                |             |                         |           |                  |      | Surcharge         |
|  |          |                  |             |                         |           |                  |      | for               |
|  |          |                  |             |                         |           | <br>             |      | Partially         |
|  |          | _                |             |                         |           |                  |      | Distant           |
|  |          |                  |             |                         |           |                  |      | Stations          |
|  |          |                  |             |                         |           |                  |      |                   |
|  |          |                  |             |                         |           |                  |      |                   |
|  |          |                  |             |                         |           |                  |      |                   |
|  |          |                  |             |                         |           |                  |      |                   |
|  |          |                  |             |                         |           |                  |      |                   |
| Total DSEs   |          |                  | 0.00        | Total DSEs              |           | -                | 0.00 |                   |
| Gross Receipts First Gro   | oup      | \$               | 0.00        | Gross Receipts Secon    | d Group   | \$               | 0.00 |                   |
| Base Rate Fee First Gro  | oup      | \$               | 0.00        | Base Rate Fee Second    | d Group   | \$               | 0.00 |                   |
| ONE HUNDRED THIR   | TY-NINTH | SUBSCRIBER GROUP |             | ONE HUNDRED F           | FORTIETH  | SUBSCRIBER GROU  | IP   |                   |
| COMMUNITY/ AREA  |          |                  | 0           | COMMUNITY/ AREA         |           |                  | 0    |                   |
| CALL SIGN  | DSE      | CALL SIGN        | DSE         | CALL SIGN               | DSE       | CALL SIGN        | DSE  |                   |
|  | •        |                  |             |                         |           | <br> -           |      |                   |
|  |          |                  |             |                         |           |                  |      |                   |
|  |          |                  |             |                         |           |                  |      |                   |
|  | •        |                  |             |                         |           |                  |      |                   |
|  |          | -                |             |                         |           |                  |      |                   |
|  |          |                  |             |                         |           |                  |      |                   |
|  |          |                  |             |                         |           | <br>             |      |                   |
|  |          | _                |             |                         |           |                  |      |                   |
|  |          |                  |             |                         |           |                  |      |                   |
|  |          |                  |             |                         |           |                  |      |                   |
|  |          | -                |             |                         |           |                  |      |                   |
|  |          |                  |             |                         |           |                  |      |                   |
|  |          |                  |             |                         |           |                  |      |                   |
| Total DSEs   |          |                  | 0.00        | Total DSEs              |           |                  | 0.00 |                   |
| Gross Receipts Third G   | roup     | \$               | 0.00        | Gross Receipts Fourth   | Group     | \$               | 0.00 |                   |
| Base Rate Fee Third G  | oup      | \$               | 0.00        | Base Rate Fee Fourth    | Group     | \$               | 0.00 |                   |
| Base Rate Fee: Add the Enter here and in block                           |          |                  | riber group | as shown in the boxes a | above.    | \$               |      |                   |

| LEGAL NAME OF OWNER OF CABLE SYSTEM:  SYSTEM ID#  Lumos Media Inc  39236 |          |                  |             |                         |          |                  |      | Name              |
|--|----------|------------------|-------------|-------------------------|----------|------------------|------|-------------------|
|  |          |                  |             | TE FEES FOR EACH        |          |                  |      |                   |
|  | TY-FIRST | SUBSCRIBER GROUP |             |                         | Y-SECOND | SUBSCRIBER GROUP |      | 9                 |
| COMMUNITY/ AREA  |          |                  | 0           | COMMUNITY/ AREA         |          |                  | 0    | Computation       |
| CALL SIGN  | DSE      | CALL SIGN        | DSE         | CALL SIGN               | DSE      | CALL SIGN        | DSE  | of                |
|  |          |                  |             |                         |          |                  |      | Base Rate Fee and |
|  |          | -                |             |                         |          |                  |      | Syndicated        |
|  |          |                  |             |                         |          |                  |      | Exclusivity       |
|  |          |                  |             |                         |          |                  |      | Surcharge<br>for  |
|  |          |                  |             |                         |          |                  |      | Partially         |
|  |          | -                |             |                         |          |                  |      | Distant           |
|  |          |                  |             |                         |          |                  |      | Stations          |
|  |          |                  |             |                         |          |                  |      |                   |
|  |          | -                |             |                         |          | _                |      |                   |
|  |          |                  |             |                         |          |                  |      |                   |
|  |          |                  |             |                         |          |                  |      |                   |
| Total DSEs   |          |                  | 0.00        | Total DSEs              |          |                  | 0.00 |                   |
| Gross Receipts First Gro   | oup      |                  |             |                         |          |                  |      |                   |
|  |          |                  |             |                         |          |                  |      |                   |
| Base Rate Fee First Gro  |          | \$               | 0.00        | Base Rate Fee Secon     |          | \$               | 0.00 |                   |
|  | TY-THIRD | SUBSCRIBER GROUP | 0           |                         | Y-FOURTH | SUBSCRIBER GROUP | 0    |                   |
| COMMUNITY/ AREA  |          |                  |             | COMMUNITY/ AREA         |          |                  |      |                   |
| CALL SIGN  | DSE      | CALL SIGN        | DSE         | CALL SIGN               | DSE      | CALL SIGN        | DSE  |                   |
|  |          |                  |             |                         |          |                  |      |                   |
|  |          |                  |             |                         |          |                  |      |                   |
|  |          | -                |             |                         |          |                  |      |                   |
|  |          | -                |             |                         |          |                  |      |                   |
|  |          |                  |             |                         |          |                  |      |                   |
|  |          |                  |             |                         |          |                  |      |                   |
|  |          |                  |             |                         |          |                  |      |                   |
|  |          |                  |             |                         |          |                  |      |                   |
|  |          |                  |             |                         |          |                  |      |                   |
|  |          | -                |             |                         |          |                  |      |                   |
|  |          |                  |             |                         |          |                  |      |                   |
| Total DSEs   |          |                  | 0.00        | Total DSEs              |          |                  | 0.00 |                   |
| Gross Receipts Third Gr  | oup.     | •                | 0.00        | Gross Receipts Fourth   | Group    | •                | 0.00 |                   |
| Cross Necelbra Hilld Ol  | Jup      | \$               | 3.00        | Orosa Medelhis Foultil  | Jioup    | \$               | 0.00 |                   |
| Base Rate Fee Third Gr   | oup      | \$               | 0.00        | Base Rate Fee Fourth    | Group    | \$               | 0.00 |                   |
| Base Rate Fee: Add the Enter here and in block                           |          |                  | riber group | as shown in the boxes a | above.   | \$               |      |                   |

| LEGAL NAME OF OWNER OF CABLE SYSTEM:  SYSTEM ID#  Lumos Media Inc  39236 |          |                  |             |                         |           |                  |      | Name                |
|--|----------|------------------|-------------|-------------------------|-----------|------------------|------|---------------------|
|  |          |                  |             | TE FEES FOR EACH        |           |                  |      |                     |
|  | TY-FIFTH | SUBSCRIBER GROUP |             |                         | RTY-SIXTH | SUBSCRIBER GROUP |      | 9                   |
| COMMUNITY/ AREA  |          |                  | 0           | COMMUNITY/ AREA         |           |                  | 0    | Computation         |
| CALL SIGN  | DSE      | CALL SIGN        | DSE         | CALL SIGN               | DSE       | CALL SIGN        | DSE  | of                  |
|  |          | -                |             |                         |           |                  |      | Base Rate Fee and   |
|  |          |                  |             |                         |           |                  |      | Syndicated          |
|  |          | -                |             |                         |           |                  |      | Exclusivity         |
|  |          |                  |             |                         |           |                  |      | Surcharge           |
|  |          |                  |             |                         |           |                  |      | for                 |
|  |          |                  |             |                         |           |                  |      | Partially           |
|  |          |                  |             |                         |           |                  |      | Distant<br>Stations |
|  |          |                  |             |                         |           |                  |      | Stations            |
|  |          |                  |             |                         |           |                  |      |                     |
|  |          |                  |             |                         |           |                  |      |                     |
|  |          |                  |             |                         |           |                  |      |                     |
|  |          |                  |             |                         |           |                  |      |                     |
|  |          |                  |             |                         |           |                  |      |                     |
| Total DSEs   |          |                  | 0.00        | Total DSEs              |           |                  | 0.00 |                     |
| Gross Receipts First Gro   | oup      | \$               | 0.00        | Gross Receipts Secon    | d Group   | \$               | 0.00 |                     |
| Base Rate Fee First Gro  | oup      | \$               | 0.00        | Base Rate Fee Second    | d Group   | \$               | 0.00 |                     |
| ONE HUNDRED FORTY-   | SEVENTH  | SUBSCRIBER GROUP |             | ONE HUNDRED FOR         | TY-EIGHTH | SUBSCRIBER GROUP |      |                     |
| COMMUNITY/ AREA  |          |                  | 0           | COMMUNITY/ AREA         |           |                  | 0    |                     |
| CALL SIGN  | DSE      | CALL SIGN        | DSE         | CALL SIGN               | DSE       | CALL SIGN        | DSE  |                     |
|  |          |                  |             |                         |           |                  |      |                     |
|  |          |                  |             |                         |           |                  |      |                     |
|  | ••••••   |                  |             |                         |           |                  |      |                     |
|  |          | -                |             |                         |           |                  |      |                     |
|  |          |                  |             |                         |           |                  |      |                     |
|  |          |                  |             |                         |           |                  |      |                     |
|  |          |                  |             |                         |           |                  |      |                     |
|  | ••••••   | -                |             |                         |           |                  |      |                     |
|  |          |                  |             |                         |           |                  |      |                     |
|  |          | -                |             |                         |           |                  |      |                     |
|  |          |                  |             |                         |           |                  |      |                     |
|  |          |                  |             |                         |           |                  |      |                     |
| Total DSEs   |          |                  | 0.00        | Total DSEs              |           |                  | 0.00 |                     |
|  | coup     | •                |             |                         | Group     | •                |      |                     |
| Gross Receipts Third Gr  | oup      | \$               | 0.00        | Gross Receipts Fourth   | Group     | \$               | 0.00 |                     |
| Base Rate Fee Third Gr   | oup      | \$               | 0.00        | Base Rate Fee Fourth    | Group     | \$               | 0.00 |                     |
| Base Rate Fee: Add the Enter here and in block                           |          |                  | riber group | as shown in the boxes a | above.    | \$               |      |                     |

| LEGAL NAME OF OWNER OF CABLE SYSTEM:  SYSTEM ID#  Lumos Media Inc  39236 |         |                 |             |                         |          |                  |      |                     |
|--|---------|-----------------|-------------|-------------------------|----------|------------------|------|---------------------|
|  |         |                 |             | TE FEES FOR EACH        |          |                  |      |                     |
| ONE HUNDRED FORT   | Y-NINTH | SUBSCRIBER GROU |             |                         | FIFTIETH | SUBSCRIBER GROUP |      | 9                   |
| COMMUNITY/ AREA  |         |                 | 0           | COMMUNITY/ AREA         |          |                  | 0    | Computation         |
| CALL SIGN  | DSE     | CALL SIGN       | DSE         | CALL SIGN               | DSE      | CALL SIGN        | DSE  | of                  |
|  |         | -               |             |                         |          |                  |      | Base Rate Fee and   |
|  |         |                 |             |                         | <u> </u> |                  |      | Syndicated          |
|  |         | -               |             |                         | <b>.</b> |                  |      | Exclusivity         |
|  |         |                 |             |                         |          |                  |      | Surcharge           |
|  |         |                 |             |                         |          |                  |      | for                 |
|  |         |                 |             |                         |          |                  |      | Partially           |
|  |         |                 |             |                         |          |                  |      | Distant<br>Stations |
|  |         |                 |             |                         |          |                  |      | Stations            |
|  |         |                 |             |                         |          |                  |      |                     |
|  |         |                 |             |                         |          |                  |      |                     |
|  |         |                 |             |                         |          |                  |      |                     |
|  |         |                 |             |                         |          |                  |      |                     |
|  |         |                 |             |                         | ļ        |                  |      |                     |
| Total DSEs   |         |                 | 0.00        | Total DSEs              |          |                  | 0.00 |                     |
| Gross Receipts First Gro   | oup     | \$              | 0.00        | Gross Receipts Secon    | d Group  | \$               | 0.00 |                     |
| Base Rate Fee First Gro  | oup     | \$              | 0.00        | Base Rate Fee Second    | d Group  | \$               | 0.00 |                     |
| ONE HUNDRED FIFT   | Y-FIRST | SUBSCRIBER GROU |             | ONE HUNDRED FIFTY       | '-SECOND | SUBSCRIBER GROUP | )    |                     |
| COMMUNITY/ AREA  |         |                 | 0           | COMMUNITY/ AREA         |          |                  | 0    |                     |
| CALL SIGN  | DSE     | CALL SIGN       | DSE         | CALL SIGN               | DSE      | CALL SIGN        | DSE  |                     |
|  |         |                 |             |                         |          |                  |      |                     |
|  |         |                 |             |                         |          |                  |      |                     |
|  |         |                 |             |                         |          |                  |      |                     |
|  |         | -               |             |                         | <b>.</b> |                  |      |                     |
|  |         |                 |             |                         |          |                  |      |                     |
|  |         |                 |             |                         |          |                  |      |                     |
|  |         |                 |             |                         |          |                  |      |                     |
|  |         |                 |             |                         |          |                  |      |                     |
|  |         |                 |             |                         |          |                  |      |                     |
|  |         | -               |             |                         |          |                  |      |                     |
|  |         |                 |             |                         |          |                  |      |                     |
|  |         |                 |             |                         |          |                  |      |                     |
| Total DSEs   |         |                 | 0.00        | Total DSEs              |          |                  | 0.00 |                     |
|  |         | •               |             |                         | 0        | _                | -    |                     |
| Gross Receipts Third Gr  | oup     | \$              | 0.00        | Gross Receipts Fourth   | Group    | \$               | 0.00 |                     |
| Base Rate Fee Third Gr   | oup     | \$              | 0.00        | Base Rate Fee Fourth    | Group    | \$               | 0.00 |                     |
| Base Rate Fee: Add the Enter here and in block                           |         |                 | riber group | as shown in the boxes a | above.   | \$               |      |                     |

| Name                   | 39236 | S               |          |                                  |         | E SYSTEM:      | R OF CABL | LEGAL NAME OF OWNER  Lumos Media Inc |
|------------------------|-------|-----------------|----------|----------------------------------|---------|----------------|-----------|--------------------------------------|
|                        |       | IBER GROUP      | SUBSCR   | TE FEES FOR EACH                 | BASE RA | COMPUTATION OF | OCK A: C  | BL                                   |
| 9                      | JP    | SUBSCRIBER GROU | /-FOURTH | ONE HUNDRED FIFT                 |         | SUBSCRIBER GRO | Y-THIRD   | ONE HUNDRED FIFT                     |
| Computati              | 0     |                 |          | COMMUNITY/ AREA                  | 0       |                |           | COMMUNITY/ AREA                      |
| of                     | DSE   | CALL SIGN       | DSE      | CALL SIGN                        | DSE     | CALL SIGN      | DSE       | CALL SIGN                            |
| Base Rate              |       |                 |          |                                  |         |                |           |                                      |
| and                    |       |                 |          |                                  |         |                |           |                                      |
| Syndicate<br>Exclusivi |       |                 |          |                                  |         |                |           |                                      |
| Surcharg               |       |                 |          |                                  |         |                |           |                                      |
| for                    |       |                 |          |                                  |         | -              |           |                                      |
| Partially              |       |                 |          |                                  |         |                |           |                                      |
| Distant                |       |                 |          |                                  |         |                |           |                                      |
| Stations               |       | _               |          |                                  |         | -              |           |                                      |
|                        |       |                 |          |                                  |         |                |           |                                      |
|                        |       |                 |          |                                  |         | -              |           |                                      |
|                        |       |                 |          |                                  |         |                |           |                                      |
|                        |       |                 |          |                                  |         |                |           |                                      |
|                        |       |                 |          |                                  |         |                |           |                                      |
|                        | 0.00  |                 |          | Total DSEs                       | 0.00    |                |           | Total DSEs                           |
|                        | 0.00  | \$              | d Group  | Gross Receipts Secon             | 0.00    | \$             | oup       | Gross Receipts First Gr              |
|                        | 0.00  | \$              | d Group  | Base Rate Fee Secon              | 0.00    | \$             | oup       | Base Rate Fee First Gro              |
|                        | JP    | SUBSCRIBER GROU | TY-SIXTH | ONE HUNDRED FIR                  | JP      | SUBSCRIBER GRO | TY-FIFTH  | ONE HUNDRED FIFT                     |
|                        | 0     |                 |          | COMMUNITY/ AREA                  | 0       |                |           | COMMUNITY/ AREA                      |
|                        | DSE   | CALL SIGN       | DSE      | CALL SIGN                        | DSE     | CALL SIGN      | DSE       | CALL SIGN                            |
|                        |       |                 |          |                                  |         |                |           |                                      |
|                        |       |                 |          |                                  |         |                |           |                                      |
|                        |       | _               |          |                                  |         |                |           |                                      |
|                        |       |                 |          |                                  |         |                |           |                                      |
|                        |       |                 |          |                                  |         |                |           |                                      |
|                        |       |                 |          |                                  |         | -              |           |                                      |
|                        |       |                 |          |                                  |         |                |           |                                      |
|                        |       |                 |          |                                  |         |                |           |                                      |
|                        | 1     |                 |          |                                  |         |                | <u> </u>  |                                      |
|                        |       |                 |          |                                  |         |                | 1         |                                      |
|                        |       |                 |          |                                  |         |                |           |                                      |
|                        |       |                 |          |                                  |         |                |           |                                      |
|                        |       |                 |          |                                  |         |                |           |                                      |
|                        | 0.00  |                 |          | Total DSEs                       | 0.00_   |                |           | Total DSEs                           |
|                        | 0.00  | \$              | Group    | Total DSEs Gross Receipts Fourth | 0.00    | \$             | roup      | Total DSEs<br>Gross Receipts Third G |

| LEGAL NAME OF OWNER OF CABLE SYSTEM:  SYSTEM ID#  Lumos Media Inc  39236 |          |                  |             |                         |           |                  |      |                          |
|--|----------|------------------|-------------|-------------------------|-----------|------------------|------|--------------------------|
|  |          |                  | BASE RA     | TE FEES FOR EACH        | SUBSCR    | IBER GROUP       |      |                          |
| ONE HUNDRED FIFTY-   | SEVENTH  | SUBSCRIBER GROUP |             |                         | TY-EIGHTH | SUBSCRIBER GROUP |      | 9                        |
| COMMUNITY/ AREA  |          |                  | 0           | COMMUNITY/ AREA         |           |                  | 0    | Computation              |
| CALL SIGN  | DSE      | CALL SIGN        | DSE         | CALL SIGN               | DSE       | CALL SIGN        | DSE  | of                       |
|  |          |                  |             |                         |           |                  |      | Base Rate Fee            |
|  |          |                  |             |                         |           |                  |      | and                      |
|  |          |                  |             |                         |           |                  |      | Syndicated               |
|  |          |                  |             |                         |           |                  |      | Exclusivity<br>Surcharge |
|  |          |                  |             |                         |           |                  |      | for                      |
|  |          |                  |             |                         |           |                  |      | Partially                |
|  |          |                  |             |                         |           |                  |      | Distant                  |
|  |          |                  |             |                         |           | =                |      | Stations                 |
|  |          |                  |             |                         |           |                  |      |                          |
|  |          |                  |             |                         |           |                  |      |                          |
|  |          |                  |             |                         |           |                  |      |                          |
|  |          |                  |             |                         |           |                  |      |                          |
|  |          |                  |             |                         |           |                  |      |                          |
| Total DSEs   |          |                  | 0.00        | Total DSEs              |           |                  | 0.00 |                          |
| Gross Receipts First Gr  | oup      | \$               | 0.00        | Gross Receipts Second   | d Group   | \$               | 0.00 |                          |
|  |          |                  |             |                         |           |                  |      |                          |
| Base Rate Fee First Gr   |          | \$               | 0.00        | Base Rate Fee Second    |           | \$               | 0.00 |                          |
|  | TY-NINTH | SUBSCRIBER GROUP |             |                         | SIXTIETH  | SUBSCRIBER GROUP | _    |                          |
| COMMUNITY/ AREA  |          |                  | 0           | COMMUNITY/ AREA         |           |                  | 0    |                          |
| CALL SIGN  | DSE      | CALL SIGN        | DSE         | CALL SIGN               | DSE       | CALL SIGN        | DSE  |                          |
|  |          |                  |             |                         |           |                  |      |                          |
|  |          |                  |             |                         |           |                  |      |                          |
|  |          |                  |             |                         |           |                  |      |                          |
|  |          |                  |             |                         |           |                  |      |                          |
|  |          |                  |             |                         |           |                  |      |                          |
|  |          |                  |             |                         |           |                  |      |                          |
|  | <b>†</b> |                  |             |                         |           |                  |      |                          |
|  |          |                  |             |                         |           |                  |      |                          |
|  |          |                  |             |                         |           | _                |      |                          |
|  |          |                  |             |                         |           |                  |      |                          |
|  |          |                  |             |                         |           | _                |      |                          |
|  |          |                  |             |                         |           |                  |      |                          |
|  |          |                  |             |                         |           |                  |      |                          |
| Total DSEs   |          |                  | 0.00        | Total DSEs              |           | _                | 0.00 |                          |
| Gross Receipts Third G   | roup     | \$               | 0.00        | Gross Receipts Fourth   | Group     | \$               | 0.00 |                          |
| Base Rate Fee Third Group \$ 0.00  |          |                  |             | Base Rate Fee Fourth    | Group     | \$               | 0.00 |                          |
| Base Rate Fee: Add the Enter here and in block                           |          |                  | riber group | as shown in the boxes a | above.    | \$               |      |                          |

| EGAL NAME OF OWNER OF CABLE SYSTEM:  SYSTEM ID#  umos Media Inc  39236 |          |   |             |                         |         |                  |      |                   |
|--|----------|---|-------------|-------------------------|---------|------------------|------|-------------------|
| BL   |          |   |             | TE FEES FOR EACH        |         |                  |      |                   |
| COMMUNITY/ AREA  | FIRST    | SUBSCRIBER GROU                           | JP <b>0</b> | COMMUNITY/ AREA         | SECOND  | SUBSCRIBER GROUP | 0    | 9                 |
|  |          |   |             |                         |         |                  |      | Computation       |
| CALL SIGN  | DSE      | CALL SIGN                                 | DSE         | CALL SIGN               | DSE     | CALL SIGN        | DSE  | of<br>Base Rate F |
|  |          |   |             |                         |         |                  |      | and               |
|  |          | -   |             |                         |         |                  |      | Syndicate         |
|  |          |   |             |                         |         |                  |      | Exclusivit        |
|  |          | -   |             |                         |         |                  |      | Surcharge         |
|  |          |   |             |                         |         |                  |      | for<br>Partially  |
|  |          | -   |             |                         |         |                  |      | Distant           |
|  |          |   |             |                         |         |                  |      | Stations          |
|  |          | -   |             |                         |         | -                |      |                   |
|  |          | -   |             |                         |         |                  |      |                   |
|  |          |   |             |                         |         |                  |      |                   |
|  |          |   |             |                         | •       |                  |      |                   |
|  |          |   |             |                         |         |                  |      |                   |
| Γotal DSEs   |          |   | 0.00        | Total DSEs              |         |                  | 0.00 |                   |
| Gross Receipts First Gr  | oup      | \$  | 0.00        | Gross Receipts Secon    | d Group | \$               | 0.00 |                   |
|  |          |   |             |                         |         |                  |      |                   |
| Base Rate Fee First Gr   |          | \$  | 0.00        | Base Rate Fee Secon     |         | \$               | 0.00 |                   |
|  | THIRD    | SUBSCRIBER GROU                           |             |                         | FOURTH  | SUBSCRIBER GROUP | _    |                   |
| COMMUNITY/ AREA  |          |   | 0           | COMMUNITY/ AREA         |         |                  | 0    |                   |
| CALL SIGN  | DSE      | CALL SIGN                                 | DSE         | CALL SIGN               | DSE     | CALL SIGN        | DSE  |                   |
|  |          | -   |             |                         |         |                  |      |                   |
|  |          |   |             |                         |         |                  |      |                   |
|  |          |   |             |                         |         |                  |      |                   |
|  |          |   |             |                         |         |                  |      |                   |
|  |          |   |             |                         |         |                  |      |                   |
|  |          |   |             |                         |         |                  |      |                   |
|  | •        |   |             |                         | •       |                  |      |                   |
|  |          |   |             |                         |         |                  |      |                   |
|  |          |   |             |                         |         |                  |      |                   |
|  |          |   |             |                         |         |                  |      |                   |
|  |          |   |             |                         |         |                  |      |                   |
|  |          |   |             |                         |         |                  |      |                   |
| Γotal DSEs   |          |   | 0.00        | Total DSEs              |         |                  | 0.00 |                   |
| Gross Receipts Third G   | roup     | \$  | 0.00        | Gross Receipts Fourth   | Group   | \$               | 0.00 |                   |
|  |          |   |             |                         |         |                  |      |                   |
| Base Rate Fee Third G  | roup     | \$  | 0.00        | Base Rate Fee Fourth    | Group   | \$               | 0.00 |                   |
|  |          |   |             | II                      |         |                  |      |                   |
| sase Rate Fee: Add the   | base rat | e fees for each subsc<br>space L (page 7) | rıber group | as shown in the boxes a | above.  | e                | 0.00 |                   |

|                        | EGAL NAME OF OWNER OF CABLE SYSTEM:  SYSTEM ID#  umos Media Inc  39236 |                  |          |   |      |                 |        |                                       |  |
|------------------------|--|------------------|----------|---|------|-----------------|--------|---------------------------------------|--|
|                        |  |                  |          | TE FEES FOR EACH                        |      |                 |        | BL                                    |  |
| 9                      |  | SUBSCRIBER GROUP | SIXTH    | 001414111111111111111111111111111111111 |      | SUBSCRIBER GROU | FIFTH  |                                       |  |
| Computat               | 0  |                  |          | COMMUNITY/ AREA                         | 0    |                 |        | COMMUNITY/ AREA                       |  |
| of                     | DSE  | CALL SIGN        | DSE      | CALL SIGN                               | DSE  | CALL SIGN       | DSE    | CALL SIGN                             |  |
| Base Rate              |  |                  |          |   |      |                 |        |                                       |  |
| and                    |  |                  |          |   |      | -               |        |                                       |  |
| Syndicate<br>Exclusivi |  |                  |          |   |      |                 |        |                                       |  |
| Surcharg               |  |                  |          |   |      | -               |        |                                       |  |
| for                    |  |                  |          |   |      |                 |        |                                       |  |
| Partially              |  |                  |          |   |      | _               |        |                                       |  |
| Distant<br>Stations    |  |                  |          |   |      | -               |        |                                       |  |
| Otations               |  |                  |          |   |      |                 |        |                                       |  |
|                        |  |                  |          |   |      |                 |        |                                       |  |
|                        |  |                  |          |   |      | -               |        |                                       |  |
|                        |  |                  |          |   |      |                 |        |                                       |  |
|                        |  |                  |          |   |      |                 |        |                                       |  |
|                        | 0.00   | Ш                | <u> </u> | Total DSEs                              | 0.00 |                 |        | otal DSEs                             |  |
|                        |  |                  |          |   |      |                 |        |                                       |  |
|                        | 0.00   | \$               | d Group  | Gross Receipts Second                   | 0.00 | \$              | oup    | Gross Receipts First Gro              |  |
|                        | 0.00   | \$               | d Group  | Base Rate Fee Second                    | 0.00 | \$              | oup    | Base Rate Fee First Gro               |  |
|                        |  | SUBSCRIBER GROUP | EIGHTH   |   | JP   | SUBSCRIBER GROU | EVENTH | S                                     |  |
|                        | 0  |                  |          | COMMUNITY/ AREA                         | 0    |                 |        | COMMUNITY/ AREA                       |  |
|                        | DSE  | CALL SIGN        | DSE      | CALL SIGN                               | DSE  | CALL SIGN       | DSE    | CALL SIGN                             |  |
|                        |  |                  |          |   |      | -               |        |                                       |  |
|                        |  |                  |          |   |      |                 |        |                                       |  |
|                        |  |                  |          |   |      | -               |        |                                       |  |
|                        |  |                  |          |   |      |                 |        |                                       |  |
|                        |  |                  |          |   |      | -               |        |                                       |  |
|                        |  |                  |          |   |      |                 |        |                                       |  |
|                        |  | H                |          |   |      | -               |        |                                       |  |
|                        | J  |                  |          |   |      |                 |        |                                       |  |
|                        |  |                  |          |   |      |                 |        |                                       |  |
|                        |  |                  |          |   |      | -               |        |                                       |  |
|                        |  |                  |          |   |      |                 |        |                                       |  |
|                        |  |                  |          |   |      |                 |        |                                       |  |
|                        |  |                  |          |   |      |                 |        |                                       |  |
|                        | 0.00   |                  |          | Total DSEs                              | 0.00 |                 |        | Total DSEs                            |  |
|                        | 0.00   | \$               | Group    | Total DSEs Gross Receipts Fourth        | 0.00 | \$              | oup    |                                       |  |
|                        |  | \$               | Group    |   |      | \$              | oup    | Fotal DSEs<br>Gross Receipts Third Gr |  |

| LEGAL NAME OF OWNER OF CABLE SYSTEM:  Lumos Media Inc  SYSTEM ID#  39236 |            |                |      |                       |          |                 |      | Name                     |
|--|------------|----------------|------|-----------------------|----------|-----------------|------|--------------------------|
| Bl   |            |                |      | TE FEES FOR EACH      |          |                 |      |                          |
|  | NINTH      | SUBSCRIBER GRO |      |                       |          | SUBSCRIBER GROU |      | 9                        |
| COMMUNITY/ AREA  |            |                | 0    | COMMUNITY/ AREA       |          |                 | 0    | Computation              |
| CALL SIGN  | DSE        | CALL SIGN      | DSE  | CALL SIGN             | DSE      | CALL SIGN       | DSE  | of                       |
|  |            |                |      |                       |          | .               |      | Base Rate Fee            |
|  |            | -              |      |                       |          |                 |      | and                      |
|  |            |                |      |                       |          |                 |      | Syndicated               |
|  |            |                |      |                       |          |                 |      | Exclusivity<br>Surcharge |
|  |            |                |      |                       |          |                 |      | for                      |
|  |            | +              |      |                       |          |                 |      | Partially                |
|  |            |                |      |                       |          |                 |      | Distant                  |
|  |            |                |      |                       |          |                 |      | Stations                 |
|  |            |                |      |                       |          |                 |      |                          |
|  |            |                |      |                       |          |                 |      |                          |
|  |            |                |      |                       |          |                 |      |                          |
|  |            |                |      |                       |          |                 |      |                          |
|  |            |                |      |                       |          |                 |      |                          |
| Total DSEs   | <b>-</b>   |                | 0.00 | Total DSEs            |          |                 | 0.00 |                          |
| Gross Receipts First G   | roup       | \$             | 0.00 | Gross Receipts Secon  | nd Group | \$              | 0.00 |                          |
| <b>Base Rate Fee</b> First G   | roup       | \$             | 0.00 | Base Rate Fee Secon   | nd Group | \$              | 0.00 |                          |
| Е  | LEVENTH    | SUBSCRIBER GRO | UP   |                       | TWELVTH  | SUBSCRIBER GROU | JP   |                          |
| COMMUNITY/ AREA  |            |                | 0    | COMMUNITY/ AREA       |          |                 |      |                          |
| CALL SIGN  | DSE        | CALL SIGN      | DSE  | CALL SIGN             | DSE      | CALL SIGN       | DSE  |                          |
|  |            |                |      |                       |          |                 |      |                          |
|  |            |                |      |                       |          |                 |      |                          |
|  |            |                |      |                       |          |                 |      |                          |
|  |            |                |      |                       |          |                 |      |                          |
|  |            |                |      |                       |          |                 |      |                          |
|  |            |                |      |                       |          |                 |      |                          |
|  |            | +              |      |                       |          |                 |      |                          |
|  |            |                |      |                       |          |                 |      |                          |
|  |            |                |      |                       |          |                 |      |                          |
|  |            |                |      |                       |          |                 |      |                          |
|  |            |                |      |                       |          |                 |      |                          |
|  |            |                |      |                       |          |                 |      |                          |
|  |            |                |      |                       | <u></u>  |                 |      |                          |
| Total DSEs   |            |                | 0.00 | Total DSEs            |          | _               | 0.00 |                          |
| Gross Receipts Third G   | Group      | \$             | 0.00 | Gross Receipts Fourtl | h Group  | \$              | 0.00 |                          |
| Base Rate Fee Third G  | Group      | \$             | 0.00 | Base Rate Fee Fourth  | n Group  | \$              | 0.00 |                          |
| ee: Add th   | e base rat |                |      | as shown in the boxes |          | \$              | 0.00 |                          |

| LEGAL NAME OF OWNER OF CABLE SYSTEM:  Lumos Media Inc  SYSTEM ID#  39236 |            |                |      |                       |          |                   |      | Name                      |
|--|------------|----------------|------|-----------------------|----------|-------------------|------|---------------------------|
|  |            |                |      | TE FEES FOR EACH      |          |                   |      |                           |
|  | RTEENTH    | SUBSCRIBER GRO |      | T .                   |          | I SUBSCRIBER GROU |      | 9                         |
| COMMUNITY/ AREA  |            |                | 0    | COMMUNITY/ AREA       |          |                   | 0    | Computation               |
| CALL SIGN  | DSE        | CALL SIGN      | DSE  | CALL SIGN             | DSE      | CALL SIGN         | DSE  | of                        |
|  |            | -              |      |                       |          | .                 |      | Base Rate Fe              |
|  |            | -              |      |                       |          |                   |      | and                       |
|  |            |                |      |                       |          |                   |      | Syndicated<br>Exclusivity |
|  |            |                |      |                       |          |                   |      | Surcharge                 |
|  |            | -              |      |                       |          |                   |      | for                       |
|  |            |                |      |                       |          |                   |      | Partially                 |
|  |            |                |      |                       |          |                   |      | Distant                   |
|  |            |                |      |                       |          |                   |      | Stations                  |
|  |            | -              |      |                       |          |                   |      |                           |
|  |            |                |      |                       |          |                   |      |                           |
|  |            | -              |      |                       |          |                   |      |                           |
|  |            |                |      |                       |          |                   |      |                           |
|  |            |                |      |                       |          |                   |      |                           |
| Total DSEs   | <u> </u>   |                | 0.00 | Total DSEs            | 1        | II.               | 0.00 |                           |
| Gross Receipts First Gr  | oup        | \$             | 0.00 | Gross Receipts Secon  | nd Group | \$                | 0.00 |                           |
|  |            |                |      |                       |          |                   |      |                           |
| Base Rate Fee First Gr   | oup        | \$             | 0.00 | Base Rate Fee Secon   | nd Group | \$                | 0.00 |                           |
| FIF  | TEENTH     | SUBSCRIBER GRO | JP   | Ti .                  |          | SUBSCRIBER GROU   | JP   |                           |
| COMMUNITY/ AREA  |            |                | 0    | COMMUNITY/ AREA       |          |                   | 0    |                           |
| CALL SIGN  | DSE        | CALL SIGN      | DSE  | CALL SIGN             | DSE      | CALL SIGN         | DSE  |                           |
|  |            |                |      |                       |          |                   |      |                           |
|  |            | -              |      |                       |          |                   |      |                           |
|  |            | -              |      |                       |          |                   |      |                           |
|  |            | -              |      |                       |          |                   |      |                           |
|  |            |                |      |                       |          |                   |      |                           |
|  |            |                |      |                       |          |                   |      |                           |
|  |            | -              |      |                       |          |                   |      |                           |
|  |            |                |      |                       |          |                   |      |                           |
|  |            |                |      |                       |          |                   |      |                           |
|  |            |                |      |                       |          |                   |      |                           |
|  |            |                |      |                       |          |                   |      |                           |
|  |            |                |      |                       |          |                   |      |                           |
|  |            |                |      |                       |          |                   |      |                           |
| Total DSEs   |            |                | 0.00 | Total DSEs            |          | _                 | 0.00 |                           |
| Gross Receipts Third G   | roup       | \$             | 0.00 | Gross Receipts Fourth | h Group  | \$                | 0.00 |                           |
| Base Rate Fee Third G  | roup       | \$             | 0.00 | Base Rate Fee Fourth  | n Group  | \$                | 0.00 |                           |
| e: Add the   | e base rat |                |      | Base Rate Fee Fourth  |          | \$                | 0.00 |                           |

|                        | EGAL NAME OF OWNER OF CABLE SYSTEM:  umos Media Inc  SYSTEM ID#  39236 |                  |         |                                  |      |                 |        |                                    |
|------------------------|--|------------------|---------|----------------------------------|------|-----------------|--------|------------------------------------|
|                        |  |                  |         | TE FEES FOR EACH                 |      |                 |        |                                    |
| 9                      |  | SUBSCRIBER GROUP | ITEENTH |                                  |      | SUBSCRIBER GROU | TEENTH |                                    |
| Computati              | 0  |                  |         | COMMUNITY/ AREA                  | 0    |                 |        | COMMUNITY/ AREA                    |
| of                     | DSE  | CALL SIGN        | DSE     | CALL SIGN                        | DSE  | CALL SIGN       | DSE    | CALL SIGN                          |
| Base Rate              |  |                  |         |                                  |      |                 |        |                                    |
| and                    |  |                  |         |                                  |      |                 |        |                                    |
| Syndicate<br>Exclusivi |  |                  |         |                                  |      |                 | -      |                                    |
| Surcharg               |  |                  |         |                                  |      |                 |        |                                    |
| for                    |  |                  |         |                                  |      |                 |        |                                    |
| Partially              |  |                  |         |                                  |      | -               |        |                                    |
| Distant                |  | u=               |         |                                  |      |                 |        |                                    |
| Stations               |  |                  |         |                                  |      | -               |        |                                    |
|                        |  |                  |         |                                  |      | _               |        |                                    |
|                        |  | -                |         |                                  |      | -               | ļ      |                                    |
|                        |  |                  |         |                                  |      | -               |        |                                    |
|                        |  |                  |         |                                  |      |                 |        |                                    |
|                        |  |                  |         |                                  |      |                 |        |                                    |
|                        | 0.00   |                  |         | Total DSEs                       | 0.00 |                 |        | Total DSEs                         |
|                        | 0.00   | \$               | Group   | Gross Receipts Second            | 0.00 | \$              | oup    | Gross Receipts First Gro           |
|                        |  |                  |         |                                  |      |                 |        |                                    |
|                        | 0.00   | \$               |         | Base Rate Fee Second             | 0.00 | \$              |        | Base Rate Fee First Gro            |
|                        |  | SUBSCRIBER GROUP | ENTIETH | ii —                             |      | SUBSCRIBER GROU | TEENTH |                                    |
|                        | 0  |                  |         | COMMUNITY/ AREA                  | 0    |                 |        | COMMUNITY/ AREA                    |
|                        | DSE  | CALL SIGN        | DSE     | CALL SIGN                        | DSE  | CALL SIGN       | DSE    | CALL SIGN                          |
|                        |  |                  |         |                                  |      |                 | -      |                                    |
|                        |  |                  |         |                                  |      |                 |        |                                    |
|                        |  |                  |         |                                  |      |                 |        |                                    |
|                        |  |                  |         |                                  | i    | -               | -      |                                    |
|                        |  |                  | -       |                                  |      | -               | -      |                                    |
|                        |  |                  |         |                                  |      |                 | -      |                                    |
|                        |  |                  |         |                                  |      |                 |        |                                    |
|                        |  |                  |         |                                  |      |                 |        |                                    |
|                        |  |                  |         |                                  |      |                 |        |                                    |
|                        |  |                  |         |                                  |      |                 |        |                                    |
|                        |  |                  |         |                                  |      |                 |        |                                    |
|                        |  |                  |         |                                  |      |                 |        |                                    |
|                        |  |                  |         |                                  |      |                 |        |                                    |
|                        | 0.00   |                  |         | Total DSEs                       | 0.00 |                 |        | Fotal DSEs                         |
|                        | 0.00   |                  | Group   |                                  | 0.00 |                 | OHE    |                                    |
|                        | 0.00   | \$               | Group   | Total DSEs Gross Receipts Fourth | 0.00 | \$              | oup    | Fotal DSEs Gross Receipts Third Gr |

| LEGAL NAME OF OWNER OF CABLE SYSTEM:  Lumos Media Inc  SYSTEM ID#  39236 |           |                |              |                       |          |                 |      | Name                      |
|--|-----------|----------------|--------------|-----------------------|----------|-----------------|------|---------------------------|
|  |           |                |              | TE FEES FOR EACH      |          |                 | _    |                           |
|  | NTY-FIRST | SUBSCRIBER GRO |              | 1                     |          | SUBSCRIBER GROU |      | 9                         |
| COMMUNITY/ AREA  |           |                | 0            | COMMUNITY/ AREA       |          |                 | 0    | Computation               |
| CALL SIGN  | DSE       | CALL SIGN      | DSE          | CALL SIGN             | DSE      | CALL SIGN       | DSE  | of                        |
|  |           | -              |              |                       |          | .               |      | Base Rate Fee             |
|  |           | -              |              |                       |          |                 |      | and                       |
|  |           |                |              |                       |          |                 |      | Syndicated<br>Exclusivity |
|  |           |                | <u> </u>     |                       |          |                 |      | Surcharge                 |
|  |           | -              | <u></u>      |                       |          |                 |      | for                       |
|  |           | -              |              |                       |          |                 |      | Partially                 |
|  |           |                |              |                       |          |                 |      | Distant                   |
|  |           |                |              |                       |          |                 |      | Stations                  |
|  |           | -              |              |                       |          |                 |      |                           |
|  |           |                |              |                       |          |                 |      |                           |
|  |           |                |              |                       |          |                 |      |                           |
|  |           |                |              |                       |          |                 |      |                           |
|  |           |                |              |                       |          |                 |      |                           |
| Total DSEs   |           |                | 0.00         | Total DSEs            |          | Н               | 0.00 |                           |
| Gross Receipts First (   | Group     | \$             | 0.00         | Gross Receipts Seco   | nd Group | \$              | 0.00 |                           |
|  |           |                |              |                       |          |                 |      |                           |
| Base Rate Fee First 0  | Group     | \$             | 0.00         | Base Rate Fee Secon   | nd Group | \$              | 0.00 |                           |
| TWEN   | ITY-THIRD | SUBSCRIBER GRO | UP           | TWENT                 | Y-FOURTH | SUBSCRIBER GROU | JP   |                           |
| COMMUNITY/ AREA  |           |                | 0            | COMMUNITY/ AREA       |          |                 |      |                           |
| CALL SIGN  | DSE       | CALL SIGN      | DSE          | CALL SIGN             | DSE      | CALL SIGN       | DSE  |                           |
|  |           |                |              |                       |          |                 |      |                           |
|  |           |                |              |                       |          |                 |      |                           |
|  |           |                |              |                       |          |                 |      |                           |
|  |           | -              |              |                       |          |                 |      |                           |
|  |           | -              |              |                       |          | .               |      |                           |
|  |           |                |              |                       |          |                 |      |                           |
|  |           |                |              |                       |          |                 |      |                           |
|  |           | -              |              |                       |          |                 |      |                           |
|  |           |                |              |                       |          |                 |      |                           |
|  |           |                |              |                       |          |                 |      |                           |
|  |           |                |              |                       |          |                 |      |                           |
|  |           |                |              |                       |          |                 |      |                           |
|  |           |                |              |                       |          |                 |      |                           |
| Total DSEs   |           |                | 0.00         | Total DSEs            |          |                 | 0.00 |                           |
| Gross Receipts Third   | Group     | \$             | 0.00         | Gross Receipts Fourt  | h Group  | \$              | 0.00 |                           |
|  |           |                |              |                       |          |                 |      |                           |
| Base Rate Fee Third  | Group     | \$             | 0.00         | Base Rate Fee Fourt   | h Group  | \$              | 0.00 |                           |
|  |           |                |              | II                    |          |                 |      |                           |
| Base Rate Fee: Add t<br>Enter here and in bloc                           |           |                | criber group | as shown in the boxes | above.   | \$              |      |                           |

| LEGAL NAME OF OWN<br>Lumos Media Inc           | LEGAL NAME OF OWNER OF CABLE SYSTEM:  Lumos Media Inc  SYSTEM ID#  39236 |                |              |                        |           |                   |      |                           |  |
|--|--|----------------|--------------|------------------------|-----------|-------------------|------|---------------------------|--|
|  |  |                |              | TE FEES FOR EACH       |           |                   |      |                           |  |
|  | NTY-FIFTH  | SUBSCRIBER GRO |              | ii —                   | NTY-SIXTH | I SUBSCRIBER GROU |      | 9                         |  |
| COMMUNITY/ AREA                                |  |                | 0            | COMMUNITY/ AREA        |           |                   | 0    | Computation               |  |
| CALL SIGN                                      | DSE  | CALL SIGN      | DSE          | CALL SIGN              | DSE       | CALL SIGN         | DSE  | of                        |  |
|  |  |                |              |                        |           | .                 |      | Base Rate Fee             |  |
|  |  | -              |              |                        |           |                   |      | and                       |  |
|  |  |                |              |                        |           |                   |      | Syndicated<br>Exclusivity |  |
|  |  |                |              |                        |           |                   |      | Surcharge                 |  |
|  |  |                |              |                        |           |                   |      | for                       |  |
|  |  |                |              |                        |           |                   |      | Partially                 |  |
|  |  |                |              |                        |           |                   |      | Distant                   |  |
|  |  | -              |              |                        |           |                   |      | Stations                  |  |
|  |  |                |              |                        |           |                   |      |                           |  |
|  |  |                |              |                        |           |                   |      |                           |  |
|  |  | -              |              |                        |           |                   |      |                           |  |
|  |  |                |              |                        |           |                   |      |                           |  |
|  |  |                |              |                        |           |                   |      |                           |  |
| Total DSEs                                     |  |                | 0.00         | Total DSEs             |           |                   | 0.00 |                           |  |
| Gross Receipts First 0                         | Group  | \$             | 0.00         | Gross Receipts Secor   | nd Group  | \$                | 0.00 |                           |  |
|  | '  |                |              |                        |           | · ·               |      |                           |  |
| Base Rate Fee First G                          | Group  | \$             | 0.00         | Base Rate Fee Secon    | nd Group  | \$                | 0.00 |                           |  |
| TWENTY-  | -SEVENTH   | SUBSCRIBER GRO | UP           | TWENT                  | TY-EIGHTH | SUBSCRIBER GROU   | JP   |                           |  |
| COMMUNITY/ AREA                                |  |                | 0            | COMMUNITY/ AREA        |           |                   |      |                           |  |
| CALL SIGN                                      | DSE  | CALL SIGN      | DSE          | CALL SIGN              | DSE       | CALL SIGN         | DSE  |                           |  |
|  |  |                |              |                        |           |                   |      |                           |  |
|  |  |                |              |                        |           | .                 |      |                           |  |
|  |  | -              |              |                        |           |                   |      |                           |  |
|  |  |                |              |                        | <u> </u>  |                   |      |                           |  |
|  |  |                |              |                        |           |                   |      |                           |  |
|  |  |                |              |                        |           |                   |      |                           |  |
|  |  |                |              |                        |           |                   |      |                           |  |
|  |  | -              |              |                        |           |                   |      |                           |  |
|  |  | -              |              |                        | _         |                   |      |                           |  |
|  |  |                |              |                        | <u> </u>  |                   |      |                           |  |
|  |  |                |              |                        |           |                   |      |                           |  |
|  |  |                |              |                        |           |                   |      |                           |  |
|  |  |                |              |                        |           |                   |      |                           |  |
| Total DSEs                                     |  |                | 0.00         | Total DSEs             |           |                   | 0.00 |                           |  |
| Gross Receipts Third                           | Group  | \$             | 0.00         | Gross Receipts Fourth  | n Group   | \$                | 0.00 |                           |  |
| C. COO TOOOIPIG TIIIU                          | Croup  | _*             | <u> </u>     | C.000 Rescipts i suiti | . Отоир   | <u>*</u>          |      |                           |  |
| Base Rate Fee Third                            | Group  | \$             | 0.00         | Base Rate Fee Fourth   | n Group   | \$                | 0.00 |                           |  |
| Base Rate Fee: Add t<br>Enter here and in bloc |  |                | criber group | as shown in the boxes  | above.    | \$                |      |                           |  |

|                     | EGAL NAME OF OWNER OF CABLE SYSTEM:  SYSTEM ID#  SUMMOS Media Inc  39236 |                  |          |                                     |                |                 |          |                                       |
|---------------------|--|------------------|----------|-------------------------------------|----------------|-----------------|----------|---------------------------------------|
|                     |  |                  |          | TE FEES FOR EACH                    |                |                 |          |                                       |
| 9                   | 0  | SUBSCRIBER GROUP | HIRTIETH | COMMUNITY/ AREA                     | JP<br><b>0</b> | SUBSCRIBER GROU | Y-NINTH  | TWENT COMMUNITY/ AREA                 |
| Computati           | U  |                  |          | COMMUNITY AREA                      | <u> </u>       |                 |          | COMMUNITY AREA                        |
| of                  | DSE  | CALL SIGN        | DSE      | CALL SIGN                           | DSE            | CALL SIGN       | DSE      | CALL SIGN                             |
| Base Rate           |  |                  |          |                                     |                |                 |          |                                       |
| and<br>Syndicate    |  |                  |          |                                     |                |                 |          |                                       |
| Exclusivi           |  |                  |          |                                     |                |                 | •••••••  |                                       |
| Surcharg            |  | _                |          |                                     |                |                 |          |                                       |
| for                 |  |                  |          |                                     |                |                 |          |                                       |
| Partially           |  |                  |          |                                     |                |                 |          |                                       |
| Distant<br>Stations |  |                  |          |                                     |                |                 |          |                                       |
|                     |  |                  |          |                                     |                | -               |          |                                       |
|                     |  |                  |          |                                     |                |                 |          |                                       |
|                     |  |                  |          |                                     |                |                 |          |                                       |
|                     |  |                  |          |                                     |                |                 |          |                                       |
|                     |  |                  |          |                                     |                |                 |          |                                       |
|                     | 0.00   | -                | <u> </u> | Total DSEs                          | 0.00           | !               | lI       | Fotal DSEs                            |
|                     | 0.00   | •                | Croup    |                                     | 0.00           | •               | au n     |                                       |
|                     | 0.00   | \$               | i Group  | Gross Receipts Second               | 0.00           | \$              | oup      | Gross Receipts First Gro              |
|                     | 0.00   | \$               | l Group  | Base Rate Fee Second                | 0.00           | \$              | oup      | Base Rate Fee First Gro               |
|                     |  | SUBSCRIBER GROUP | -SECOND  | THIRTY                              | JP             | SUBSCRIBER GROU | Y-FIRST  | THIRT                                 |
|                     | 0  |                  |          | COMMUNITY/ AREA                     | 0              |                 |          | COMMUNITY/ AREA                       |
|                     | DSE  | CALL SIGN        | DSE      | CALL SIGN                           | DSE            | CALL SIGN       | DSE      | CALL SIGN                             |
|                     |  |                  |          |                                     |                | -               |          |                                       |
|                     |  |                  |          |                                     |                |                 |          |                                       |
|                     |  |                  |          |                                     |                | -               |          |                                       |
|                     |  |                  |          |                                     |                |                 |          |                                       |
|                     |  |                  |          |                                     |                | -               | ••••••   |                                       |
|                     |  |                  |          |                                     |                |                 |          |                                       |
|                     |  |                  |          |                                     |                | -               |          |                                       |
|                     |  |                  |          |                                     |                |                 |          |                                       |
|                     |  |                  |          |                                     |                |                 |          |                                       |
|                     |  |                  |          |                                     |                |                 |          |                                       |
|                     | l  |                  |          |                                     |                |                 | <b> </b> |                                       |
|                     |  |                  |          |                                     |                |                 | 1        |                                       |
|                     |  |                  |          |                                     |                |                 |          |                                       |
|                     | 0.00   |                  |          | Total DSEs                          | 0.00           |                 |          | Total DSEs                            |
|                     |  | -<br>S           | Group    |                                     |                |                 | roup     |                                       |
|                     | 0.00   | \$               | Group    | Total DSEs<br>Gross Receipts Fourth | 0.00           | \$              | oup      | Total DSEs<br>Gross Receipts Third Gr |

|                         | EGAL NAME OF OWNER OF CABLE SYSTEM:  SYSTEM ID#  umos Media Inc  39236 |                  |          |                                  |      |                 |         |                                    |
|-------------------------|--|------------------|----------|----------------------------------|------|-----------------|---------|------------------------------------|
|                         |  |                  |          | TE FEES FOR EACH                 |      |                 |         |                                    |
| 9                       |  | SUBSCRIBER GROUP | -FOURTH  |                                  |      | SUBSCRIBER GROU | Y-THIRD |                                    |
| Computati               | 0  |                  |          | COMMUNITY/ AREA                  | 0    |                 |         | COMMUNITY/ AREA                    |
| of                      | DSE  | CALL SIGN        | DSE      | CALL SIGN                        | DSE  | CALL SIGN       | DSE     | CALL SIGN                          |
| Base Rate               |  |                  |          |                                  |      |                 |         |                                    |
| and                     |  |                  |          |                                  |      |                 | ••••••• |                                    |
| Syndicate<br>Exclusivit |  |                  |          |                                  |      |                 |         |                                    |
| Surcharg                |  |                  |          |                                  |      |                 |         |                                    |
| for                     |  | -                |          |                                  |      | -               |         |                                    |
| Partially               |  |                  |          |                                  |      |                 |         |                                    |
| Distant<br>Stations     |  |                  |          |                                  |      |                 | ••••••• |                                    |
| Stations                |  | ,                |          |                                  |      |                 |         |                                    |
|                         |  |                  |          |                                  |      |                 |         |                                    |
|                         |  |                  |          |                                  |      |                 |         |                                    |
|                         |  |                  |          |                                  |      |                 |         |                                    |
|                         |  |                  |          |                                  |      |                 |         |                                    |
|                         | 0.00   | Щ                |          | T                                | 0.00 |                 |         |                                    |
|                         | 0.00   |                  |          | Total DSEs                       | 0.00 |                 |         | Total DSEs                         |
|                         | 0.00   | \$               | d Group  | Gross Receipts Second            | 0.00 | \$              | oup     | Gross Receipts First Gro           |
|                         | 0.00   | \$               | d Group  | Base Rate Fee Second             | 0.00 | \$              | oun     | Base Rate Fee First Gro            |
|                         | ,  |                  |          |                                  |      |                 |         |                                    |
|                         |  | SUBSCRIBER GROUP | TY-SIXTH | ii —                             |      | SUBSCRIBER GROU | Y-FIFTH |                                    |
|                         | 0  |                  |          | COMMUNITY/ AREA                  | 0    |                 |         | COMMUNITY/ AREA                    |
|                         | DSE  | CALL SIGN        | DSE      | CALL SIGN                        | DSE  | CALL SIGN       | DSE     | CALL SIGN                          |
|                         |  |                  |          |                                  |      |                 |         |                                    |
|                         |  | <b>_</b>         |          |                                  |      |                 |         |                                    |
|                         |  |                  |          | 1                                |      |                 |         |                                    |
|                         |  |                  |          |                                  |      | <del> </del>    | •       |                                    |
|                         |  |                  |          |                                  |      | -               |         |                                    |
|                         |  |                  |          |                                  |      |                 |         |                                    |
|                         |  |                  |          |                                  |      |                 |         |                                    |
|                         |  |                  |          |                                  |      |                 |         |                                    |
|                         |  |                  |          |                                  |      |                 |         |                                    |
|                         |  |                  |          |                                  |      |                 |         |                                    |
|                         |  |                  |          |                                  |      |                 |         |                                    |
|                         |  |                  |          |                                  |      |                 |         |                                    |
|                         |  |                  |          |                                  |      |                 |         |                                    |
|                         | 0.00   |                  |          | Total DSEs                       | 0.00 |                 |         | Fotal DSEs                         |
|                         | 0.00   |                  | Group    |                                  | 0.00 |                 |         |                                    |
|                         | 0.00   | \$               | Group    | Total DSEs Gross Receipts Fourth | 0.00 | \$              | oup     | Total DSEs Gross Receipts Third Gr |

| LEGAL NAME OF OWNER OF CABLE SYSTEM:  SYSTEM ID#  Lumos Media Inc  39236 |           |                |               |                      |           |                   |      | Name                     |
|--|-----------|----------------|---------------|----------------------|-----------|-------------------|------|--------------------------|
|  |           |                |               | TE FEES FOR EAC      |           |                   | _    |                          |
|  |           | SUBSCRIBER GRO |               | T .                  |           | SUBSCRIBER GROU   |      | 9                        |
| COMMUNITY/ AREA  |           |                | 0             | COMMUNITY/ AREA      |           |                   | 0    | Computation              |
| CALL SIGN  | DSE       | CALL SIGN      | DSE           | CALL SIGN            | DSE       | CALL SIGN         | DSE  | of                       |
|  |           |                |               |                      |           | .                 |      | Base Rate Fee            |
|  |           | -              |               |                      |           |                   |      | and                      |
|  |           |                |               |                      |           |                   |      | Syndicated               |
|  |           |                |               |                      |           | .                 |      | Exclusivity<br>Surcharge |
|  |           |                |               |                      |           |                   |      | for                      |
|  |           | -              |               |                      |           |                   |      | Partially                |
|  |           | -              |               |                      |           |                   |      | Distant                  |
|  |           |                |               |                      |           |                   |      | Stations                 |
|  |           |                |               |                      |           |                   |      |                          |
|  |           |                |               |                      |           |                   |      |                          |
|  |           |                |               |                      |           |                   |      |                          |
|  |           |                |               |                      |           |                   |      |                          |
|  |           |                |               |                      |           |                   |      |                          |
| Total DOFa   |           | II.            | 0.00          | Total DCF            |           | Ш                 | 0.00 |                          |
| Total DSEs   |           |                | 0.00          | Total DSEs           |           |                   | 0.00 |                          |
| Gross Receipts First   | Group     | \$             | 0.00          | Gross Receipts Seco  | ond Group | \$                | 0.00 |                          |
| Base Rate Fee First  | Group     | \$             | 0.00          | Base Rate Fee Seco   | ond Group | \$                | 0.00 |                          |
| THI  | RTY-NINTH | SUBSCRIBER GRO | DUP           |                      | FORTIETH  | I SUBSCRIBER GROU | JP   |                          |
| COMMUNITY/ AREA  |           |                | 0             | COMMUNITY/ AREA      | 4         |                   |      |                          |
| CALL SIGN  | DSE       | CALL SIGN      | DSE           | CALL SIGN            | DSE       | CALL SIGN         | DSE  |                          |
|  |           |                |               |                      |           |                   |      |                          |
|  |           |                |               |                      |           |                   |      |                          |
|  |           |                |               |                      |           |                   |      |                          |
|  |           |                |               |                      |           |                   |      |                          |
|  |           |                |               |                      |           |                   |      |                          |
|  |           |                |               |                      |           |                   |      |                          |
|  |           | +              |               |                      |           |                   |      |                          |
|  | •         |                |               |                      | •         |                   |      |                          |
|  |           |                |               |                      |           |                   |      |                          |
|  |           |                |               |                      |           |                   |      |                          |
|  |           |                |               |                      |           |                   |      |                          |
|  |           |                |               |                      |           |                   |      |                          |
|  |           |                |               |                      |           |                   |      |                          |
| Total DSEs   |           |                | 0.00          | Total DSEs           |           |                   | 0.00 |                          |
| Gross Receipts Third   | Group     | \$             | 0.00          | Gross Receipts Four  | th Group  | \$                | 0.00 |                          |
|  |           |                |               |                      |           |                   |      |                          |
| Base Rate Fee Third  | Group     | \$             | 0.00          | Base Rate Fee Four   | th Group  | \$                | 0.00 |                          |
| Base Rate Fee: Add<br>Enter here and in bloo                             |           |                | scriber group | as shown in the boxe | s above.  | \$                |      |                          |

| LEGAL NAME OF OWNER OF CABLE SYSTEM:  Lumos Media Inc  SYSTEM ID#  39236 |          |                 |      |   |            |                   |      | Name                      |
|--|----------|-----------------|------|---|------------|-------------------|------|---------------------------|
|  |          |                 |      | TE FEES FOR EACH                            |            |                   |      |                           |
|  | TY-FIRST | SUBSCRIBER GROU |      | ii —  | Y-SECOND   | SUBSCRIBER GROU   |      | 9                         |
| COMMUNITY/ AREA  |          |                 | 0    | COMMUNITY/ AREA                             |            |                   | 0    | Computation               |
| CALL SIGN  | DSE      | CALL SIGN       | DSE  | CALL SIGN                                   | DSE        | CALL SIGN         | DSE  | of                        |
|  |          | -               |      |   |            |                   |      | Base Rate Fe              |
|  |          | -               |      |   |            |                   |      | and                       |
|  |          |                 |      |   |            |                   |      | Syndicated<br>Exclusivity |
|  |          |                 |      |   |            |                   |      | Surcharge                 |
|  |          | -               |      |   | <u> </u>   |                   |      | for                       |
|  |          |                 |      |   |            |                   |      | Partially                 |
|  |          |                 |      |   |            |                   |      | Distant                   |
|  |          | -               |      |   |            |                   |      | Stations                  |
|  | ļ        |                 |      |   |            |                   |      |                           |
|  | <b>.</b> | -               |      |   |            |                   |      |                           |
|  |          | -               |      |   |            |                   |      |                           |
|  |          |                 |      |   |            |                   |      |                           |
|  |          |                 |      |   | <u> </u>   |                   |      |                           |
| Total DSEs   | -        |                 | 0.00 | Total DSEs                                  | •          |                   | 0.00 |                           |
| Gross Receipts First Gr  | oup      | \$              | 0.00 | Gross Receipts Secon                        | nd Group   | \$                | 0.00 |                           |
| Base Rate Fee First Gr   | oup      | \$              | 0.00 | Base Rate Fee Secon                         | nd Group   | \$                | 0.00 |                           |
| FOR1   | Y-THIRD  | SUBSCRIBER GROU | JP   | FORT  | Y-FOURTH   | I SUBSCRIBER GROU | JP   |                           |
| COMMUNITY/ AREA  |          |                 | 0    | COMMUNITY/ AREA                             |            |                   | 0    |                           |
| CALL SIGN  | DSE      | CALL SIGN       | DSE  | CALL SIGN                                   | DSE        | CALL SIGN         | DSE  |                           |
|  |          |                 |      |   |            |                   |      |                           |
|  |          | -               |      |   |            |                   |      |                           |
|  |          | -               |      |   |            |                   |      |                           |
|  |          |                 |      |   |            |                   |      |                           |
|  |          |                 |      |   |            |                   |      |                           |
|  |          | -               |      |   |            | n <del>-</del>    |      |                           |
|  |          |                 |      |   |            |                   |      |                           |
|  |          | -               |      |   |            |                   |      |                           |
|  |          |                 |      |   |            |                   |      |                           |
|  |          |                 |      |   |            |                   |      |                           |
|  |          |                 |      |   |            |                   |      |                           |
|  | <b>.</b> |                 |      |   | <u>.  </u> |                   |      |                           |
|  | <b>.</b> |                 |      |   |            |                   |      |                           |
| Total DSEs   |          |                 | 0.00 | Total DSEs                                  | •          |                   | 0.00 |                           |
| Gross Receipts Third G   | roup     | \$              | 0.00 | Gross Receipts Fourth                       | n Group    | \$                | 0.00 |                           |
| Base Rate Fee Third G  | roup     | \$              | 0.00 | Base Rate Fee Fourth                        | n Group    | \$                | 0.00 |                           |
| \$ <b>0.</b>   | \$ 0.    | 0.4             | 00   | Gross Receipts Fourth  Base Rate Fee Fourth | n Group    | \$ \$             | 0.00 |                           |

| LEGAL NAME OF OWNER OF CABLE SYSTEM:  Lumos Media Inc  SYSTEM ID# 39236 |          |                |              |                       |          |                 |      | Name                      |
|---|----------|----------------|--------------|-----------------------|----------|-----------------|------|---------------------------|
| BL  | OCK A: C | COMPUTATION OF | BASE RA      | TE FEES FOR EACH      | H SUBSCF | RIBER GROUP     |      |                           |
|   | TY-FIFTH | SUBSCRIBER GRO |              | 1                     |          | SUBSCRIBER GROU |      | 9                         |
| COMMUNITY/ AREA   |          |                | 0            | COMMUNITY/ AREA       |          |                 | 0    | Computation               |
| CALL SIGN   | DSE      | CALL SIGN      | DSE          | CALL SIGN             | DSE      | CALL SIGN       | DSE  | of                        |
|   |          | -              |              |                       |          |                 |      | Base Rate Fee             |
|   |          | -              |              |                       |          |                 |      | and                       |
|   |          | -              |              |                       |          |                 |      | Syndicated<br>Exclusivity |
|   |          |                |              |                       |          |                 |      | Surcharge                 |
|   |          | -              |              |                       |          |                 |      | for                       |
|   |          |                |              |                       |          |                 |      | Partially                 |
|   |          |                |              |                       |          |                 |      | Distant                   |
|   |          |                |              |                       |          |                 |      | Stations                  |
|   |          |                |              |                       |          |                 |      |                           |
|   |          | -              |              |                       |          |                 |      |                           |
|   |          | -              |              |                       |          |                 |      |                           |
|   |          |                |              |                       |          |                 |      |                           |
|   |          |                |              |                       |          |                 |      |                           |
| Total DSEs  | -        |                | 0.00         | Total DSEs            | -        |                 | 0.00 |                           |
| Gross Receipts First G  | roup     | \$             | 0.00         | Gross Receipts Seco   | nd Group | \$              | 0.00 |                           |
|   |          |                |              |                       |          |                 |      |                           |
| Base Rate Fee First G   | roup     | \$             | 0.00         | Base Rate Fee Secon   | nd Group | \$              | 0.00 |                           |
| FORTY-  | SEVENTH  | SUBSCRIBER GRO | UP           | TI .                  |          | SUBSCRIBER GROU | JP   |                           |
| COMMUNITY/ AREA   |          |                | 0            | COMMUNITY/ AREA       |          |                 |      |                           |
| CALL SIGN   | DSE      | CALL SIGN      | DSE          | CALL SIGN             | DSE      | CALL SIGN       | DSE  |                           |
|   |          |                |              |                       |          |                 |      |                           |
|   |          | =              |              |                       |          |                 |      |                           |
|   |          | -              |              |                       |          |                 |      |                           |
|   |          | -              |              |                       |          |                 |      |                           |
|   |          |                |              |                       |          |                 |      |                           |
|   |          |                |              |                       |          |                 |      |                           |
|   |          | -              |              |                       |          |                 |      |                           |
|   |          |                |              |                       |          |                 |      |                           |
|   |          |                |              |                       |          |                 |      |                           |
|   |          | -              |              |                       |          |                 |      |                           |
|   |          | -              |              |                       |          |                 |      |                           |
|   |          |                |              |                       |          |                 |      |                           |
|   |          |                |              |                       |          |                 |      |                           |
| Total DSEs  |          |                | 0.00         | Total DSEs            |          |                 | 0.00 |                           |
| Gross Receipts Third G  | Group    | \$             | 0.00         | Gross Receipts Fourt  | h Group  | \$              | 0.00 |                           |
| Page Data For Third C   | roup     | e              | 0.00         | Page Pate Fee Fee     | h Crous  | œ.              | 0.00 |                           |
| Base Rate Fee Third G   | поир     | \$             | 0.00         | Base Rate Fee Fourt   | п Group  | \$              | 0.00 |                           |
| Base Rate Fee: Add th<br>Enter here and in block                        |          |                | criber group | as shown in the boxes | above.   |                 |      |                           |

| LEGAL NAME OF OWN<br>Lumos Media Inc           |           | LE SYSTEM:     |               |                       |          | S               | YSTEM ID#<br>39236 | Name                      |
|--|-----------|----------------|---------------|-----------------------|----------|-----------------|--------------------|---------------------------|
|  |           |                |               | TE FEES FOR EAC       |          |                 |                    |                           |
|  | RTY-NINTH | SUBSCRIBER GRO |               |                       |          | SUBSCRIBER GROU |                    | 9                         |
| COMMUNITY/ AREA                                |           |                | 0             | COMMUNITY/ AREA       |          |                 | 0                  | Computation               |
| CALL SIGN                                      | DSE       | CALL SIGN      | DSE           | CALL SIGN             | DSE      | CALL SIGN       | DSE                | of                        |
|  |           |                |               |                       |          |                 |                    | Base Rate Fee             |
|  |           |                |               |                       |          |                 |                    | and                       |
|  |           |                |               |                       |          |                 |                    | Syndicated<br>Exclusivity |
|  |           |                |               |                       |          |                 |                    | Surcharge                 |
|  |           | -              |               |                       |          |                 |                    | for                       |
|  |           |                |               |                       |          |                 |                    | Partially                 |
|  |           |                |               |                       |          |                 |                    | Distant                   |
|  |           | -              |               |                       |          |                 |                    | Stations                  |
|  |           |                |               |                       |          |                 |                    |                           |
|  |           |                |               |                       |          |                 |                    |                           |
|  |           |                |               |                       |          |                 |                    |                           |
|  |           |                |               |                       |          |                 |                    |                           |
|  |           |                |               |                       |          |                 |                    |                           |
| Total DSEs                                     |           | Ц              | 0.00          | Total DSEs            |          | ļļ              | 0.00               |                           |
| Gross Receipts First (                         | Group     | \$             | 0.00          | Gross Receipts Seco   | nd Group | \$              | 0.00               |                           |
|  |           |                |               |                       |          |                 |                    |                           |
| Base Rate Fee First (                          | Group     | \$             | 0.00          | Base Rate Fee Seco    | nd Group | \$              | 0.00               |                           |
| FI   | FTY-FIRST | SUBSCRIBER GRO | DUP           | Ti .                  |          | SUBSCRIBER GROU | JP                 |                           |
| COMMUNITY/ AREA                                |           |                | 0             | COMMUNITY/ AREA       |          |                 | 0                  |                           |
| CALL SIGN                                      | DSE       | CALL SIGN      | DSE           | CALL SIGN             | DSE      | CALL SIGN       | DSE                |                           |
|  |           |                |               |                       |          |                 |                    |                           |
|  |           |                |               |                       |          |                 |                    |                           |
|  |           |                |               |                       |          |                 |                    |                           |
|  |           |                |               |                       |          |                 |                    |                           |
|  |           |                |               |                       |          |                 |                    |                           |
|  |           | -              |               |                       |          |                 |                    |                           |
|  |           |                |               |                       |          |                 |                    |                           |
|  |           |                |               |                       |          |                 |                    |                           |
|  |           |                |               |                       |          |                 |                    |                           |
|  |           |                |               |                       |          |                 |                    |                           |
|  |           |                |               |                       |          |                 |                    |                           |
|  |           |                |               |                       |          |                 |                    |                           |
|  |           |                |               |                       |          |                 |                    |                           |
| Total DSEs                                     |           |                | 0.00          | Total DSEs            |          |                 | 0.00               |                           |
| Gross Receipts Third                           | Group     | \$             | 0.00          | Gross Receipts Fourt  | th Group | \$              | 0.00               |                           |
|  |           |                |               |                       |          |                 |                    |                           |
| Base Rate Fee Third                            | Group     | \$             | 0.00          | Base Rate Fee Fourt   | th Group | \$              | 0.00               |                           |
|  |           |                |               | •                     |          |                 |                    |                           |
| Base Rate Fee: Add t<br>Enter here and in bloc |           |                | scriber group | as shown in the boxes | above.   | \$              |                    |                           |

| LEGAL NAME OF OWNER OF CABLE SYSTEM:  SYSTEM ID#  SYSTEM ID#  39236 |          |                |      |                      |           |                   |      | Name                     |
|---|----------|----------------|------|----------------------|-----------|-------------------|------|--------------------------|
|   |          |                |      | TE FEES FOR EACH     |           |                   |      |                          |
|   | TY-THIRD | SUBSCRIBER GRO |      | T .                  |           | SUBSCRIBER GROU   | JP   | 9                        |
| COMMUNITY/ AREA   |          |                | 0    | COMMUNITY/ AREA      |           |                   | 0    | Computation              |
| CALL SIGN   | DSE      | CALL SIGN      | DSE  | CALL SIGN            | DSE       | CALL SIGN         | DSE  | of                       |
|   |          |                |      |                      |           | .                 |      | Base Rate Fe             |
|   |          | -              |      |                      |           |                   |      | and                      |
|   |          |                |      |                      |           |                   |      | Syndicated               |
|   |          |                |      |                      |           |                   |      | Exclusivity<br>Surcharge |
|   |          | -              |      |                      |           |                   |      | for                      |
|   |          | +              |      |                      |           |                   |      | Partially                |
|   |          |                |      |                      |           |                   |      | Distant                  |
|   |          |                |      |                      |           |                   |      | Stations                 |
|   |          |                |      |                      |           |                   |      |                          |
|   |          |                |      |                      |           |                   |      |                          |
|   |          | -              |      |                      |           |                   |      |                          |
|   |          |                |      |                      |           |                   |      |                          |
|   |          |                |      |                      |           |                   |      |                          |
| Total DSEs  |          |                | 0.00 | Total DSEs           |           |                   | 0.00 |                          |
| Gross Receipts First G  | roup     | \$             | 0.00 | Gross Receipts Secon | nd Group  | \$                | 0.00 |                          |
| <b>Base Rate Fee</b> First G  | roup     | \$             | 0.00 | Base Rate Fee Secon  | nd Group  | \$                | 0.00 |                          |
| FIF   | TY-FIFTH | SUBSCRIBER GRO | UP   | FI                   | FTY-SIXTH | I SUBSCRIBER GROU | JP   |                          |
| COMMUNITY/ AREA   |          |                | 0    | COMMUNITY/ AREA      |           |                   | 0    |                          |
| CALL SIGN   | DSE      | CALL SIGN      | DSE  | CALL SIGN            | DSE       | CALL SIGN         | DSE  |                          |
|   |          |                |      |                      |           |                   |      |                          |
|   |          |                |      |                      |           |                   |      |                          |
|   |          |                |      |                      |           |                   |      |                          |
|   |          |                |      |                      |           |                   |      |                          |
|   |          | -              |      |                      |           | .                 |      |                          |
|   |          |                |      |                      |           |                   |      |                          |
|   |          |                |      |                      |           |                   |      |                          |
|   |          | H              |      |                      |           |                   |      |                          |
|   |          |                |      |                      |           |                   |      |                          |
|   |          |                |      |                      |           |                   |      |                          |
|   |          |                |      |                      |           |                   |      |                          |
|   |          |                |      |                      |           |                   |      |                          |
|   |          |                |      |                      |           |                   |      |                          |
| Total DSEs  |          |                | 0.00 | Total DSEs           |           | _                 | 0.00 |                          |
| Gross Receipts Third C  | Group    | \$             | 0.00 | Gross Receipts Fourt | h Group   | \$                | 0.00 |                          |
| Base Rate Fee Third G   | Group    | \$             | 0.00 | Base Rate Fee Fourt  | h Group   | \$                | 0.00 |                          |
| ne bas  |          |                |      | Base Rate Fee Fourth |           | \$                | 0.00 |                          |

| LEGAL NAME OF OWN<br>Lumos Media Inc                  |          | E SYSTEM:      |              |                       |          | S               | YSTEM ID#<br>39236 | Name                     |
|---|----------|----------------|--------------|-----------------------|----------|-----------------|--------------------|--------------------------|
|   |          |                |              | TE FEES FOR EAC       |          |                 | _                  |                          |
|   | SEVENTH  | SUBSCRIBER GRO |              | †                     |          | SUBSCRIBER GROU | JP                 | 9                        |
| COMMUNITY/ AREA                                       |          |                | 0            | COMMUNITY/ AREA       |          |                 | 0                  | Computation              |
| CALL SIGN   | DSE      | CALL SIGN      | DSE          | CALL SIGN             | DSE      | CALL SIGN       | DSE                | of                       |
|   |          | -              |              |                       |          |                 |                    | Base Rate Fee            |
|   |          | -              |              |                       |          |                 |                    | and                      |
|   |          | -              |              |                       |          |                 |                    | Syndicated               |
|   |          |                |              |                       |          |                 |                    | Exclusivity<br>Surcharge |
|   |          | -              |              |                       |          | # <b>-</b>      |                    | for                      |
|   |          | -              |              |                       |          |                 |                    | Partially                |
|   |          |                |              |                       |          |                 |                    | Distant                  |
|   |          | -              |              |                       |          |                 |                    | Stations                 |
|   |          | -              |              |                       |          |                 |                    |                          |
|   |          |                |              |                       |          |                 |                    |                          |
|   |          |                |              |                       |          |                 |                    |                          |
|   |          |                |              |                       |          |                 |                    |                          |
|   |          |                |              |                       |          |                 |                    |                          |
| Total DSEs  |          |                | 0.00         | Total DSEs            |          | !!              | 0.00               |                          |
| Gross Receipts First 0                                | Group    | \$             | 0.00         | Gross Receipts Seco   | nd Group | \$              | 0.00               |                          |
|   |          |                |              |                       |          |                 |                    |                          |
| Base Rate Fee First G                                 | Froup    | \$             | 0.00         | Base Rate Fee Seco    | nd Group | \$              | 0.00               |                          |
| FIF   | TY-NINTH | SUBSCRIBER GRO | UP           |                       |          | SUBSCRIBER GROU | JP                 |                          |
| COMMUNITY/ AREA                                       |          |                | 0            | COMMUNITY/ AREA       |          |                 | 0                  |                          |
| CALL SIGN   | DSE      | CALL SIGN      | DSE          | CALL SIGN             | DSE      | CALL SIGN       | DSE                |                          |
|   |          |                |              |                       |          |                 |                    |                          |
|   |          | -              |              |                       |          |                 |                    |                          |
|   |          | -              |              |                       |          |                 |                    |                          |
|   |          | -              |              |                       |          |                 |                    |                          |
|   |          |                |              |                       |          |                 |                    |                          |
|   |          | -              |              |                       |          | # <b>-</b>      |                    |                          |
|   |          | -              |              |                       |          |                 |                    |                          |
|   |          |                |              |                       |          |                 |                    |                          |
|   |          |                |              |                       |          |                 |                    |                          |
|   |          |                |              |                       |          |                 |                    |                          |
|   |          |                |              |                       |          |                 |                    |                          |
|   |          |                |              |                       |          |                 |                    |                          |
|   |          |                |              |                       |          |                 |                    |                          |
| Total DSEs  |          |                | 0.00         | Total DSEs            |          |                 | 0.00               |                          |
| Gross Receipts Third                                  | Group    | \$             | 0.00         | Gross Receipts Four   | th Group | \$              | 0.00               |                          |
|   | •        |                |              |                       |          | ·               |                    |                          |
| Base Rate Fee Third                                   | Group    | \$             | 0.00         | Base Rate Fee Fourt   | th Group | \$              | 0.00               |                          |
| <b>Base Rate Fee:</b> Add t<br>Enter here and in bloc |          |                | criber group | as shown in the boxes | s above. | s               |                    |                          |

| LEGAL NAME OF OWNER OF CABLE SYSTEM:  SYSTEM ID#  Lumos Media Inc  39236 |          |                |              |                       |          |                   |             | Name                      |
|--|----------|----------------|--------------|-----------------------|----------|-------------------|-------------|---------------------------|
|  |          |                |              | TE FEES FOR EACH      |          |                   |             |                           |
|  | TY-FIRST | SUBSCRIBER GRO |              | i e                   |          | SUBSCRIBER GROU   |             | 9                         |
| COMMUNITY/ AREA  |          |                | 0            | COMMUNITY/ AREA       |          |                   | 0           | Computation               |
| CALL SIGN  | DSE      | CALL SIGN      | DSE          | CALL SIGN             | DSE      | CALL SIGN         | DSE         | of                        |
|  |          |                |              |                       |          | .                 |             | Base Rate Fe              |
|  |          | _              |              |                       |          |                   |             | and                       |
|  |          |                |              |                       |          |                   |             | Syndicated<br>Exclusivity |
|  |          |                |              |                       |          |                   |             | Surcharge                 |
|  |          | -              |              |                       |          |                   |             | for                       |
|  |          | +              |              |                       |          |                   |             | Partially                 |
|  |          |                |              |                       |          |                   |             | Distant                   |
|  |          |                |              |                       |          |                   |             | Stations                  |
|  |          | -              |              |                       |          |                   |             |                           |
|  |          |                |              |                       |          |                   |             |                           |
|  |          |                |              |                       |          |                   |             |                           |
|  |          |                |              |                       |          |                   |             |                           |
|  |          |                |              |                       |          |                   |             |                           |
| Total DSEs   |          | <u> </u>       | 0.00         | Total DSEs            |          | 1                 | 0.00        |                           |
| Gross Receipts First G   | roup     | \$             | 0.00         | Gross Receipts Secon  | nd Group | \$                | 0.00        |                           |
| ,  | •        |                |              |                       |          | · ·               |             |                           |
| Base Rate Fee First G  | roup     | \$             | 0.00         | Base Rate Fee Secon   | nd Group | \$                | 0.00        |                           |
| SIX  | TY-THIRD | SUBSCRIBER GRO | UP           | SIXT                  | Y-FOURTH | I SUBSCRIBER GROU | JP          |                           |
| COMMUNITY/ AREA  |          |                | 0            | COMMUNITY/ AREA       |          |                   | 0           |                           |
| CALL SIGN  | DSE      | CALL SIGN      | DSE          | CALL SIGN             | DSE      | CALL SIGN         | DSE         |                           |
|  |          | -              |              |                       |          |                   |             |                           |
|  |          |                |              |                       |          | .                 |             |                           |
|  |          |                |              |                       |          |                   |             |                           |
|  |          |                |              |                       |          |                   |             |                           |
|  |          |                |              |                       |          |                   |             |                           |
|  |          |                |              |                       |          |                   |             |                           |
|  |          |                |              |                       |          |                   |             |                           |
|  |          |                |              |                       |          |                   |             |                           |
|  |          |                |              |                       |          |                   |             |                           |
|  |          |                |              |                       |          |                   |             |                           |
|  |          |                |              |                       |          |                   |             |                           |
|  |          |                |              |                       |          |                   |             |                           |
|  |          |                |              |                       |          |                   |             |                           |
| Total DSEs   |          |                | 0.00         | Total DSEs            | _        |                   | 0.00        |                           |
| Gross Receipts Third G   | Group    | \$             | 0.00         | Gross Receipts Fourt  | h Group  | \$                | 0.00        |                           |
|  |          |                |              |                       |          |                   | <del></del> |                           |
| Base Rate Fee Third G  | Froup    | \$             | 0.00         | Base Rate Fee Fourth  | h Group  | \$                | 0.00        |                           |
| ase Rate Fee: Add thater here and in block                               |          |                | criber group | as shown in the boxes | above.   | s                 |             |                           |

| and Syndicated Exclusivity Surcharge for Partially Distant Stations  0.00  Group \$ 0.00   |                    | I SUBSCF  | TE EEE0 E0D E401     |         |                 |          |                               |
|--|--------------------|-----------|----------------------|---------|-----------------|----------|-------------------------------|
| DSE   CALL SIGN   DSE   Base Rate Fe and Syndicated Exclusivity Surcharge for Partially Distant Stations   Sta | SUBSCRIBER GROU    |           | TE FEES FOR EACH     | BASE RA | COMPUTATION OF  | OCK A: C | BL                            |
| DSE CALL SIGN DSE  Base Rate Fe and Syndicated Exclusivity Surcharge for Partially Distant Stations  O.00  d Group \$ 0.00  Y-EIGHTH SUBSCRIBER GROUP  0   | CODOCINIDEIN GINOU | XTY-SIXTH | T .                  |         | SUBSCRIBER GROU | ΓY-FIFTH |                               |
| Base Rate Fer and Syndicated Exclusivity Surcharge for Partially Distant Stations  O.00 d Group \$ 0.00  T-EIGHTH SUBSCRIBER GROUP  0  |                    |           | COMMUNITY/ AREA      | 0       |                 |          | COMMUNITY/ AREA               |
| and Syndicated Exclusivity Surcharge for Partially Distant Stations  0.00 d Group \$ 0.00 d Group \$ 0.00  T-EIGHTH SUBSCRIBER GROUP  0  | CALL SIGN          |           | CALL SIGN            | DSE     | CALL SIGN       | DSE      | CALL SIGN                     |
| Syndicated Exclusivity Surcharge for Partially Distant Stations  O.00 d Group \$ 0.00  THE Group \$ 0.00  THE GROUP \$ 0.00  |                    |           |                      |         |                 |          |                               |
| Exclusivity Surcharge for Partially Distant Stations  0.00 d Group \$ 0.00 d Group \$ 0.00 Y-EIGHTH SUBSCRIBER GROUP   |                    |           |                      |         | -               |          |                               |
| Surcharge for Partially Distant Stations  O.00 d Group \$ 0.00  G Group \$ 0.00  Y-EIGHTH SUBSCRIBER GROUP   |                    |           |                      |         |                 |          |                               |
| for Partially Distant Stations  0.00 d Group \$ 0.00 d Group \$ 0.00 Y-EIGHTH SUBSCRIBER GROUP   |                    |           |                      |         |                 |          |                               |
| Distant Stations  O.00 di Group \$ 0.00 di Group \$ 0.00 Y-EIGHTH SUBSCRIBER GROUP  0  |                    |           |                      |         | -               |          |                               |
| 0.00 d Group \$ 0.00 Y-EIGHTH SUBSCRIBER GROUP 0   |                    |           |                      |         |                 |          |                               |
| 0.00 d Group \$ 0.00 d Group \$ 0.00 Y-EIGHTH SUBSCRIBER GROUP   |                    |           |                      |         |                 |          |                               |
| d Group \$ 0.00 d Group \$ 0.00 Y-EIGHTH SUBSCRIBER GROUP  |                    |           |                      |         |                 |          |                               |
| d Group \$ 0.00 d Group \$ 0.00 Y-EIGHTH SUBSCRIBER GROUP  |                    |           |                      |         | -               |          |                               |
| d Group \$ 0.00 d Group \$ 0.00 Y-EIGHTH SUBSCRIBER GROUP  |                    |           |                      |         |                 |          |                               |
| d Group \$ 0.00 d Group \$ 0.00 Y-EIGHTH SUBSCRIBER GROUP  |                    |           |                      |         |                 |          |                               |
| d Group \$ 0.00 d Group \$ 0.00 Y-EIGHTH SUBSCRIBER GROUP  |                    |           |                      |         |                 |          |                               |
| d Group \$ 0.00 d Group \$ 0.00 Y-EIGHTH SUBSCRIBER GROUP  |                    |           |                      |         |                 |          |                               |
| d Group \$ 0.00 Y-EIGHTH SUBSCRIBER GROUP  |                    | •         | Total DSEs           | 0.00    |                 |          | Total DSEs                    |
| Y-EIGHTH SUBSCRIBER GROUP  0   | \$                 | nd Group  | Gross Receipts Secon | 0.00    | \$              | oup      | Gross Receipts First Gr       |
| 0  | \$                 | nd Group  | Base Rate Fee Secon  | 0.00    | \$              | oup      | <b>Base Rate Fee</b> First Gr |
|  | SUBSCRIBER GROU    | Y-EIGHTH  | SIX                  | UP      | SUBSCRIBER GROU | EVENTH   | SIXTY-S                       |
| DSE CALL SIGN DSE  |                    |           | COMMUNITY/ AREA      | 0       |                 |          | COMMUNITY/ AREA               |
|  | CALL SIGN          | DSE       | CALL SIGN            | DSE     | CALL SIGN       | DSE      | CALL SIGN                     |
|  |                    |           |                      |         |                 |          |                               |
|  |                    |           |                      |         |                 |          |                               |
|  |                    |           |                      |         | -               |          |                               |
|  |                    |           |                      |         |                 |          |                               |
|  |                    |           |                      |         |                 |          |                               |
|  |                    |           |                      |         |                 |          |                               |
|  |                    |           |                      |         |                 |          |                               |
|  |                    |           |                      |         |                 |          |                               |
|  |                    |           |                      |         |                 |          |                               |
| ······································   |                    |           |                      |         |                 |          |                               |
|  |                    |           |                      |         |                 |          |                               |
|  |                    |           |                      |         |                 |          |                               |
|  |                    |           |                      |         |                 |          |                               |
| 0.00   |                    |           | Total DSEs           | 0.00    |                 |          | Total DSEs                    |
| Group \$ 0.00  | \$                 | n Group   | Gross Receipts Fourt | 0.00    | \$              | roup     | Gross Receipts Third G        |
| Group \$ 0.00  | \$                 | n Group   | Base Rate Fee Fourt  | 0.00    | \$              | roup     | Base Rate Fee Third G         |

|                        | 39236 |                  |          |                       |      |                 |         | Lumos Media Inc                    |
|------------------------|-------|------------------|----------|-----------------------|------|-----------------|---------|------------------------------------|
|                        |       |                  |          | TE FEES FOR EACH      |      |                 |         |                                    |
| 9                      |       | SUBSCRIBER GROUP | /ENTIETH | ii                    |      | SUBSCRIBER GROU | Y-NINTH |                                    |
| Computati              | 0     |                  |          | COMMUNITY/ AREA       | 0    |                 |         | COMMUNITY/ AREA                    |
| of                     | DSE   | CALL SIGN        | DSE      | CALL SIGN             | DSE  | CALL SIGN       | DSE     | CALL SIGN                          |
| Base Rate              |       |                  |          |                       |      | -               |         |                                    |
| and                    |       |                  |          |                       |      | -               |         |                                    |
| Syndicate<br>Exclusivi |       |                  |          |                       |      |                 |         |                                    |
| Surcharg               |       | -                |          |                       |      | -               |         |                                    |
| for                    |       |                  |          |                       |      |                 |         |                                    |
| Partially              |       |                  |          |                       |      |                 |         |                                    |
| Distant<br>Stations    |       |                  |          |                       |      | -               |         |                                    |
| Otations               |       |                  |          |                       |      | -               |         |                                    |
|                        |       |                  |          |                       |      |                 |         |                                    |
|                        |       |                  |          |                       |      | -               |         |                                    |
|                        |       |                  |          |                       |      |                 |         |                                    |
|                        |       |                  |          |                       |      |                 |         |                                    |
|                        | 0.00  | III              |          | Total DSEs            | 0.00 |                 |         | Total DSEs                         |
|                        |       |                  |          |                       |      |                 |         |                                    |
|                        | 0.00  | \$               | d Group  | Gross Receipts Second | 0.00 | \$              | oup     | Gross Receipts First Gr            |
|                        | 0.00  | \$               | l Group  | Base Rate Fee Second  | 0.00 | \$              | oup     | Base Rate Fee First Gro            |
|                        |       | SUBSCRIBER GROUP | -SECOND  | SEVENTY               | JP   | SUBSCRIBER GROU | Y-FIRST | SEVENT                             |
|                        | 0     |                  |          | COMMUNITY/ AREA       | 0    |                 |         | COMMUNITY/ AREA                    |
|                        | DOF   | OALL CION        |          | CALL CICN             | DSE  | CALL SIGN       | DSE     | CALL SIGN                          |
|                        | DSE   | CALL SIGN        | DSE      | CALL SIGN             |      |                 |         |                                    |
|                        | DSE   | CALL SIGN        | DSE      | CALL SIGN             |      |                 |         |                                    |
|                        | DSE   | CALL SIGN        | DSE      | CALL SIGN             |      |                 |         |                                    |
|                        | DSE   | CALL SIGN        | DSE      | CALL SIGN             |      |                 |         |                                    |
|                        | DSE   | CALL SIGN        | DSE      | CALL SIGN             |      |                 |         |                                    |
|                        | DSE   | CALL SIGN        | DSE      | CALL SIGN             |      |                 |         |                                    |
|                        | DSE   | CALL SIGN        | DSE      | CALL SIGN             |      |                 |         |                                    |
|                        | DSE   | CALL SIGN        | DSE      | CALL SIGN             |      |                 |         |                                    |
|                        | DSE   | CALL SIGN        | DSE      | CALL SIGN             |      |                 |         |                                    |
|                        | DSE   | CALL SIGN        | DSE      | CALL SIGN             |      |                 |         |                                    |
|                        | DSE   | CALL SIGN        | DSE      | CALL SIGN             |      |                 |         |                                    |
|                        | DSE   | CALL SIGN        | DSE      | CALL SIGN             |      |                 |         |                                    |
|                        | DSE   | CALL SIGN        | DSE      | CALL SIGN             |      |                 |         |                                    |
|                        | 0.00  | CALL SIGN        | DSE      | Total DSEs            | 0.00 |                 |         | Fotal DSEs                         |
|                        |       | \$               |          | Total DSEs            | 0.00 | \$              | oup     |                                    |
|                        | 0.00  |                  |          |                       |      | \$              | oup     | Fotal DSEs Gross Receipts Third Gr |

|                     | 39236   |                  |           |  |       |                 |                | Lumos Media Inc                  |
|---------------------|---------|------------------|-----------|--|-------|-----------------|----------------|----------------------------------|
|                     |         |                  |           | TE FEES FOR EACH                       |       |                 |                |                                  |
| 9                   |         | SUBSCRIBER GROUP | -FOURTH   |  |       | SUBSCRIBER GROU | Y-THIRD        |                                  |
| Computati           | 0       |                  |           | COMMUNITY/ AREA                        | 0     |                 |                | COMMUNITY/ AREA                  |
| of                  | DSE     | CALL SIGN        | DSE       | CALL SIGN                              | DSE   | CALL SIGN       | DSE            | CALL SIGN                        |
| Base Rate           |         |                  |           |  |       | -               |                |                                  |
| and<br>Syndicate    |         |                  |           |  |       |                 |                |                                  |
| Exclusivi           |         |                  |           |  |       | -               |                |                                  |
| Surcharg            |         |                  |           |  |       |                 |                |                                  |
| for                 |         |                  |           |  |       |                 |                |                                  |
| Partially           |         |                  |           |  |       | -               |                |                                  |
| Distant<br>Stations |         |                  |           |  |       |                 |                |                                  |
| Otations            |         | _                |           |  |       | -               |                |                                  |
|                     |         |                  |           |  |       |                 |                |                                  |
|                     |         |                  |           |  |       |                 |                |                                  |
|                     |         |                  |           |  |       |                 |                |                                  |
|                     |         |                  |           |  |       |                 |                |                                  |
|                     |         |                  |           |  |       |                 |                |                                  |
|                     | 0.00    |                  |           | Total DSEs                             | 0.00  |                 |                | Total DSEs                       |
|                     | 0.00    | \$               | d Group   | Gross Receipts Second                  | 0.00  | \$              | oup            | Gross Receipts First Gro         |
|                     |         |                  |           |  |       |                 |                |                                  |
|                     | 0.00    | \$               |           | Base Rate Fee Second                   | 0.00  | \$              |                | Base Rate Fee First Gro          |
|                     |         |                  | TV CIVTU  |  | JP .  |                 |                |                                  |
|                     |         | SUBSCRIBER GROUP | 11-31/111 | ii                                     |       | SUBSCRIBER GROU | Y-FIFTH        |                                  |
|                     | 0       | 30B3CRIBER GROUP | 11-31/11  | SEVEN<br>COMMUNITY/ AREA               | 0     | SUBSCRIBER GROU | Y-FIFTH        |                                  |
|                     |         | CALL SIGN        | DSE       | ii                                     |       | CALL SIGN       | Y-FIFTH<br>DSE |                                  |
|                     | 0       |                  |           | COMMUNITY/ AREA                        | 0     |                 |                | COMMUNITY/ AREA                  |
|                     | 0       |                  |           | COMMUNITY/ AREA                        | 0     |                 |                | COMMUNITY/ AREA                  |
|                     | 0       |                  |           | COMMUNITY/ AREA                        | 0     |                 |                | COMMUNITY/ AREA                  |
|                     | 0       |                  |           | COMMUNITY/ AREA                        | 0     |                 |                | COMMUNITY/ AREA                  |
|                     | 0       |                  |           | COMMUNITY/ AREA                        | 0     |                 |                | COMMUNITY/ AREA                  |
|                     | 0       |                  |           | COMMUNITY/ AREA                        | 0     |                 |                | COMMUNITY/ AREA                  |
|                     | 0       |                  |           | COMMUNITY/ AREA                        | 0     |                 |                | COMMUNITY/ AREA                  |
|                     | 0       |                  |           | COMMUNITY/ AREA                        | 0     |                 |                | COMMUNITY/ AREA                  |
|                     | 0       |                  |           | COMMUNITY/ AREA                        | 0     |                 |                | COMMUNITY/ AREA                  |
|                     | 0       |                  |           | COMMUNITY/ AREA                        | 0     |                 |                | COMMUNITY/ AREA                  |
|                     | 0       |                  |           | COMMUNITY/ AREA                        | 0     |                 |                | COMMUNITY/ AREA                  |
|                     | 0       |                  |           | COMMUNITY/ AREA                        | 0     |                 |                | COMMUNITY/ AREA                  |
|                     | DSE     |                  |           | CALL SIGN                              | DSE   |                 |                | CALL SIGN                        |
|                     | DSE DSE |                  | DSE       | COMMUNITY/ AREA  CALL SIGN  Total DSEs | 0 DSE |                 | DSE            | CALL SIGN  CALL SIGN  Fotal DSEs |
|                     | DSE     |                  | DSE       | CALL SIGN                              | DSE   |                 | DSE            | COMMUNITY/ AREA                  |

| LEGAL NAME OF OWN<br>Lumos Media Inc |           | LE SYSTEM:     |              |                      |            | S                 | YSTEM ID#<br>39236 | Name                      |
|--------------------------------------|-----------|----------------|--------------|----------------------|------------|-------------------|--------------------|---------------------------|
|                                      |           |                |              | TE FEES FOR EAC      |            |                   |                    |                           |
| SEVENTY-                             | -SEVENTH  | SUBSCRIBER GRO |              | SEVEN                | NTY-EIGHTH | SUBSCRIBER GROU   | JP                 | 9                         |
| COMMUNITY/ AREA                      |           |                | 0            | COMMUNITY/ AREA      |            |                   | 0                  | Computation               |
| CALL SIGN                            | DSE       | CALL SIGN      | DSE          | CALL SIGN            | DSE        | CALL SIGN         | DSE                | of                        |
|                                      |           |                |              |                      |            | .                 |                    | Base Rate Fee             |
|                                      |           | _              |              |                      |            |                   |                    | and                       |
|                                      |           |                |              |                      |            |                   |                    | Syndicated<br>Exclusivity |
|                                      |           |                |              |                      |            |                   |                    | Surcharge                 |
|                                      |           | -              |              |                      |            |                   |                    | for                       |
|                                      |           |                |              |                      |            |                   |                    | Partially                 |
|                                      |           |                |              |                      |            |                   |                    | Distant                   |
|                                      |           |                |              |                      |            |                   |                    | Stations                  |
|                                      |           | -              |              |                      |            |                   |                    |                           |
|                                      |           |                |              |                      |            |                   |                    |                           |
|                                      |           |                |              |                      |            |                   |                    |                           |
|                                      |           |                |              |                      |            |                   |                    |                           |
|                                      |           |                |              |                      |            |                   |                    |                           |
| T / I DOE                            |           | <u> </u>       | 0.00         | T                    |            | 11                | 0.00               |                           |
| Total DSEs                           |           |                | 0.00         | Total DSEs           |            |                   | 0.00               |                           |
| Gross Receipts First 0               | Group     | \$             | 0.00         | Gross Receipts Seco  | ond Group  | \$                | 0.00               |                           |
| <b>Base Rate Fee</b> First G         | Group     | \$             | 0.00         | Base Rate Fee Seco   | ond Group  | \$                | 0.00               |                           |
| SEVEN                                | NTY-NINTH | SUBSCRIBER GRO | UP           |                      | EIGHTIETH  | I SUBSCRIBER GROU | JP                 |                           |
| COMMUNITY/ AREA                      |           |                | 0            | COMMUNITY/ AREA      | 4          |                   | 0                  |                           |
| CALL SIGN                            | DSE       | CALL SIGN      | DSE          | CALL SIGN            | DSE        | CALL SIGN         | DSE                |                           |
|                                      |           |                |              |                      |            |                   |                    |                           |
|                                      |           |                |              |                      |            |                   |                    |                           |
|                                      |           |                |              |                      |            |                   |                    |                           |
|                                      |           |                |              |                      |            |                   |                    |                           |
|                                      |           |                |              |                      |            |                   |                    |                           |
|                                      |           |                |              |                      |            |                   |                    |                           |
|                                      |           |                |              |                      |            | H                 |                    |                           |
|                                      |           |                |              |                      |            |                   |                    |                           |
|                                      |           |                |              |                      |            |                   |                    |                           |
|                                      |           |                |              |                      |            |                   |                    |                           |
|                                      |           |                |              |                      |            |                   |                    |                           |
|                                      |           |                |              |                      |            |                   |                    |                           |
|                                      |           |                |              |                      |            |                   |                    |                           |
| Total DSEs                           |           |                | 0.00         | Total DSEs           |            |                   | 0.00               |                           |
| Gross Receipts Third                 | Group     | \$             | 0.00         | Gross Receipts Four  | th Group   | \$                | 0.00               |                           |
|                                      |           |                |              |                      |            |                   |                    |                           |
| Base Rate Fee Third                  | Group     | \$             | 0.00         | Base Rate Fee Four   | th Group   | \$                | 0.00               |                           |
| Base Rate Fee: Add t                 |           |                | criber group | as shown in the boxe | s above.   | s                 |                    |                           |

| LEGAL NAME OF OWNER OF CABLE SYSTEM:  SYSTEM ID#  Lumos Media Inc  39236 |           |                |              |                      |           |                 |      | Name                      |
|--|-----------|----------------|--------------|----------------------|-----------|-----------------|------|---------------------------|
|  |           |                |              | TE FEES FOR EAC      |           |                 |      |                           |
|  | HTY-FIRST | SUBSCRIBER GRO |              | T .                  |           | SUBSCRIBER GROU |      | 9                         |
| COMMUNITY/ AREA  |           |                | 0            | COMMUNITY/ AREA      |           |                 | 0    | Computation               |
| CALL SIGN  | DSE       | CALL SIGN      | DSE          | CALL SIGN            | DSE       | CALL SIGN       | DSE  | of                        |
|  |           |                |              |                      |           |                 |      | Base Rate Fee             |
|  |           | _              |              |                      |           |                 |      | and                       |
|  |           |                |              |                      |           |                 |      | Syndicated<br>Exclusivity |
|  |           |                |              |                      |           |                 |      | Surcharge                 |
|  |           | -              |              |                      |           | ···             |      | for                       |
|  |           |                |              |                      |           |                 |      | Partially                 |
|  |           |                |              |                      |           |                 |      | Distant                   |
|  |           |                |              |                      |           |                 |      | Stations                  |
|  |           | -              |              |                      |           |                 |      |                           |
|  |           |                |              |                      |           |                 |      |                           |
|  |           |                |              |                      |           |                 |      |                           |
|  |           |                |              |                      |           |                 |      |                           |
|  |           |                |              |                      |           |                 |      |                           |
| Total DSEs   |           | <u>I</u>       | 0.00         | Total DSEs           |           | Ш               | 0.00 |                           |
| Gross Receipts First (   | Group     | \$             | 0.00         | Gross Receipts Seco  | ond Group | \$              | 0.00 |                           |
|  |           |                |              |                      |           |                 |      |                           |
| Base Rate Fee First (  | Group     | \$             | 0.00         | Base Rate Fee Seco   | ond Group | \$              | 0.00 |                           |
| EIGH   | HTY-THIRD | SUBSCRIBER GRO | UP           | Ti .                 |           | SUBSCRIBER GROU | JP   |                           |
| COMMUNITY/ AREA  |           |                | 0            | COMMUNITY/ AREA      | 4         |                 | 0    |                           |
| CALL SIGN  | DSE       | CALL SIGN      | DSE          | CALL SIGN            | DSE       | CALL SIGN       | DSE  |                           |
|  |           |                |              |                      |           |                 |      |                           |
|  |           |                |              |                      |           |                 |      |                           |
|  |           |                |              |                      |           |                 |      |                           |
|  |           |                |              |                      |           |                 |      |                           |
|  |           |                |              |                      |           |                 |      |                           |
|  |           |                |              |                      |           |                 |      |                           |
|  |           | H              |              |                      |           |                 |      |                           |
|  |           |                |              |                      |           |                 |      |                           |
|  |           |                |              |                      |           |                 |      |                           |
|  |           |                |              |                      |           |                 |      |                           |
|  |           |                |              |                      |           |                 |      |                           |
|  |           |                |              |                      |           |                 |      |                           |
|  |           |                |              |                      |           |                 |      |                           |
| Total DSEs   | ,         |                | 0.00         | Total DSEs           | •         |                 | 0.00 |                           |
| Gross Receipts Third   | Group     | \$             | 0.00         | Gross Receipts Four  | th Group  | \$              | 0.00 |                           |
|  |           |                |              |                      |           |                 |      |                           |
| Base Rate Fee Third  | Group     | \$             | 0.00         | Base Rate Fee Four   | th Group  | \$              | 0.00 |                           |
|  |           |                |              | II                   |           |                 |      |                           |
| Base Rate Fee: Add to<br>Enter here and in bloo                          |           |                | criber group | as shown in the boxe | s above.  | \$              |      |                           |

| Name                    | 7STEM ID#<br>39236 | O.                  |                 |  |              |                    | R OF CABL | LUMOS Media Inc                                 |
|-------------------------|--------------------|---------------------|-----------------|--|--------------|--------------------|-----------|---|
|                         |                    |                     |                 | TE FEES FOR EACH                             |              |                    |           |   |
| 9                       |                    | SUBSCRIBER GROUP    | TY-SIXTH        | ii   |              | SUBSCRIBER GROU    | Y-FIFTH   |   |
| Computation             | 0                  |                     |                 | COMMUNITY/ AREA                              | 0            |                    |           | COMMUNITY/ AREA                                 |
| of                      | DSE                | CALL SIGN           | DSE             | CALL SIGN                                    | DSE          | CALL SIGN          | DSE       | CALL SIGN                                       |
| Base Rate F             |                    |                     |                 |  |              | -                  |           |   |
| and                     |                    |                     |                 |  |              | -                  |           |   |
| Syndicate<br>Exclusivit |                    |                     |                 |  |              |                    |           |   |
| Surcharge               |                    | . –                 |                 |  |              | -                  |           |   |
| for                     |                    |                     |                 |  |              |                    |           |   |
| Partially               |                    |                     |                 |  |              |                    |           |   |
| Distant<br>Stations     |                    |                     |                 |  |              |                    | •         |   |
| Otations                |                    |                     |                 |  |              | -                  |           |   |
|                         |                    |                     |                 |  |              |                    |           |   |
|                         |                    |                     |                 |  |              |                    | •         |   |
|                         |                    |                     |                 |  |              |                    |           |   |
|                         |                    |                     |                 |  |              |                    |           |   |
|                         | 0.00               | !!                  |                 | Total DSEs                                   | 0.00         |                    | !         | Total DSEs                                      |
|                         | 0.00               | •                   | d C             |  | 0.00         | •                  |           |   |
|                         | 0.00               | \$                  | u Group         | Gross Receipts Secon                         | 0.00         | \$                 | oup       | Gross Receipts First Gr                         |
|                         |                    |                     |                 |  |              |                    |           |   |
|                         | 0.00               | \$                  | d Group         | Base Rate Fee Secon                          | 0.00         | \$                 | oup       | Base Rate Fee First Gro                         |
|                         | '                  | \$ SUBSCRIBER GROUP |                 | EIGHT  | UP           | \$ SUBSCRIBER GROU |           |   |
|                         | '                  |                     |                 |  |              |                    |           | EIGHTY-S  |
|                         | P                  |                     |                 | EIGHT  | UP           |                    |           | EIGHTY-S  |
|                         | P <b>0</b>         | SUBSCRIBER GROUP    | Y-EIGHTH        | EIGHT<br>COMMUNITY/ AREA                     | UP <b>0</b>  | SUBSCRIBER GROU    | EVENTH    | EIGHTY-S<br>COMMUNITY/ AREA                     |
|                         | P <b>0</b>         | SUBSCRIBER GROUP    | Y-EIGHTH        | EIGHT<br>COMMUNITY/ AREA                     | UP <b>0</b>  | SUBSCRIBER GROU    | EVENTH    | EIGHTY-S<br>COMMUNITY/ AREA                     |
|                         | P <b>0</b>         | SUBSCRIBER GROUP    | Y-EIGHTH        | EIGHT<br>COMMUNITY/ AREA                     | UP <b>0</b>  | SUBSCRIBER GROU    | EVENTH    | EIGHTY-S<br>COMMUNITY/ AREA                     |
|                         | P <b>0</b>         | SUBSCRIBER GROUP    | Y-EIGHTH        | EIGHT<br>COMMUNITY/ AREA                     | UP <b>0</b>  | SUBSCRIBER GROU    | EVENTH    | EIGHTY-S<br>COMMUNITY/ AREA                     |
|                         | P <b>0</b>         | SUBSCRIBER GROUP    | Y-EIGHTH        | EIGHT<br>COMMUNITY/ AREA                     | UP <b>0</b>  | SUBSCRIBER GROU    | EVENTH    | EIGHTY-S<br>COMMUNITY/ AREA                     |
|                         | P <b>0</b>         | SUBSCRIBER GROUP    | Y-EIGHTH        | EIGHT<br>COMMUNITY/ AREA                     | UP <b>0</b>  | SUBSCRIBER GROU    | EVENTH    | EIGHTY-S<br>COMMUNITY/ AREA                     |
|                         | P <b>0</b>         | SUBSCRIBER GROUP    | Y-EIGHTH        | EIGHT<br>COMMUNITY/ AREA                     | UP <b>0</b>  | SUBSCRIBER GROU    | EVENTH    | EIGHTY-S<br>COMMUNITY/ AREA                     |
|                         | P <b>0</b>         | SUBSCRIBER GROUP    | Y-EIGHTH        | EIGHT<br>COMMUNITY/ AREA                     | UP <b>0</b>  | SUBSCRIBER GROU    | EVENTH    | EIGHTY-S<br>COMMUNITY/ AREA                     |
|                         | P <b>0</b>         | SUBSCRIBER GROUP    | Y-EIGHTH        | EIGHT<br>COMMUNITY/ AREA                     | UP <b>0</b>  | SUBSCRIBER GROU    | EVENTH    | EIGHTY-S<br>COMMUNITY/ AREA                     |
|                         | P <b>0</b>         | SUBSCRIBER GROUP    | Y-EIGHTH        | EIGHT<br>COMMUNITY/ AREA                     | UP <b>0</b>  | SUBSCRIBER GROU    | EVENTH    | COMMUNITY/ AREA                                 |
|                         | P <b>0</b>         | SUBSCRIBER GROUP    | Y-EIGHTH        | EIGHT<br>COMMUNITY/ AREA                     | UP <b>0</b>  | SUBSCRIBER GROU    | EVENTH    | EIGHTY-S<br>COMMUNITY/ AREA                     |
|                         | P <b>0</b>         | SUBSCRIBER GROUP    | Y-EIGHTH        | EIGHT<br>COMMUNITY/ AREA                     | UP <b>0</b>  | SUBSCRIBER GROU    | EVENTH    | EIGHTY-S<br>COMMUNITY/ AREA                     |
|                         | P <b>0</b>         | SUBSCRIBER GROUP    | Y-EIGHTH        | EIGHT<br>COMMUNITY/ AREA                     | UP <b>0</b>  | SUBSCRIBER GROU    | EVENTH    | EIGHTY-S COMMUNITY/ AREA  CALL SIGN             |
|                         | DSE                | SUBSCRIBER GROUP    | Y-EIGHTH<br>DSE | EIGHT COMMUNITY/ AREA  CALL SIGN             | DSE          | SUBSCRIBER GROU    | DSE       | EIGHTY-S COMMUNITY/ AREA  CALL SIGN  Total DSEs |
|                         | DSE                | SUBSCRIBER GROUP    | Y-EIGHTH<br>DSE | EIGHT COMMUNITY/ AREA  CALL SIGN  Total DSEs | DSE DSE O.00 | SUBSCRIBER GROU    | DSE       | EIGHTY-S<br>COMMUNITY/ AREA                     |

| LEGAL NAME OF OWN Lumos Media Inc                     | EGAL NAME OF OWNER OF CABLE SYSTEM:  Lumos Media Inc  39236 |                |               |                       |          |                 |      |                           |
|---|---|----------------|---------------|-----------------------|----------|-----------------|------|---------------------------|
|   |   |                |               | TE FEES FOR EACH      |          |                 |      |                           |
|   | HTY-NINTH   | SUBSCRIBER GRO |               |                       |          | SUBSCRIBER GROU |      | 9                         |
| COMMUNITY/ AREA                                       |   |                | 0             | COMMUNITY/ AREA       |          |                 | 0    | Computation               |
| CALL SIGN   | DSE   | CALL SIGN      | DSE           | CALL SIGN             | DSE      | CALL SIGN       | DSE  | of                        |
|   |   |                |               |                       |          | .               |      | Base Rate Fee             |
|   |   | -              |               |                       |          |                 |      | and                       |
|   |   |                |               |                       |          |                 |      | Syndicated<br>Exclusivity |
|   |   | -              |               |                       | <u></u>  |                 |      | Surcharge                 |
|   |   |                |               |                       |          |                 |      | for                       |
|   |   |                |               |                       |          |                 |      | Partially                 |
|   |   |                |               |                       |          |                 |      | Distant                   |
|   |   | -              |               |                       | <u></u>  |                 |      | Stations                  |
|   |   |                |               |                       |          |                 |      |                           |
|   | <u></u>   | -              |               |                       | <u></u>  | -               |      |                           |
|   |   |                |               |                       |          |                 |      |                           |
|   |   |                |               |                       |          |                 |      |                           |
|   |   |                |               |                       |          |                 |      |                           |
| Total DSEs  |   |                | 0.00          | Total DSEs            |          |                 | 0.00 |                           |
| Gross Receipts First (                                | Group   | \$             | 0.00          | Gross Receipts Secor  | nd Group | \$              | 0.00 |                           |
| •   | ·   | · ·            |               |                       |          | <del>-</del>    |      |                           |
| Base Rate Fee First (                                 | Group   | \$             | 0.00          | Base Rate Fee Secon   | nd Group | \$              | 0.00 |                           |
| NIN   | ETY-FIRST   | SUBSCRIBER GRO | )UP           | NINET                 | Y-SECONE | SUBSCRIBER GROU | JP   |                           |
| COMMUNITY/ AREA                                       |   |                | 0             | COMMUNITY/ AREA       |          |                 | 0    |                           |
| CALL SIGN   | DSE   | CALL SIGN      | DSE           | CALL SIGN             | DSE      | CALL SIGN       | DSE  |                           |
|   |   |                |               |                       |          |                 |      |                           |
|   |   |                |               |                       |          | .               |      |                           |
|   |   | -              |               |                       |          |                 |      |                           |
|   |   |                |               |                       |          |                 |      |                           |
|   |   | -              |               |                       |          |                 |      |                           |
|   |   |                |               |                       |          |                 |      |                           |
|   |   |                |               |                       |          |                 |      |                           |
|   |   |                |               |                       |          |                 |      |                           |
|   |   |                |               |                       |          |                 |      |                           |
|   |   |                |               |                       | <u></u>  |                 |      |                           |
|   |   |                |               |                       |          | ···             |      |                           |
|   |   |                |               |                       |          |                 |      |                           |
|   |   |                |               |                       |          |                 |      |                           |
| Total DSEs  |   |                | 0.00          | Total DSEs            |          |                 | 0.00 |                           |
| Gross Receipts Third                                  | Group   | •              | 0.00          | Gross Receipts Fourth | h Group  | •               | 0.00 |                           |
| Cross Necelhis IIIII                                  | отоир   | \$             | 0.00          | Orosa Necelpia Fourti | ι Οιυαρ  | \$              | 0.00 |                           |
| Base Rate Fee Third                                   | Group   | \$             | 0.00          | Base Rate Fee Fourth  | n Group  | \$              | 0.00 |                           |
| <b>Base Rate Fee:</b> Add t<br>Enter here and in bloo |   |                | scriber group | as shown in the boxes | above.   | \$              |      |                           |

| LEGAL NAME OF OWNER OF CABLE SYSTEM:  SYSTEM ID#  SYSTEM ID#  39236 |           |                |              |                       |            |                   |      | Name                      |
|---|-----------|----------------|--------------|-----------------------|------------|-------------------|------|---------------------------|
|   |           |                |              | TE FEES FOR EAC       |            |                   | _    |                           |
|   | TY-THIRD  | SUBSCRIBER GRO |              | i e                   |            | SUBSCRIBER GROU   |      | 9                         |
| COMMUNITY/ AREA   |           |                | 0            | COMMUNITY/ AREA       |            |                   | 0    | Computation               |
| CALL SIGN   | DSE       | CALL SIGN      | DSE          | CALL SIGN             | DSE        | CALL SIGN         | DSE  | of                        |
|   |           |                |              |                       |            | .                 |      | Base Rate Fee             |
|   |           |                |              |                       |            |                   |      | and                       |
|   |           |                |              |                       |            |                   |      | Syndicated<br>Exclusivity |
|   |           |                |              |                       |            |                   |      | Surcharge                 |
|   |           |                |              |                       |            |                   |      | for                       |
|   |           |                |              |                       |            |                   |      | Partially                 |
|   |           |                |              |                       |            |                   |      | Distant                   |
|   |           |                |              |                       |            |                   |      | Stations                  |
|   |           |                |              |                       |            |                   |      |                           |
|   |           |                |              |                       |            |                   |      |                           |
|   |           |                |              |                       |            |                   |      |                           |
|   |           |                |              |                       |            |                   |      |                           |
|   |           |                |              |                       |            |                   |      |                           |
| Total DSEs  |           |                | 0.00         | Total DSEs            |            |                   | 0.00 |                           |
| Gross Receipts First (  | Group     | \$             | 0.00         | Gross Receipts Seco   | ond Group  | \$                | 0.00 |                           |
|   |           |                |              |                       |            | ·                 |      |                           |
| Base Rate Fee First (   | Group     | \$             | 0.00         | Base Rate Fee Seco    | ond Group  | \$                | 0.00 |                           |
| NIN   | ETY-FIFTH | SUBSCRIBER GRO | UP           | NIN                   | NETY-SIXTH | I SUBSCRIBER GROU | JP   |                           |
| COMMUNITY/ AREA   |           |                | 0            | COMMUNITY/ AREA       | 4          |                   | 0    |                           |
| CALL SIGN   | DSE       | CALL SIGN      | DSE          | CALL SIGN             | DSE        | CALL SIGN         | DSE  |                           |
|   |           |                |              |                       |            |                   |      |                           |
|   |           |                |              |                       |            | .                 |      |                           |
|   |           | -              |              |                       |            |                   |      |                           |
|   |           |                |              |                       |            |                   |      |                           |
|   |           |                |              |                       |            |                   |      |                           |
|   |           |                |              |                       |            |                   |      |                           |
|   |           |                |              |                       |            |                   |      |                           |
|   |           |                |              |                       |            |                   |      |                           |
|   |           |                |              |                       |            |                   |      |                           |
|   |           |                |              |                       |            |                   |      |                           |
|   |           |                |              |                       |            |                   |      |                           |
|   |           |                |              |                       |            |                   |      |                           |
|   |           |                |              |                       |            |                   |      |                           |
| Total DSEs  |           |                | 0.00         | Total DSEs            |            |                   | 0.00 |                           |
| Gross Receipts Third  | Group     | \$             | 0.00         | Gross Receipts Four   | th Group   | \$                | 0.00 |                           |
| Gross Receipts Hillu  | Стоир     | <u>*</u>       | 0.00         | Cross Novelpls i Oui  | ai Oloup   | <u>*</u>          | 3.00 |                           |
| Base Rate Fee Third   | Group     | \$             | 0.00         | Base Rate Fee Four    | th Group   | \$                | 0.00 |                           |
| Base Rate Fee: Add t  |           |                | criber group | as shown in the boxes | s above.   | \$                |      |                           |

| Name             | 39236                | EGAL NAME OF OWNER OF CABLE SYSTEM:  umos Media Inc  SYSTEM ID# 39236 |                       |  |             |                    |              |  |
|------------------|----------------------|---|-----------------------|--|-------------|--------------------|--------------|--|
|                  |                      |   |                       | TE FEES FOR EACH                               |             |                    |              |  |
| 9                |                      | SUBSCRIBER GROUP  | Y-EIGHTH              |  |             | SUBSCRIBER GROU    | EVENTH       |  |
| Computation      | 0                    |   |                       | COMMUNITY/ AREA                                | 0           |                    |              | COMMUNITY/ AREA                              |
| of               | DSE                  | CALL SIGN   | DSE                   | CALL SIGN                                      | DSE         | CALL SIGN          | DSE          | CALL SIGN                                    |
| Base Rate F      |                      |   |                       |  |             |                    |              |  |
| and<br>Syndicate |                      |   |                       |  |             |                    |              |  |
| Exclusivit       |                      |   |                       |  |             | -                  |              |  |
| Surcharge        |                      |   |                       |  |             |                    | -            |  |
| for<br>Partially |                      |   |                       |  |             | -                  |              |  |
| Distant          |                      |   |                       |  |             |                    |              |  |
| Stations         |                      |   |                       |  |             |                    |              |  |
|                  |                      |   |                       |  |             |                    |              |  |
|                  |                      |   |                       |  |             | -                  |              |  |
|                  |                      |   |                       |  |             |                    |              |  |
|                  |                      |   |                       |  |             |                    |              |  |
|                  |                      |   |                       |  |             |                    |              |  |
|                  | 0.00                 |   |                       | Total DSEs                                     | 0.00        |                    |              | Total DSEs                                   |
|                  | 0.00                 | \$  | d Group               | Gross Receipts Secon                           | 0.00        | \$                 | oup          | Gross Receipts First Gr                      |
|                  | 0.00                 | - <del> </del>  |                       |  |             |                    |              |  |
|                  | 0.00                 |   | ,                     |  |             |                    |              |  |
|                  | 0.00                 | \$  | l Group               | Base Rate Fee Secon                            | 0.00        | \$                 |              |  |
|                  | 0.00                 |   | l Group               | ONE HUI  | JP          | \$ SUBSCRIBER GROU |              | NINET  |
|                  | 0.00                 | \$  | l Group               |  |             |                    |              | NINET  |
|                  | 0.00                 | \$  | l Group               | ONE HUI  | JP          |                    |              | NINET  |
|                  | 0.00                 | \$ SUBSCRIBER GROUP   | i Group               | ONE HUI  | JP <b>0</b> | SUBSCRIBER GROU    | Y-NINTH      | NINET  |
|                  | 0.00                 | \$ SUBSCRIBER GROUP   | i Group               | ONE HUI  | JP <b>0</b> | SUBSCRIBER GROU    | Y-NINTH      | NINET  |
|                  | 0.00                 | \$ SUBSCRIBER GROUP   | i Group               | ONE HUI  | JP <b>0</b> | SUBSCRIBER GROU    | Y-NINTH      | NINET  |
|                  | 0.00                 | \$ SUBSCRIBER GROUP   | i Group               | ONE HUI  | JP <b>0</b> | SUBSCRIBER GROU    | Y-NINTH      | NINET  |
|                  | 0.00                 | \$ SUBSCRIBER GROUP   | i Group               | ONE HUI  | JP <b>0</b> | SUBSCRIBER GROU    | Y-NINTH      | NINET  |
|                  | 0.00                 | \$ SUBSCRIBER GROUP   | i Group               | ONE HUI  | JP <b>0</b> | SUBSCRIBER GROU    | Y-NINTH      | NINET  |
|                  | 0.00                 | \$ SUBSCRIBER GROUP   | i Group               | ONE HUI  | JP <b>0</b> | SUBSCRIBER GROU    | Y-NINTH      | NINET  |
|                  | 0.00                 | \$ SUBSCRIBER GROUP   | i Group               | ONE HUI  | JP <b>0</b> | SUBSCRIBER GROU    | Y-NINTH      | NINET  |
|                  | 0.00                 | \$ SUBSCRIBER GROUP   | i Group               | ONE HUI  | JP <b>0</b> | SUBSCRIBER GROU    | Y-NINTH      | NINET  |
|                  | 0.00                 | \$ SUBSCRIBER GROUP   | i Group               | ONE HUI  | JP <b>0</b> | SUBSCRIBER GROU    | Y-NINTH      | NINET  |
|                  | 0.00                 | \$ SUBSCRIBER GROUP   | i Group               | ONE HUI  | JP <b>0</b> | SUBSCRIBER GROU    | Y-NINTH      | NINET  |
|                  | 0.00                 | \$ SUBSCRIBER GROUP   | i Group               | ONE HUI  | JP <b>0</b> | SUBSCRIBER GROU    | Y-NINTH      | NINET  |
|                  | 0.00                 | \$ SUBSCRIBER GROUP   | i Group               | ONE HUI  | JP <b>0</b> | SUBSCRIBER GROU    | Y-NINTH      | NINET COMMUNITY/ AREA  CALL SIGN             |
|                  | 0.00 P 0 DSE         | \$ SUBSCRIBER GROUP   | d Group  NDREDTH  DSE | ONE HUI COMMUNITY/ AREA  CALL SIGN  Total DSEs | DSE DSE     | SUBSCRIBER GROU    | Y-NINTH  DSE | NINET COMMUNITY/ AREA  CALL SIGN  Total DSEs |
|                  | 0.00  DSE  DSE  0.00 | \$ SUBSCRIBER GROUP   | d Group  NDREDTH  DSE | ONE HUI COMMUNITY/ AREA  CALL SIGN             | JP 0        | SUBSCRIBER GROU    | Y-NINTH  DSE | COMMUNITY/ AREA                              |

| LEGAL NAME OF OWN<br>Lumos Media Inc           |           | F CABLE SYSTEM: SYSTEM 392 |              |                       |          |                 |      | Name                     |
|--|-----------|----------------------------|--------------|-----------------------|----------|-----------------|------|--------------------------|
| В  | LOCK A: ( | COMPUTATION OF             | BASE RA      | TE FEES FOR EAC       | H SUBSCF | RIBER GROUP     |      |                          |
|  | RED FIRST | SUBSCRIBER GRO             |              |                       |          | SUBSCRIBER GROU | JP   | 9                        |
| COMMUNITY/ AREA                                |           |                            | 0            | COMMUNITY/ AREA       |          |                 | 0    | Computation              |
| CALL SIGN                                      | DSE       | CALL SIGN                  | DSE          | CALL SIGN             | DSE      | CALL SIGN       | DSE  | of                       |
|  |           |                            |              |                       |          |                 |      | Base Rate Fee            |
|  |           | -                          |              |                       |          |                 |      | and                      |
|  |           |                            |              |                       |          |                 |      | Syndicated               |
|  |           |                            |              |                       |          | H               |      | Exclusivity<br>Surcharge |
|  |           |                            |              |                       |          |                 |      | for                      |
|  |           | -                          |              |                       |          | n=              |      | Partially                |
|  |           |                            |              |                       |          |                 |      | Distant                  |
|  |           |                            |              |                       |          |                 |      | Stations                 |
|  |           |                            |              |                       |          |                 |      |                          |
|  |           |                            |              |                       |          |                 |      |                          |
|  |           |                            |              |                       |          |                 |      |                          |
|  |           |                            |              |                       |          |                 |      |                          |
|  |           |                            |              |                       |          |                 |      |                          |
|  |           |                            |              |                       |          | Ц               |      |                          |
| Total DSEs                                     |           |                            | 0.00         | Total DSEs            |          |                 | 0.00 |                          |
| Gross Receipts First C                         | Group     | \$                         | 0.00         | Gross Receipts Seco   | nd Group | \$              | 0.00 |                          |
|  |           |                            |              |                       |          |                 |      |                          |
| Base Rate Fee First G                          | Group     | \$                         | 0.00         | Base Rate Fee Seco    | nd Group | \$              | 0.00 |                          |
| ONE HUNDR                                      | ED THIRD  | SUBSCRIBER GRO             | UP           | ONE HUNDRE            | D FOURTH | SUBSCRIBER GROU | JP   |                          |
| COMMUNITY/ AREA                                |           |                            | 0            | COMMUNITY/ AREA       |          |                 | 0    |                          |
| CALL SIGN                                      | DSE       | CALL SIGN                  | DSE          | CALL SIGN             | DSE      | CALL SIGN       | DSE  |                          |
|  |           |                            |              |                       |          |                 |      |                          |
|  |           |                            |              |                       |          |                 |      |                          |
|  |           |                            |              |                       |          |                 |      |                          |
|  |           |                            |              |                       |          |                 |      |                          |
|  |           |                            |              |                       |          | .               |      |                          |
|  |           |                            |              |                       |          |                 |      |                          |
|  |           |                            |              |                       |          |                 |      |                          |
|  |           | H                          |              |                       |          |                 |      |                          |
|  |           |                            |              |                       |          |                 |      |                          |
|  |           |                            |              |                       |          |                 |      |                          |
|  |           |                            |              |                       |          |                 |      |                          |
|  |           |                            |              |                       |          |                 |      |                          |
|  |           |                            |              |                       |          |                 |      |                          |
| Total DSEs                                     |           |                            | 0.00         | Total DSEs            |          |                 | 0.00 |                          |
| Gross Receipts Third                           | Group     | •                          | 0.00         | Gross Receipts Fourt  | th Group | •               | 0.00 |                          |
| Cross Necelbis IIIIId                          | огоир     | \$                         | 3.00         | Orosa Neceipis Fouri  | ωι σιουρ | \$              | 0.00 |                          |
| Base Rate Fee Third                            | Group     | \$                         | 0.00         | Base Rate Fee Fourt   | th Group | \$              | 0.00 |                          |
| Base Rate Fee: Add t<br>Enter here and in bloc |           |                            | criber group | as shown in the boxes | s above. | s               |      |                          |

|                                  | 39236 |                  |          |  |             |                 | R OF CABL    | Lumos Media Inc                          |
|----------------------------------|-------|------------------|----------|--|-------------|-----------------|--------------|--|
|                                  |       |                  |          | TE FEES FOR EACH                       |             |                 |              |  |
| 9                                |       | SUBSCRIBER GROUP | ED SIXTH |  |             | SUBSCRIBER GROU | D FIFTH      |  |
| Computati                        | 0     |                  |          | COMMUNITY/ AREA                        | 0           |                 |              | COMMUNITY/ AREA                          |
| of                               | DSE   | CALL SIGN        | DSE      | CALL SIGN                              | DSE         | CALL SIGN       | DSE          | CALL SIGN                                |
| Base Rate and Syndicate          |       |                  |          |  |             |                 |              |  |
| Exclusivi<br>Surcharg<br>for     |       |                  |          |  |             |                 |              |  |
| Partially<br>Distant<br>Stations |       |                  |          |  |             |                 |              |  |
|                                  |       |                  |          |  |             |                 |              |  |
|                                  |       |                  |          |  |             |                 |              |  |
|                                  | 0.00  | -                |          | Total DSEs                             | 0.00        |                 | <del>'</del> | Total DSEs                               |
|                                  | 0.00  | \$               | d Group  | Gross Receipts Second                  | 0.00        | \$              | oup          | Gross Receipts First Gro                 |
|                                  |       |                  |          |  |             |                 |              |  |
|                                  | 0.00  | \$               |          | Base Rate Fee Second                   | 0.00        | \$              |              |  |
|                                  |       | SUBSCRIBER GROUP |          | ONE HUNDRE                             | JP          | SUBSCRIBER GROU |              | ONE HUNDRED S                            |
|                                  |       |                  |          |  | <b>'</b>    |                 |              | ONE HUNDRED S                            |
|                                  |       |                  |          | ONE HUNDRE                             | JP          |                 |              | ONE HUNDRED S                            |
|                                  | 0     | SUBSCRIBER GROUP | DEIGHTH  | ONE HUNDRE                             | JP <b>0</b> | SUBSCRIBER GROU | EVENTH       | ONE HUNDRED S                            |
|                                  | 0     | SUBSCRIBER GROUP | DEIGHTH  | ONE HUNDRE                             | JP <b>0</b> | SUBSCRIBER GROU | EVENTH       | ONE HUNDRED S                            |
|                                  | 0     | SUBSCRIBER GROUP | DEIGHTH  | ONE HUNDRE                             | JP <b>0</b> | SUBSCRIBER GROU | EVENTH       | ONE HUNDRED S                            |
|                                  | 0     | SUBSCRIBER GROUP | DEIGHTH  | ONE HUNDRE                             | JP <b>0</b> | SUBSCRIBER GROU | EVENTH       | ONE HUNDRED S                            |
|                                  | 0     | SUBSCRIBER GROUP | DEIGHTH  | ONE HUNDRE                             | JP <b>0</b> | SUBSCRIBER GROU | EVENTH       | ONE HUNDRED S                            |
|                                  | 0     | SUBSCRIBER GROUP | DEIGHTH  | ONE HUNDRE                             | JP <b>0</b> | SUBSCRIBER GROU | EVENTH       | ONE HUNDRED S                            |
|                                  | 0     | SUBSCRIBER GROUP | DEIGHTH  | ONE HUNDRE                             | JP <b>0</b> | SUBSCRIBER GROU | EVENTH       | ONE HUNDRED S                            |
|                                  | 0     | SUBSCRIBER GROUP | DEIGHTH  | ONE HUNDRE                             | JP <b>0</b> | SUBSCRIBER GROU | EVENTH       | ONE HUNDRED S                            |
|                                  | 0     | SUBSCRIBER GROUP | DEIGHTH  | ONE HUNDRE                             | JP <b>0</b> | SUBSCRIBER GROU | EVENTH       | ONE HUNDRED S                            |
|                                  | 0     | SUBSCRIBER GROUP | DEIGHTH  | ONE HUNDRE                             | JP <b>0</b> | SUBSCRIBER GROU | EVENTH       | ONE HUNDRED S                            |
|                                  | 0     | SUBSCRIBER GROUP | DEIGHTH  | ONE HUNDRE                             | JP <b>0</b> | SUBSCRIBER GROU | EVENTH       | ONE HUNDRED S                            |
|                                  | 0     | SUBSCRIBER GROUP | DEIGHTH  | ONE HUNDRE                             | JP <b>0</b> | SUBSCRIBER GROU | EVENTH       | ONE HUNDRED S                            |
|                                  | 0.00  | SUBSCRIBER GROUP | DEIGHTH  | ONE HUNDRE                             | DSE         | SUBSCRIBER GROU | EVENTH       | ONE HUNDRED S COMMUNITY/ AREA  CALL SIGN |
|                                  | DSE   | SUBSCRIBER GROUP | DSE      | ONE HUNDREI COMMUNITY/ AREA  CALL SIGN | JP 0        | SUBSCRIBER GROU | DSE          | COMMUNITY/ AREA                          |

|                      | 39236 | LE SYSTEM: SYSTEM IC 3923 |         |   |             |                    |         | Lumos Media Inc          |
|----------------------|-------|---------------------------|---------|---|-------------|--------------------|---------|--------------------------|
|                      |       |                           |         | TE FEES FOR EACH                        |             |                    |         |                          |
| 9                    |       | SUBSCRIBER GROUP          | D TENTH |   |             | SUBSCRIBER GROU    | D NINTH |                          |
| Computati            | 0     |                           |         | COMMUNITY/ AREA                         | 0           |                    |         | COMMUNITY/ AREA          |
| of                   | DSE   | CALL SIGN                 | DSE     | CALL SIGN                               | DSE         | CALL SIGN          | DSE     | CALL SIGN                |
| Base Rate            |       |                           |         |   |             | _                  |         |                          |
| and<br>Syndicate     |       |                           |         |   |             |                    |         |                          |
| Exclusivi            |       |                           |         |   |             |                    |         |                          |
| Surcharg             |       |                           |         |   |             | -                  |         |                          |
| for                  |       |                           |         |   |             | -                  |         |                          |
| Partially<br>Distant |       |                           |         |   |             |                    |         |                          |
| Stations             |       | _                         |         |   |             | -                  |         |                          |
|                      |       |                           |         |   |             | -                  |         |                          |
|                      |       |                           |         |   |             |                    |         |                          |
|                      |       |                           |         |   |             | -                  |         |                          |
|                      |       |                           |         |   |             |                    |         |                          |
|                      |       |                           |         |   |             |                    |         |                          |
|                      | 0.00  |                           | •       | Total DSEs                              | 0.00        |                    |         | Total DSEs               |
|                      | 0.00  | \$                        | d Group | Gross Receipts Secon                    | 0.00        | \$                 | oup     | Gross Receipts First Gro |
|                      |       |                           |         |   |             |                    |         |                          |
|                      | 0.00  | \$                        | l Group | Base Rate Fee Secon                     | 0.00        | \$                 | oup     | Base Rate Fee First Gro  |
|                      | 1     | \$ SUBSCRIBER GROUP       |         |   |             | \$ SUBSCRIBER GROU |         |                          |
|                      | 1     |                           |         |   |             |                    |         | ONE HUNDRED EL           |
|                      | 1     |                           |         | ONE HUNDRED                             | JP          |                    |         | ONE HUNDRED EL           |
|                      | 0     | SUBSCRIBER GROUP          | TWELVTH | ONE HUNDRED COMMUNITY/ AREA             | JP <b>0</b> | SUBSCRIBER GROU    | EVENTH  | ONE HUNDRED EL           |
|                      | 0     | SUBSCRIBER GROUP          | TWELVTH | ONE HUNDRED COMMUNITY/ AREA             | JP <b>0</b> | SUBSCRIBER GROU    | EVENTH  | ONE HUNDRED EL           |
|                      | 0     | SUBSCRIBER GROUP          | TWELVTH | ONE HUNDRED COMMUNITY/ AREA             | JP <b>0</b> | SUBSCRIBER GROU    | EVENTH  | ONE HUNDRED EL           |
|                      | 0     | SUBSCRIBER GROUP          | TWELVTH | ONE HUNDRED COMMUNITY/ AREA             | JP <b>0</b> | SUBSCRIBER GROU    | EVENTH  | ONE HUNDRED EL           |
|                      | 0     | SUBSCRIBER GROUP          | TWELVTH | ONE HUNDRED COMMUNITY/ AREA             | JP <b>0</b> | SUBSCRIBER GROU    | EVENTH  | ONE HUNDRED EL           |
|                      | 0     | SUBSCRIBER GROUP          | TWELVTH | ONE HUNDRED COMMUNITY/ AREA             | JP <b>0</b> | SUBSCRIBER GROU    | EVENTH  | ONE HUNDRED EL           |
|                      | 0     | SUBSCRIBER GROUP          | TWELVTH | ONE HUNDRED COMMUNITY/ AREA             | JP <b>0</b> | SUBSCRIBER GROU    | EVENTH  | ONE HUNDRED EL           |
|                      | 0     | SUBSCRIBER GROUP          | TWELVTH | ONE HUNDRED COMMUNITY/ AREA             | JP <b>0</b> | SUBSCRIBER GROU    | EVENTH  | ONE HUNDRED EL           |
|                      | 0     | SUBSCRIBER GROUP          | TWELVTH | ONE HUNDRED COMMUNITY/ AREA             | JP <b>0</b> | SUBSCRIBER GROU    | EVENTH  | COMMUNITY/ AREA          |
|                      | 0     | SUBSCRIBER GROUP          | TWELVTH | ONE HUNDRED COMMUNITY/ AREA             | JP <b>0</b> | SUBSCRIBER GROU    | EVENTH  | ONE HUNDRED EL           |
|                      | 0     | SUBSCRIBER GROUP          | TWELVTH | ONE HUNDRED COMMUNITY/ AREA             | JP <b>0</b> | SUBSCRIBER GROU    | EVENTH  | ONE HUNDRED EL           |
|                      | 0     | SUBSCRIBER GROUP          | TWELVTH | ONE HUNDRED COMMUNITY/ AREA             | JP <b>0</b> | SUBSCRIBER GROU    | EVENTH  | ONE HUNDRED EL           |
|                      | 0     | SUBSCRIBER GROUP          | TWELVTH | ONE HUNDRED COMMUNITY/ AREA             | JP <b>0</b> | SUBSCRIBER GROU    | EVENTH  | ONE HUNDRED EL           |
|                      | DSE   | SUBSCRIBER GROUP          | DSE     | ONE HUNDRED  COMMUNITY/ AREA  CALL SIGN | JP  O  DSE  | SUBSCRIBER GROU    | DSE     | ONE HUNDRED EL           |

| LEGAL NAME OF OWNE<br>Lumos Media Inc            | ER OF CABL | BLE SYSTEM: SYSTEM 392 |              |                       |           |                   |      | Name             |
|--|------------|------------------------|--------------|-----------------------|-----------|-------------------|------|------------------|
| В  | LOCK A: (  | COMPUTATION OF         | BASE RA      | TE FEES FOR EACH      | H SUBSCE  | RIBER GROUP       |      |                  |
| ONE HUNDRED THI                                  | RTEENTH    | SUBSCRIBER GRO         | UP           | ONE HUNDRED FOL       | JRTEENTH  | I SUBSCRIBER GROU | JP   | 0                |
| COMMUNITY/ AREA                                  |            |                        | 0            | COMMUNITY/ AREA       |           |                   | 0    | 9<br>Computation |
| CALL SIGN  | DSE        | CALL SIGN              | DSE          | CALL SIGN             | DSE       | CALL SIGN         | DSE  | of               |
|  |            |                        |              |                       |           |                   |      | Base Rate Fee    |
|  |            |                        |              |                       |           |                   |      | and              |
|  |            |                        |              |                       |           |                   |      | Syndicated       |
|  |            |                        |              |                       |           | .                 |      | Exclusivity      |
|  |            |                        |              |                       |           |                   |      | Surcharge<br>for |
|  |            |                        |              |                       |           |                   |      | Partially        |
|  |            |                        |              |                       |           |                   |      | Distant          |
|  |            | +                      |              |                       |           |                   |      | Stations         |
|  |            | -                      |              |                       |           |                   |      |                  |
|  |            |                        |              |                       |           |                   |      |                  |
|  |            |                        |              |                       |           |                   |      |                  |
|  |            |                        |              |                       |           |                   |      |                  |
|  |            |                        |              |                       |           |                   |      |                  |
|  |            |                        |              |                       |           |                   |      |                  |
| Total DSEs                                       |            |                        | 0.00         | Total DSEs            |           | _                 | 0.00 |                  |
| Gross Receipts First G                           | iroup      | \$                     | 0.00         | Gross Receipts Secon  | nd Group  | \$                | 0.00 |                  |
| Base Rate Fee First G                            | roup       | \$                     | 0.00         | Base Rate Fee Secon   | nd Group  | \$                | 0.00 |                  |
| ONE HUNDRED FI                                   | FTEENTH    | SUBSCRIBER GRO         | UP           | ONE HUNDRED S         | SIXTEENTH | SUBSCRIBER GROU   | JP   |                  |
| COMMUNITY/ AREA                                  |            |                        | 0            | COMMUNITY/ AREA       |           |                   | 0    |                  |
| CALL SIGN  | DSE        | CALL SIGN              | DSE          | CALL SIGN             | DSE       | CALL SIGN         | DSE  |                  |
|  |            |                        |              |                       |           |                   |      |                  |
|  |            |                        |              |                       |           |                   |      |                  |
|  |            |                        |              |                       |           |                   |      |                  |
|  |            |                        |              |                       |           |                   |      |                  |
|  |            |                        |              |                       |           | .                 |      |                  |
|  |            | -                      |              |                       |           |                   |      |                  |
|  |            |                        |              |                       |           |                   |      |                  |
|  |            |                        |              |                       |           |                   |      |                  |
|  |            | -                      |              |                       |           |                   |      |                  |
|  |            |                        |              |                       |           | H                 |      |                  |
|  |            |                        |              |                       |           |                   |      |                  |
|  |            | H                      |              |                       |           |                   |      |                  |
|  |            |                        |              |                       |           |                   |      |                  |
|  |            |                        |              |                       |           |                   |      |                  |
| Total DSEs                                       |            |                        | 0.00         | Total DSEs            |           |                   | 0.00 |                  |
| Gross Receipts Third (                           | Group      | \$                     | 0.00         | Gross Receipts Fourt  | h Group   | \$                | 0.00 |                  |
| Base Rate Fee Third 0                            | Group      | \$                     | 0.00         | Base Rate Fee Fourth  | h Group   | \$                | 0.00 |                  |
| Base Rate Fee: Add th<br>Enter here and in block |            |                        | criber group | as shown in the boxes | above.    | \$                |      |                  |

|                                  |      | IBER GROUP          | SUBSCRI  | TE FEES FOR EACH                          |             |                  |         |  |
|----------------------------------|------|---------------------|----------|---|-------------|------------------|---------|--|
| 9                                |      | SUBSCRIBER GROUP    | SHTEENTH |   |             | SUBSCRIBER GROUP | NTEENTH | ONE HUNDRED SEVE                           |
| Computati                        | 0    |                     |          | COMMUNITY/ AREA                           | 0           |                  |         | COMMUNITY/ AREA                            |
| of                               | DSE  | CALL SIGN           | DSE      | CALL SIGN                                 | DSE         | CALL SIGN        | DSE     | CALL SIGN                                  |
| Base Rate<br>and<br>Syndicate    |      |                     |          |   |             |                  | -       |  |
| Exclusivi<br>Surcharg<br>for     |      |                     |          |   |             |                  | -       |  |
| Partially<br>Distant<br>Stations |      |                     |          |   |             |                  |         |  |
|                                  |      |                     |          |   |             |                  |         |  |
|                                  |      |                     |          |   |             |                  |         |  |
|                                  | 0.00 |                     |          | Total DSEs                                | 0.00        |                  |         | Total DSEs                                 |
|                                  | 0.00 | \$                  | d Group  | Gross Receipts Secon                      | 0.00        | \$               | oup     | Gross Receipts First Gro                   |
|                                  |      |                     |          |   |             |                  |         |  |
|                                  | 0.00 | \$                  |          | Base Rate Fee Secon                       | 0.00        | \$               |         |  |
|                                  | ,    | \$ SUBSCRIBER GROUP |          |   |             |                  |         | ONE HUNDRED NIN                            |
|                                  | 0    | SUBSCRIBER GROUP    | /ENTIETH | ONE HUNDRED TV                            | JP <b>0</b> | SUBSCRIBER GROU  | TEENTH  | ONE HUNDRED NIN                            |
|                                  | ,    |                     |          | ONE HUNDRED TV                            | JP          |                  |         | ONE HUNDRED NIN                            |
|                                  | 0    | SUBSCRIBER GROUP    | /ENTIETH | ONE HUNDRED TV                            | JP <b>0</b> | SUBSCRIBER GROU  | TEENTH  | ONE HUNDRED NIN                            |
|                                  | 0    | SUBSCRIBER GROUP    | /ENTIETH | ONE HUNDRED TV                            | JP <b>0</b> | SUBSCRIBER GROU  | TEENTH  | ONE HUNDRED NIN                            |
|                                  | 0    | SUBSCRIBER GROUP    | /ENTIETH | ONE HUNDRED TV                            | JP <b>0</b> | SUBSCRIBER GROU  | TEENTH  | ONE HUNDRED NIN                            |
|                                  | 0    | SUBSCRIBER GROUP    | /ENTIETH | ONE HUNDRED TV                            | JP <b>0</b> | SUBSCRIBER GROU  | TEENTH  | ONE HUNDRED NIN                            |
|                                  | 0    | SUBSCRIBER GROUP    | /ENTIETH | ONE HUNDRED TV                            | JP <b>0</b> | SUBSCRIBER GROU  | TEENTH  | ONE HUNDRED NIN                            |
|                                  | 0    | SUBSCRIBER GROUP    | /ENTIETH | ONE HUNDRED TV                            | JP <b>0</b> | SUBSCRIBER GROU  | TEENTH  | ONE HUNDRED NIN                            |
|                                  | 0    | SUBSCRIBER GROUP    | /ENTIETH | ONE HUNDRED TV                            | JP <b>0</b> | SUBSCRIBER GROU  | TEENTH  | ONE HUNDRED NIN                            |
|                                  | 0    | SUBSCRIBER GROUP    | /ENTIETH | ONE HUNDRED TV                            | JP <b>0</b> | SUBSCRIBER GROU  | TEENTH  | ONE HUNDRED NIN                            |
|                                  | 0    | SUBSCRIBER GROUP    | /ENTIETH | ONE HUNDRED TV                            | JP <b>0</b> | SUBSCRIBER GROU  | TEENTH  | ONE HUNDRED NIN                            |
|                                  | 0    | SUBSCRIBER GROUP    | /ENTIETH | ONE HUNDRED TV                            | JP <b>0</b> | SUBSCRIBER GROU  | TEENTH  | COMMUNITY/ AREA                            |
|                                  | 0    | SUBSCRIBER GROUP    | /ENTIETH | ONE HUNDRED TV                            | JP <b>0</b> | SUBSCRIBER GROU  | TEENTH  | ONE HUNDRED NIN                            |
|                                  | 0    | SUBSCRIBER GROUP    | /ENTIETH | ONE HUNDRED TV                            | JP <b>0</b> | SUBSCRIBER GROU  | TEENTH  | ONE HUNDRED NIN COMMUNITY/ AREA  CALL SIGN |
|                                  | DSE  | SUBSCRIBER GROUP    | DSE      | ONE HUNDRED TV COMMUNITY/ AREA  CALL SIGN | JP 0 DSE    | SUBSCRIBER GROU  | DSE     | ONE HUNDRED NIN                            |

| LEGAL NAME OF OWNER Lumos Media Inc | R OF CABI | LE SYSTEM:             | ·           |                                   |          | SY                 | STEM ID#<br>39236 | Name                      |
|-------------------------------------|-----------|------------------------|-------------|-----------------------------------|----------|--------------------|-------------------|---------------------------|
| BL                                  | OCK A: (  | COMPUTATION OF         | BASE RA     | TE FEES FOR EACH                  | SUBSC    | RIBER GROUP        |                   |                           |
| ONE HUNDRED TWEN                    | TY-FIRST  | SUBSCRIBER GROUP       |             | ONE HUNDRED TWENT                 | Y-SECONE | SUBSCRIBER GROUP   |                   | 0                         |
| COMMUNITY/ AREA                     |           |                        | 0           | COMMUNITY/ AREA                   |          |                    | 0                 | 9<br>Computation          |
| CALL SIGN                           | DSE       | CALL SIGN              | DSE         | CALL SIGN                         | DSE      | CALL SIGN          | DSE               | of                        |
|                                     |           |                        |             |                                   |          |                    |                   | Base Rate Fee and         |
|                                     |           | -                      |             |                                   |          |                    |                   | Syndicated<br>Exclusivity |
|                                     |           |                        |             |                                   |          |                    |                   | Surcharge                 |
|                                     |           |                        |             |                                   |          |                    |                   | for<br>Partially          |
|                                     |           | -                      |             |                                   |          |                    |                   | Distant                   |
|                                     |           |                        |             |                                   |          |                    |                   | Stations                  |
|                                     |           |                        |             |                                   |          |                    |                   |                           |
|                                     |           |                        |             |                                   |          |                    |                   |                           |
|                                     |           |                        |             |                                   |          |                    |                   |                           |
| Total DSEs                          |           | Į <u>l</u>             | 0.00        | Total DSEs                        | ļ        |                    | 0.00              |                           |
| Gross Receipts First Gro            | oup       | \$                     | 0.00        | Gross Receipts Secon              | d Group  | \$                 | 0.00              |                           |
|                                     |           |                        |             |                                   |          |                    |                   |                           |
| Base Rate Fee First Gro             |           | \$                     | 0.00        | Base Rate Fee Second              |          | \$                 | 0.00              |                           |
| ONE HUNDRED TWENT COMMUNITY/ AREA   | ry-third  | SUBSCRIBER GROUP       | 0           | ONE HUNDRED TWENT COMMUNITY/ AREA | Y-FOURTH | I SUBSCRIBER GROUP | 0                 |                           |
| COMMONT IT AREA                     |           |                        | <u> </u>    | COMMONT T/ AREA                   |          |                    | · ·               |                           |
| CALL SIGN                           | DSE       | CALL SIGN              | DSE         | CALL SIGN                         | DSE      | CALL SIGN          | DSE               |                           |
|                                     |           |                        |             |                                   |          |                    |                   |                           |
|                                     |           |                        |             |                                   |          |                    |                   |                           |
|                                     |           |                        |             |                                   |          |                    |                   |                           |
|                                     |           |                        |             |                                   | •        |                    |                   |                           |
|                                     |           | -                      |             |                                   |          |                    |                   |                           |
|                                     |           | -                      |             |                                   |          |                    |                   |                           |
|                                     |           |                        |             |                                   |          |                    |                   |                           |
|                                     |           |                        |             |                                   |          |                    |                   |                           |
|                                     |           |                        |             |                                   |          |                    |                   |                           |
| Total DSEs                          | <u> </u>  |                        | 0.00        | Total DSEs                        | 1        |                    | 0.00              |                           |
| Gross Receipts Third Gr             | oup       | \$                     | 0.00        | Gross Receipts Fourth             | Group    | \$                 | 0.00              |                           |
|                                     |           |                        |             |                                   |          |                    |                   |                           |
| Base Rate Fee Third Gr              | oup       | \$                     | 0.00        | Base Rate Fee Fourth              | Group    | \$                 | 0.00              |                           |
| Base Rate Fee: Add the              | base rat  | te fees for each subsc | riber aroup | as shown in the boxes a           | above.   |                    |                   |                           |

|                      | 39236 |                  | LE SYSTEM: SYSTEM IC 3923 |                                  |      |                  |          |                                    |
|----------------------|-------|------------------|---------------------------|----------------------------------|------|------------------|----------|------------------------------------|
|                      |       | IBER GROUP       | SUBSCRI                   | TE FEES FOR EACH                 |      |                  |          |                                    |
| 9                    |       | SUBSCRIBER GROUP | NTY-SIXTH                 |                                  |      | SUBSCRIBER GROUP | TY-FIFTH | ONE HUNDRED TWEN                   |
| Computation          | 0     |                  |                           | COMMUNITY/ AREA                  | 0    |                  |          | COMMUNITY/ AREA                    |
| of                   | DSE   | CALL SIGN        | DSE                       | CALL SIGN                        | DSE  | CALL SIGN        | DSE      | CALL SIGN                          |
| Base Rate I          |       |                  |                           |                                  |      |                  |          |                                    |
| Syndicate            |       |                  |                           |                                  |      |                  |          |                                    |
| Exclusivit           |       |                  |                           |                                  |      | -                |          |                                    |
| Surcharg             |       |                  |                           |                                  |      |                  |          |                                    |
| for                  |       |                  |                           |                                  |      | -                |          |                                    |
| Partially<br>Distant |       |                  |                           |                                  |      |                  |          |                                    |
| Stations             |       |                  |                           |                                  |      |                  |          |                                    |
|                      |       |                  |                           |                                  |      |                  |          |                                    |
|                      |       |                  |                           |                                  |      |                  |          |                                    |
|                      |       |                  |                           |                                  |      | -                |          |                                    |
|                      |       |                  |                           |                                  |      |                  |          |                                    |
|                      |       |                  |                           |                                  |      |                  |          |                                    |
|                      | 0.00  |                  | •                         | Total DSEs                       | 0.00 |                  |          | Total DSEs                         |
|                      | 0.00  | \$               | I Group                   | Gross Receipts Second            | 0.00 | \$               | oup      | Gross Receipts First Gro           |
|                      | 0.00  | \$               | l Group                   | Base Rate Fee Second             | 0.00 | \$               | oup      | Base Rate Fee First Gro            |
|                      |       | SUBSCRIBER GROUP | Y-EIGHTH                  | ONE HUNDRED TWENT                |      | SUBSCRIBER GROUP | SEVENTH  | NE HUNDRED TWENTY-S                |
|                      | 0     |                  |                           | COMMUNITY/ AREA                  | 0    |                  |          | COMMUNITY/ AREA                    |
|                      | DSE   | CALL SIGN        | DSE                       | CALL SIGN                        | DSE  | CALL SIGN        | DSE      | CALL SIGN                          |
|                      | DOL   |                  | DSE                       |                                  |      |                  |          |                                    |
|                      | DOL   |                  | DSE                       |                                  |      |                  |          |                                    |
|                      | DGL   |                  | DSE                       |                                  |      | -                |          |                                    |
|                      | DSL   |                  | DSE                       |                                  |      |                  |          |                                    |
|                      | DGL   |                  | DSE                       |                                  |      |                  |          |                                    |
|                      | DOL   |                  | USE                       |                                  |      |                  |          |                                    |
|                      |       |                  | USE                       |                                  |      |                  |          |                                    |
|                      |       |                  | USE                       |                                  |      |                  |          |                                    |
|                      |       |                  | USE                       |                                  |      |                  |          |                                    |
|                      |       |                  |                           |                                  |      |                  |          |                                    |
|                      |       |                  |                           |                                  |      |                  |          |                                    |
|                      |       |                  |                           |                                  |      |                  |          |                                    |
|                      |       |                  |                           |                                  |      |                  |          |                                    |
|                      | 0.00  |                  |                           | Total DSEs                       | 0.00 |                  |          | Total DSEs                         |
|                      |       |                  |                           | Total DSEs Gross Receipts Fourth | 0.00 | \$               | oup      | Total DSEs Gross Receipts Third Gr |

|                                  | 39236 | SYSTEM ID 3923   |           |                                  |      |                  |          | Lumos Media Inc                    |
|----------------------------------|-------|------------------|-----------|----------------------------------|------|------------------|----------|------------------------------------|
|                                  |       |                  |           | TE FEES FOR EACH                 |      |                  |          |                                    |
| 9                                |       | SUBSCRIBER GROUP | THIRTIETH |                                  |      | SUBSCRIBER GROUP | TY-NINTH | ONE HUNDRED TWENT                  |
| Computation                      | 0     |                  |           | COMMUNITY/ AREA                  | 0    |                  |          | COMMUNITY/ AREA                    |
| of                               | DSE   | CALL SIGN        | DSE       | CALL SIGN                        | DSE  | CALL SIGN        | DSE      | CALL SIGN                          |
| Base Rate F<br>and<br>Syndicate  |       | _                |           |                                  |      |                  |          |                                    |
| Exclusivit<br>Surcharge<br>for   |       |                  |           |                                  |      |                  |          |                                    |
| Partially<br>Distant<br>Stations |       |                  |           |                                  |      |                  |          |                                    |
| Stations                         |       |                  |           |                                  |      |                  |          |                                    |
|                                  |       |                  |           |                                  |      |                  |          |                                    |
|                                  | 0.00  |                  |           | Total DSEs                       | 0.00 |                  |          | Total DSEs                         |
|                                  | 0.00  | \$               | d Group   | Gross Receipts Secon             | 0.00 | \$               | oup      | Gross Receipts First Gro           |
|                                  | 0.00  | \$               |           | Base Rate Fee Second             | 0.00 | \$               |          | Base Rate Fee First Gro            |
|                                  | •     | SUBSCRIBER GROUP | Y-SECOND  |                                  |      | SUBSCRIBER GROUP | TY-FIRST |                                    |
|                                  | U     |                  |           | COMMUNITY/ AREA                  | 0    |                  |          | COMMUNITY/ AREA                    |
|                                  | DSE   | CALL SIGN        | DSE       | CALL SIGN                        | DSE  | CALL SIGN        | DSE      | CALL SIGN                          |
|                                  |       |                  |           |                                  |      |                  |          |                                    |
|                                  |       |                  |           |                                  |      | -                |          |                                    |
|                                  |       |                  |           |                                  |      |                  |          |                                    |
|                                  |       |                  |           |                                  |      |                  |          |                                    |
|                                  |       |                  |           |                                  |      |                  |          |                                    |
|                                  |       |                  |           |                                  |      |                  |          |                                    |
|                                  |       |                  |           | I I                              |      |                  |          |                                    |
|                                  |       |                  |           |                                  |      |                  |          |                                    |
|                                  |       |                  |           |                                  |      |                  |          |                                    |
|                                  |       |                  |           |                                  |      |                  |          |                                    |
|                                  |       |                  |           |                                  |      |                  |          |                                    |
|                                  |       |                  |           |                                  |      |                  |          |                                    |
|                                  |       |                  |           |                                  |      |                  |          |                                    |
|                                  | 0.00  |                  |           | Total DSEs                       | 0.00 |                  |          | Total DSEs                         |
|                                  | 0.00  | \$               | Group     | Total DSEs Gross Receipts Fourth | 0.00 | \$               | roup     | Total DSEs Gross Receipts Third Gr |

| LEGAL NAME OF OWNER  Lumos Media Inc | R OF CABL | BLE SYSTEM: SYSTEM 392 |             |                       |           |                    |      | Name                     |
|--------------------------------------|-----------|------------------------|-------------|-----------------------|-----------|--------------------|------|--------------------------|
| BL                                   | OCK A: C  | COMPUTATION OF         | BASE RA     | TE FEES FOR EACH      | SUBSCF    | RIBER GROUP        |      |                          |
| ONE HUNDRED THIR                     | TY-THIRD  | SUBSCRIBER GROUP       | -           | ONE HUNDRED THIR      | Y-FOURTH  | I SUBSCRIBER GROUP |      | 0                        |
| COMMUNITY/ AREA                      |           |                        | 0           | COMMUNITY/ AREA       |           |                    | 0    | <b>9</b> Computation     |
| CALL SIGN                            | DSE       | CALL SIGN              | DSE         | CALL SIGN             | DSE       | CALL SIGN          | DSE  | of                       |
|                                      |           | -                      |             |                       |           |                    |      | Base Rate Fee            |
|                                      |           | -                      |             |                       |           |                    |      | and                      |
|                                      |           | -                      |             |                       |           |                    |      | Syndicated               |
|                                      |           |                        |             |                       |           | H                  |      | Exclusivity<br>Surcharge |
|                                      |           |                        |             |                       |           |                    |      | for                      |
|                                      |           | -                      |             |                       |           | n <del>-</del>     |      | Partially                |
|                                      |           | -                      |             |                       |           |                    |      | Distant                  |
|                                      |           | -                      |             |                       |           |                    |      | Stations                 |
|                                      |           | -                      |             |                       | ļ         |                    |      |                          |
|                                      |           |                        |             |                       | <b></b>   |                    |      |                          |
|                                      |           | -                      |             |                       | <b> </b>  |                    |      |                          |
|                                      |           |                        |             |                       | <b> </b>  |                    |      |                          |
|                                      |           |                        |             |                       | <b>.</b>  |                    |      |                          |
| Total DSEs                           | <u> </u>  |                        | 0.00        | Total DSEs            |           | <u> </u>           | 0.00 |                          |
| Gross Receipts First Gr              | oup       | \$                     | 0.00        | Gross Receipts Secon  | d Group   | \$                 | 0.00 |                          |
|                                      |           |                        |             |                       |           |                    |      |                          |
| Base Rate Fee First Gr               | oup       | \$                     | 0.00        | Base Rate Fee Secon   | d Group   | \$                 | 0.00 |                          |
| ONE HUNDRED THIR                     | Y-FIFTH   | SUBSCRIBER GROU        | JP          | ONE HUNDRED THIF      | RTY-SIXTH | SUBSCRIBER GROU    | IP   |                          |
| COMMUNITY/ AREA                      |           |                        | 0           | COMMUNITY/ AREA       |           |                    | 0    |                          |
| CALL SIGN                            | DSE       | CALL SIGN              | DSE         | CALL SIGN             | DSE       | CALL SIGN          | DSE  |                          |
|                                      |           |                        |             |                       |           |                    |      |                          |
|                                      |           | -                      |             |                       |           |                    |      |                          |
|                                      |           | -                      |             |                       |           |                    |      |                          |
|                                      |           | -                      |             |                       | <b>.</b>  |                    |      |                          |
|                                      |           |                        |             |                       |           |                    |      |                          |
|                                      |           | -                      |             |                       | <b>1</b>  | # <b>-</b>         |      |                          |
|                                      | •         |                        |             |                       | 1         |                    |      |                          |
|                                      |           |                        |             |                       | Ţ         |                    |      |                          |
|                                      |           |                        |             |                       | ļ         |                    |      |                          |
|                                      |           |                        |             |                       | <b></b>   |                    |      |                          |
|                                      |           |                        |             |                       | <b> </b>  |                    |      |                          |
|                                      |           |                        |             |                       | <b> </b>  |                    |      |                          |
|                                      |           |                        |             |                       |           |                    |      |                          |
| Total DSEs                           |           |                        | 0.00        | Total DSEs            |           |                    | 0.00 |                          |
| Gross Receipts Third G               | roup      | \$                     | 0.00        | Gross Receipts Fourth | Group     | \$                 | 0.00 |                          |
| <b>Base Rate Fee</b> Third G         | roup      | \$                     | 0.00        | Base Rate Fee Fourth  | Group     | \$                 | 0.00 |                          |
| Rate Fee: Add the                    |           |                        | riber group | as shown in the boxes | above.    | \$                 |      |                          |

| LEGAL NAME OF OWNER<br>Lumos Media Inc         | R OF CABL | E SYSTEM:        | E SYSTEM: SYSTEM ID 3923 |                       |           |                  |      |                          |
|--|-----------|------------------|--------------------------|-----------------------|-----------|------------------|------|--------------------------|
| BL   | OCK A: C  | COMPUTATION OF   | BASE RA                  | TE FEES FOR EACH      | SUBSCF    | RIBER GROUP      |      |                          |
| ONE HUNDRED THIRTY-                            | SEVENTH   | SUBSCRIBER GROUP |                          | ONE HUNDRED THIR      | TY-EIGHTH | SUBSCRIBER GROUP |      | •                        |
| COMMUNITY/ AREA                                |           |                  | 0                        | COMMUNITY/ AREA       |           |                  | 0    | <b>9</b> Computation     |
| CALL SIGN                                      | DSE       | CALL SIGN        | DSE                      | CALL SIGN             | DSE       | CALL SIGN        | DSE  | of                       |
|  |           |                  |                          |                       |           |                  |      | Base Rate Fee            |
|  |           | -                |                          |                       |           |                  |      | and                      |
|  |           | -                |                          |                       |           |                  |      | Syndicated               |
|  |           |                  |                          |                       |           |                  |      | Exclusivity<br>Surcharge |
|  |           |                  |                          |                       |           |                  |      | for                      |
|  |           | -                |                          |                       |           |                  |      | Partially                |
|  |           | -                |                          |                       |           |                  |      | Distant                  |
|  |           | -                |                          |                       |           |                  |      | Stations                 |
|  |           | -                |                          |                       |           |                  |      |                          |
|  |           |                  |                          |                       |           |                  |      |                          |
|  |           | -                |                          |                       |           |                  |      |                          |
|  |           |                  |                          |                       |           |                  |      |                          |
|  |           |                  |                          |                       |           |                  |      |                          |
| Total DSEs                                     |           |                  | 0.00                     | Total DSEs            | ļ         | <u> </u>         | 0.00 |                          |
| Gross Receipts First Gr                        | oup       | \$               | 0.00                     | Gross Receipts Secon  | d Group   | \$               | 0.00 |                          |
|  |           |                  |                          |                       |           |                  |      |                          |
| Base Rate Fee First Gro                        | oup       | \$               | 0.00                     | Base Rate Fee Secon   | d Group   | \$               | 0.00 |                          |
| ONE HUNDRED THIRT                              | Y-NINTH   | SUBSCRIBER GROU  | JP                       | ii –                  | FORTIETH  | SUBSCRIBER GROUP | )    |                          |
| COMMUNITY/ AREA                                |           |                  | 0                        | COMMUNITY/ AREA       |           |                  | 0    |                          |
| CALL SIGN                                      | DSE       | CALL SIGN        | DSE                      | CALL SIGN             | DSE       | CALL SIGN        | DSE  |                          |
|  |           |                  |                          |                       |           |                  |      |                          |
|  |           | -                |                          |                       |           | .                |      |                          |
|  |           | -                |                          |                       |           |                  |      |                          |
|  |           | -                |                          |                       |           |                  |      |                          |
|  |           |                  |                          |                       |           |                  |      |                          |
|  |           | -                |                          |                       |           |                  |      |                          |
|  |           | -                |                          |                       |           |                  |      |                          |
|  |           |                  |                          |                       |           |                  |      |                          |
|  |           |                  |                          |                       |           |                  |      |                          |
|  |           |                  |                          |                       |           |                  |      |                          |
|  |           |                  |                          |                       |           |                  |      |                          |
|  |           |                  |                          |                       |           |                  |      |                          |
|  |           |                  |                          |                       |           |                  |      |                          |
| Total DSEs                                     | <u> </u>  |                  | 0.00                     | Total DSEs            | 1         |                  | 0.00 |                          |
| Gross Receipts Third G                         | roup      | \$               | 0.00                     | Gross Receipts Fourth | Group     | \$               | 0.00 |                          |
| Base Rate Fee Third G                          | oup       | \$               | 0.00                     | Base Rate Fee Fourth  | Group     | \$               | 0.00 |                          |
| Base Rate Fee: Add the Enter here and in block |           |                  | riber group              | as shown in the boxes | above.    | \$               |      |                          |

| LEGAL NAME OF OWN<br>Lumos Media Inc           |           | ABLE SYSTEM: SYSTEM 39: |               |                       |            |                  |      | Name                     |
|--|-----------|-------------------------|---------------|-----------------------|------------|------------------|------|--------------------------|
| В  | LOCK A: 0 | COMPUTATION OF          | BASE RA       | TE FEES FOR EAC       | H SUBSCF   | RIBER GROUP      |      |                          |
| ONE HUNDRED FO                                 | RTY-FIRST | SUBSCRIBER GROU         | 0             | ONE HUNDRED FOR       | TY-SECONE  | SUBSCRIBER GROUP |      | 0                        |
| COMMUNITY/ AREA                                |           |                         | 0             | COMMUNITY/ AREA       |            |                  | 0    | <b>9</b> Computation     |
| CALL SIGN                                      | DSE       | CALL SIGN               | DSE           | CALL SIGN             | DSE        | CALL SIGN        | DSE  | of                       |
|  |           |                         |               |                       |            |                  |      | Base Rate Fee            |
|  |           |                         |               |                       |            |                  |      | and                      |
|  |           |                         |               |                       |            |                  |      | Syndicated               |
|  |           |                         |               |                       |            | .                |      | Exclusivity<br>Surcharge |
|  |           |                         |               |                       |            |                  |      | for                      |
|  |           | -                       |               |                       |            |                  |      | Partially                |
|  |           |                         |               |                       |            |                  |      | Distant                  |
|  |           |                         |               |                       |            |                  |      | Stations                 |
|  |           |                         |               |                       |            |                  |      |                          |
|  |           |                         |               |                       |            |                  |      |                          |
|  |           |                         |               |                       |            |                  |      |                          |
|  |           |                         |               |                       |            |                  |      |                          |
|  |           |                         |               |                       | <u> </u>   |                  |      |                          |
| Total DSEs                                     |           | <u> </u>                | 0.00          | Total DSEs            |            | <u> </u>         | 0.00 |                          |
| Gross Receipts First (                         | Group     | \$                      | 0.00          | Gross Receipts Seco   | nd Group   | \$               | 0.00 |                          |
|  |           |                         |               |                       |            |                  |      |                          |
| Base Rate Fee First 0                          | Group     | \$                      | 0.00          | Base Rate Fee Seco    | nd Group   | \$               | 0.00 |                          |
| ONE HUNDRED FO                                 | RTY-THIRD | SUBSCRIBER GROU         | <b>)</b>      | ONE HUNDRED FOR       | RTY-FOURTH | SUBSCRIBER GROUP |      |                          |
| COMMUNITY/ AREA                                |           |                         | 0             | COMMUNITY/ AREA       |            |                  | 0    |                          |
| CALL SIGN                                      | DSE       | CALL SIGN               | DSE           | CALL SIGN             | DSE        | CALL SIGN        | DSE  |                          |
|  |           | -                       |               |                       |            |                  |      |                          |
|  |           |                         |               |                       |            | .                |      |                          |
|  |           | -                       |               |                       |            |                  |      |                          |
|  |           |                         |               |                       |            |                  |      |                          |
|  |           |                         |               |                       |            |                  |      |                          |
|  |           | H                       |               |                       |            | H                |      |                          |
|  |           | -                       |               |                       |            |                  |      |                          |
|  |           |                         |               |                       |            |                  |      |                          |
|  |           |                         |               |                       |            |                  |      |                          |
|  |           |                         |               |                       |            |                  |      |                          |
|  |           |                         |               |                       |            |                  |      |                          |
|  |           |                         | <mark></mark> |                       |            |                  |      |                          |
|  |           |                         |               |                       |            |                  |      |                          |
| Total DSEs                                     |           |                         | 0.00          | Total DSEs            |            | _                | 0.00 |                          |
| Gross Receipts Third                           | Group     | \$                      | 0.00          | Gross Receipts Fourt  | th Group   | \$               | 0.00 |                          |
| Base Rate Fee Third                            | Group     | \$                      | 0.00          | Base Rate Fee Fourt   | h Group    | \$               | 0.00 |                          |
| Base Rate Fee: Add t<br>Enter here and in bloo |           |                         | criber group  | as shown in the boxes | s above.   | \$               |      |                          |

|                                     |                      |  |   |  | E SYSTEM:                               | R OF CABL                                 | LEGAL NAME OF OWNER  Lumos Media Inc |  |  |  |  |
|-------------------------------------|----------------------|--|---|--|---|---|--------------------------------------|--|--|--|--|
|                                     |                      |  | TE FEES FOR EACH  |  |   |   |                                      |  |  |  |  |
|                                     | SUBSCRIBER GROUP     | RTY-SIXTH  |   |  |   |   |                                      |  |  |  |  |
| 0                                   |                      | COMMUNITY/ AREA  | 0   |  |   | COMMUNITY/ AREA                           |                                      |  |  |  |  |
| DSE                                 | CALL SIGN            | DSE  | CALL SIGN   | CALL SIGN DSE CALL SIGN DSE  |   |   |                                      |  |  |  |  |
|                                     |                      | -  |   |  |   |   |                                      |  |  |  |  |
|                                     |                      |  |   |  |   |   |                                      |  |  |  |  |
|                                     |                      | -  |   |  |   |   |                                      |  |  |  |  |
|                                     |                      |  |   |  |   |   |                                      |  |  |  |  |
|                                     |                      |  |   |  | -                                       |   |                                      |  |  |  |  |
|                                     |                      |  |   |  |   |   |                                      |  |  |  |  |
|                                     |                      | -  |   |  |   |   |                                      |  |  |  |  |
|                                     |                      |  |   |  |   |   |                                      |  |  |  |  |
| 0.00                                |                      |  | Total DSEs  | 0.00   |   | <u> </u>                                  | Total DSEs                           |  |  |  |  |
| Gross Receipts Second Group \$ 0.00 |                      |  |   | 0.00   | \$                                      | oup                                       | Gross Receipts First Gro             |  |  |  |  |
| 0.00                                | \$                   | l Group  | Base Rate Fee Second                                    | 0.00   | \$                                      | oup                                       | Base Rate Fee First Gro              |  |  |  |  |
|                                     | SUBSCRIBER GROUP     | Y-EIGHTH   |   |  | SUBSCRIBER GROUP                        | SEVENTH                                   |                                      |  |  |  |  |
| 0                                   |                      |  | COMMUNITY/ AREA   | 0  |   |   | COMMUNITY/ AREA                      |  |  |  |  |
| DSE                                 | CALL SIGN            | DSE  | CALL SIGN   | DSE  | CALL SIGN                               | DSE                                       | CALL SIGN                            |  |  |  |  |
|                                     |                      |  |   |  |   |   |                                      |  |  |  |  |
|                                     |                      |  |   |  | -                                       |   |                                      |  |  |  |  |
|                                     |                      | -  |   |  |   |   |                                      |  |  |  |  |
|                                     |                      |  |   |  | - 1111111111111111111111111111111111111 |   |                                      |  |  |  |  |
|                                     |                      |  |   |  |   |   |                                      |  |  |  |  |
|                                     |                      |  |   |  | -                                       |   |                                      |  |  |  |  |
|                                     | _                    |  |   |  |   |   |                                      |  |  |  |  |
|                                     |                      |  |   |  |   |   |                                      |  |  |  |  |
|                                     |                      |  |   |  |   |   |                                      |  |  |  |  |
| 0.00                                |                      | _  | Total DSEs  | 0.00   |   |   | Total DSEs                           |  |  |  |  |
| _                                   | •                    |  | Gross Receipts Fourth                                   | 0.00   | \$                                      | oup                                       | Gross Receipts Third Gr              |  |  |  |  |
| 0.00                                | \$                   | Group  |   | <del></del>  |   |   |                                      |  |  |  |  |
|                                     | 0.00<br>0.00<br>0.00 | CALL SIGN DSE  O.000  \$ 0.000  \$ 0.000  SUBSCRIBER GROUP | DSE CALL SIGN DSE  ONE  ONE  ONE  ONE  ONE  ONE  ONE  O | CALL SIGN DSE CALL SIGN DSE  CALL SI | DSE   CALL SIGN   DSE   CALL SIGN   DSE | CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE | DSE                                  |  |  |  |  |

| LEGAL NAME OF OWNER<br>Lumos Media Inc   | R OF CABL | E SYSTEM:       |             |                         |                      | SY               | 39236 | Name                               |
|--|-----------|-----------------|-------------|-------------------------|----------------------|------------------|-------|------------------------------------|
|  |           |                 |             | TE FEES FOR EACH        |                      |                  |       |                                    |
| ONE HUNDRED FORTY-NINTH SUBSCRIBER GROUP  COMMUNITY/ AREA  O COMMUNITY/ AREA  O COMMUNITY/ AREA  O COMMUNITY/ AREA |           |                 |             |                         |                      |                  |       |                                    |
| COMMUNITY/ AREA  |           |                 | 0           | COMMUNITY/ AREA         | <b>9</b> Computation |                  |       |                                    |
| CALL SIGN  | DSE       | CALL SIGN       | DSE         | CALL SIGN               | DSE                  | CALL SIGN        | DSE   | of                                 |
|  |           |                 |             |                         |                      | -                |       | Base Rate Fee<br>and<br>Syndicated |
|  |           |                 |             |                         |                      |                  |       | Exclusivity<br>Surcharge<br>for    |
|  |           |                 |             |                         |                      |                  |       | Partially<br>Distant<br>Stations   |
|  |           |                 |             |                         |                      |                  |       |                                    |
|  |           |                 |             |                         |                      |                  |       |                                    |
| Total DSEs   |           |                 | 0.00        | Total DSEs              | 0.00                 |                  |       |                                    |
| Gross Receipts First Gro   | oup       | \$              | 0.00        | Gross Receipts Second   | d Group              | \$               | 0.00  |                                    |
| Base Rate Fee First Gro  |           | \$              | 0.00        | Base Rate Fee Second    |                      | \$               | 0.00  |                                    |
| ONE HUNDRED FIFT   | Y-FIRST   | SUBSCRIBER GROU |             | ii e                    | -SECOND              | SUBSCRIBER GROUP | ,     |                                    |
| COMMUNITY/ AREA  |           |                 | 0           | COMMUNITY/ AREA         |                      |                  | 0     |                                    |
| CALL SIGN  | DSE       | CALL SIGN       | DSE         | CALL SIGN               | DSE                  | CALL SIGN        | DSE   |                                    |
|  |           |                 |             |                         |                      |                  |       |                                    |
|  |           |                 |             |                         |                      |                  |       |                                    |
|  | •         | -               |             |                         | •                    | ,                |       |                                    |
|  |           |                 |             |                         |                      |                  |       |                                    |
|  |           |                 |             |                         |                      |                  |       |                                    |
|  |           |                 |             |                         |                      |                  |       |                                    |
|  |           | -               |             |                         |                      |                  |       |                                    |
|  |           | -               |             |                         |                      |                  |       |                                    |
|  |           |                 |             |                         |                      |                  |       |                                    |
|  |           |                 |             |                         |                      |                  |       |                                    |
|  |           |                 |             |                         |                      |                  |       |                                    |
| Total DSEs   |           |                 | 0.00        | Total DSEs              |                      |                  | 0.00  |                                    |
| Gross Receipts Third G   | oup       | \$              | 0.00        | Gross Receipts Fourth   | Group                | \$               | 0.00  |                                    |
| Base Rate Fee Third G  | oup       | \$              | 0.00        | Base Rate Fee Fourth    | Group                | \$               | 0.00  |                                    |
| Rate Fee: Add the here and in block  |           |                 | riber group | as shown in the boxes a | above.               | \$               |       |                                    |

| LEGAL NAME OF OWNE  Lumos Media Inc   | R OF CABL | E SYSTEM:       |             |                       |          | SY                | STEM ID#<br>39236 | Name                     |  |
|---|-----------|-----------------|-------------|-----------------------|----------|-------------------|-------------------|--------------------------|--|
| BL  | OCK A: C  | COMPUTATION OF  | BASE RA     | TE FEES FOR EACH      | SUBSCF   | RIBER GROUP       |                   |                          |  |
| ONE HUNDRED FIFTY-THIRD SUBSCRIBER GROUP  ONE HUNDRED FIFTY-FOURTH SUBSCRIBER GROUP |           |                 |             |                       |          |                   |                   | Ω                        |  |
| COMMUNITY/ AREA   |           |                 | 0           | COMMUNITY/ AREA 0     |          |                   |                   | <b>9</b> Computation     |  |
| CALL SIGN   | DSE       | CALL SIGN       | DSE         | CALL SIGN             | DSE      | CALL SIGN         | DSE               | of                       |  |
|   |           |                 |             |                       |          |                   |                   | Base Rate Fee            |  |
|   |           | -               |             |                       |          |                   |                   | and                      |  |
|   |           | -               |             |                       |          |                   |                   | Syndicated               |  |
|   |           |                 |             |                       |          |                   |                   | Exclusivity<br>Surcharge |  |
|   |           |                 |             |                       |          |                   |                   | for                      |  |
|   |           | -               |             |                       |          | #                 |                   | Partially                |  |
|   |           | -               |             |                       |          | n                 |                   | Distant                  |  |
|   |           | -               |             |                       |          |                   |                   | Stations                 |  |
|   |           |                 |             |                       |          |                   |                   |                          |  |
|   |           |                 |             |                       |          |                   |                   |                          |  |
|   |           | -               |             |                       |          |                   |                   |                          |  |
|   |           |                 |             |                       |          |                   |                   |                          |  |
|   |           |                 |             |                       |          |                   |                   |                          |  |
|   | <u> </u>  |                 | <u> </u>    |                       | <u> </u> | П                 | <u> </u>          |                          |  |
| Total DSEs  |           |                 | 0.00        | Total DSEs            |          | -                 | 0.00              |                          |  |
| Gross Receipts First G  | oup       | \$              | 0.00        | Gross Receipts Secon  | 0.00     |                   |                   |                          |  |
|   |           |                 |             |                       |          |                   |                   |                          |  |
| Base Rate Fee First G   | oup       | \$              | 0.00        | Base Rate Fee Secon   | d Group  | \$                | 0.00              |                          |  |
| ONE HUNDRED FIF   | TY-FIFTH  | SUBSCRIBER GROU | JP          | ONE HUNDRED FIF       | TY-SIXTH | I SUBSCRIBER GROU | Р                 |                          |  |
| COMMUNITY/ AREA   |           |                 | 0           | COMMUNITY/ AREA       |          |                   | 0                 |                          |  |
| CALL SIGN   | DSE       | CALL SIGN       | DSE         | CALL SIGN             | DSE      | CALL SIGN         | DSE               |                          |  |
|   |           |                 |             |                       |          |                   |                   |                          |  |
|   |           |                 |             |                       |          |                   |                   |                          |  |
|   |           | -               |             |                       |          |                   |                   |                          |  |
|   |           | -               |             |                       |          |                   |                   |                          |  |
|   |           | -               |             |                       |          |                   |                   |                          |  |
|   |           | -               |             |                       |          |                   |                   |                          |  |
|   |           | -               |             |                       |          |                   |                   |                          |  |
|   |           |                 |             |                       |          |                   |                   |                          |  |
|   |           | -               |             |                       |          |                   |                   |                          |  |
|   |           |                 |             |                       |          |                   |                   |                          |  |
|   |           |                 |             |                       |          |                   |                   |                          |  |
|   |           |                 |             |                       |          |                   |                   |                          |  |
|   |           |                 |             |                       |          |                   |                   |                          |  |
| Total DSEs  |           |                 | 0.00        | Total DSEs            | <u> </u> |                   | 0.00              |                          |  |
|   |           |                 |             |                       | 0        | •                 |                   |                          |  |
| Gross Receipts Third G  | iroup     | \$              | 0.00        | Gross Receipts Fourth | Group    | \$                | 0.00              |                          |  |
| Base Rate Fee Third G   | roup      | \$              | 0.00        | Base Rate Fee Fourth  | Group    | \$                | 0.00              |                          |  |
| Base Rate Fee: Add th<br>Enter here and in block                                    |           |                 | riber group | as shown in the boxes | above.   | \$                |                   |                          |  |

| LEGAL NAME OF OWNE  Lumos Media Inc                   | R OF CABL                               | E SYSTEM:        |             |                       |                  | S                  | YSTEM ID#<br>39236 | Name                     |
|---|---|------------------|-------------|-----------------------|------------------|--------------------|--------------------|--------------------------|
| Bl  | OCK A: C                                | COMPUTATION OF   | BASE RA     | TE FEES FOR EACH      | H SUBSCF         | RIBER GROUP        |                    |                          |
| ONE HUNDRED FIFTY                                     | -SEVENTH                                | SUBSCRIBER GROUP |             |                       |                  | I SUBSCRIBER GROUP |                    | ۵                        |
| COMMUNITY/ AREA                                       | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |                  | 0           | COMMUNITY/ AREA       | 9<br>Computation |                    |                    |                          |
| CALL SIGN   | DSE                                     | CALL SIGN        | DSE         | CALL SIGN             | DSE              | CALL SIGN          | DSE                | of                       |
|   |   |                  |             |                       |                  |                    |                    | Base Rate Fee            |
|   |   |                  |             |                       |                  |                    |                    | and                      |
|   |   |                  |             |                       |                  |                    |                    | Syndicated               |
|   |   |                  |             |                       |                  | . –                |                    | Exclusivity<br>Surcharge |
|   | <u> </u>                                | -                |             |                       |                  |                    |                    | for                      |
|   |   |                  |             |                       |                  | " <del> </del>     |                    | Partially                |
|   |   |                  |             |                       |                  |                    |                    | Distant                  |
|   |   |                  |             |                       |                  |                    |                    | Stations                 |
|   |   |                  |             |                       |                  |                    |                    |                          |
|   |   | -                |             |                       |                  |                    |                    |                          |
|   | _                                       |                  |             |                       |                  |                    |                    |                          |
|   | <u>-</u>                                |                  |             |                       |                  |                    |                    |                          |
|   |   |                  |             |                       |                  |                    |                    |                          |
| Total DSEs  | _                                       | !                | 0.00        | Total DSEs            |                  |                    | 0.00               |                          |
| Gross Receipts First G                                | roup                                    | \$               | 0.00        | Gross Receipts Secon  | nd Group         | \$                 | 0.00               |                          |
|   |   |                  |             |                       |                  |                    |                    |                          |
| Base Rate Fee First G                                 | roup                                    | \$               | 0.00        | Base Rate Fee Secon   | nd Group         | \$                 | 0.00               |                          |
| ONE HUNDRED FIF                                       | TY-NINTH                                | SUBSCRIBER GRO   |             |                       |                  | SUBSCRIBER GROU    | JP                 |                          |
| COMMUNITY/ AREA                                       |   |                  | 0           | COMMUNITY/ AREA       |                  |                    | 0                  |                          |
| CALL SIGN   | DSE                                     | CALL SIGN        | DSE         | CALL SIGN             | DSE              | CALL SIGN          | DSE                |                          |
|   |   |                  |             |                       |                  |                    |                    |                          |
|   |   |                  |             |                       |                  |                    |                    |                          |
|   |   |                  |             |                       |                  |                    |                    |                          |
|   | _                                       |                  |             |                       |                  |                    |                    |                          |
|   |   |                  |             |                       |                  | H                  |                    |                          |
|   |   |                  |             |                       |                  |                    |                    |                          |
|   |   |                  |             |                       |                  |                    |                    |                          |
|   |   |                  |             |                       |                  |                    |                    |                          |
|   |   |                  |             |                       |                  |                    |                    |                          |
|   | _                                       |                  |             |                       |                  |                    |                    |                          |
|   | _                                       |                  |             |                       |                  |                    |                    |                          |
|   | <u> </u>                                |                  |             |                       |                  |                    |                    |                          |
|   | <u> </u>                                |                  |             |                       |                  |                    |                    |                          |
| Total DSEs  |   |                  | 0.00        | Total DSEs            |                  |                    | 0.00               |                          |
| Gross Receipts Third C                                | Group                                   | \$               | 0.00        | Gross Receipts Fourt  | h Group          | \$                 | 0.00               |                          |
| Base Rate Fee Third G                                 | Group                                   | \$               | 0.00        | Base Rate Fee Fourt   | h Group          | \$                 | 0.00               |                          |
|   |   |                  |             |                       |                  |                    |                    |                          |
| <b>Base Rate Fee:</b> Add the Enter here and in block |   |                  | riber group | as shown in the boxes | above.           | •                  |                    |                          |

EGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name Lumos Media Inc 39236 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 mustalso compute a 9 Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined by section 76.5 of FCC rules in effect on June 24, 1981: Computation First 50 major television market Second 50 major television market **Base Rate Fee INSTRUCTIONS:** 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 and Syndicated this schedule. Step 2: In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were classified as **Exclusivity** Surcharge Exempt DSEs in block C, part 7 of this schedule. If none enter zero. Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge. for **Partially** Step 4: Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this Distant schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show **Stations** your actual calculations on this form. FIRST SUBSCRIBER GROUP SECOND SUBSCRIBER GROUP Line 1: Enter the VHF DSEs . . . . . . . Line 1: Enter the VHF DSEs . . . . . . Line 2: Enter the Exempt DSEs . . . . . Line 2: Enter the Exempt DSEs . . . . . Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for 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 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 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 each subscriber group as shown 

EGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name Lumos Media Inc 39236 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 mustalso compute a 9 Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined by section 76.5 of FCC rules in effect on June 24, 1981: Computation First 50 major television market Second 50 major television market **Base Rate Fee INSTRUCTIONS:** 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 and Syndicated this schedule. Step 2: In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were classified as **Exclusivity** Surcharge Exempt DSEs in block C, part 7 of this schedule. If none enter zero. Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge. for **Partially** Step 4: Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this Distant schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show **Stations** your actual calculations on this form. 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 total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation . . . . . . . . . . . . . . . . SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE 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 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 each subscriber group as shown 

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EGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name Lumos Media Inc 39236 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 mustalso compute a 9 Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined by section 76.5 of FCC rules in effect on June 24, 1981: Computation First 50 major television market Second 50 major television market **Base Rate Fee INSTRUCTIONS:** 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 and Syndicated this schedule. Step 2: In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were classified as **Exclusivity** Surcharge Exempt DSEs in block C, part 7 of this schedule. If none enter zero. Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge. for **Partially** Step 4: Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this Distant schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show **Stations** your actual calculations on this form. NINTH SUBSCRIBER GROUP TENTH SUBSCRIBER GROUP Line 1: Enter the VHF DSEs . . . . . . . Line 1: Enter the VHF DSEs . . . . . . Line 2: Enter the Exempt DSEs . . . . . Line 2: Enter the Exempt DSEs . . . . . Line 3: Subtract line 2 from line 1 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 this subscriber group subject to the surcharge subject to the surcharge computation . . . . . . . . . . . . . . . . SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY **SURCHARGE** SURCHARGE 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 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 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 each subscriber group as shown 

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EGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name Lumos Media Inc 39236 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 mustalso compute a 9 Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined by section 76.5 of FCC rules in effect on June 24, 1981: Computation First 50 major television market Second 50 major television market **Base Rate Fee INSTRUCTIONS:** 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 and Syndicated this schedule. Step 2: In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were classified as **Exclusivity** Surcharge Exempt DSEs in block C, part 7 of this schedule. If none enter zero. Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge. for **Partially** Step 4: Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this Distant schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show **Stations** your actual calculations on this form. 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 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 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 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 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 each subscriber group as shown 

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EGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name Lumos Media Inc 39236 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 mustalso compute a 9 Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined by section 76.5 of FCC rules in effect on June 24, 1981: Computation First 50 major television market Second 50 major television market **Base Rate Fee INSTRUCTIONS:** 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 and Syndicated this schedule. Step 2: In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were classified as **Exclusivity** Surcharge Exempt DSEs in block C, part 7 of this schedule. If none enter zero. Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge. for **Partially** Step 4: Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this Distant schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show **Stations** your actual calculations on this form. 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 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 this subscriber group subject to the surcharge subject to the surcharge computation . . . . . . . . . . . . . . . . computation . . . . . . . . . . . . . . . . SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE 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 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 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 each subscriber group as shown 

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