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					
02/21/23	\$ ALLOCATION NUMBER					

email to:

Return completed workbook by

coplicsoa@copyright.gov

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

Α	ACCOUNTING PERIOD COVERED BY THIS STATEM	MENT:							
Accounting	2022/2								
Period									
B Owner	Instructions: Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corpo rate title of the subsidiary, not that of the parent corporation List any other name or names under which the owner conducts the business of the cable system If there were different owners during the accounting period, only the owner on the last day of the accounting period should submi a single statement of account and royalty fee payment covering the entire accounting perioo Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.								
	LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYS	STEM							
	Celect Communications LLC								
				6164320222					
				61643 2022/2					
	PO Box 189								
	Spring Valley, WI 54767								
С	INSTRUCTIONS: In line 1, give any business or trade names								
C	names already appear in space B. In line 2, give the mailing a	ddress of the system, if diffe	erent from the address give	n in space B.					
System	1 IDENTIFICATION OF CABLE SYSTEM:								
	MAILING ADDRESS OF CABLE SYSTEM:								
	2 (Number, street, rural route, apartment, or suite number)								
	(City, town, state, zip code)								
D	Instructions: For complete space D instructions, see page 1b	o. Identify only the frst comm	nunity served below and rel	ist on page 1b					
Area	with all communities.								
Served	CITY OR TOWN	STATE							
First	Village of Elmwood	WI							
Community	Below is a sample for reporting communities if you report me	ultiple channel line-ups in S	pace G.						
	CITY OR TOWN (SAMPLE)	STATE	CH LINE UP	SUB GRP#					
Sample	Alda	MD	Α	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 Offce to collect the personally identifying information (PII) requested on th form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Offce's public indexes and in search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal suffciency of the fling, a determination that would be made by a court of law.

ACCOUNTING PERIOD: 2022/2 FORM SA3E. PAGE 1b. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: 61643 **Celect Communications LLC** Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined D in FCC rules: "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single, discrete unincorporated areas." 47 C.F.R. §76.5(dd). The frst community that you list will serve as a form Area of system identification hereafter known as the "first community." Please use it as the first community on all future fillings. Served Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified city or town. If all communities receive the same complement of television broadcast stations (i.e., one channel line-up for all), then either associate all communities with the channel line-up "A" in the appropriate column below or leave the column blank. If you report any stations on a partially distant or partially permitted basis in the DSE Schedule, associate each relevant community with a subscriber group, designated by a number (based on your reporting from Part 9). When reporting the carriage of television broadcast stations on a community-by-community basis, associate each community with a channel line-up designated by an alpha-letter(s) (based on your Space G reporting) and a subscriber group designated by a number (based on your reporting from Part 9 of the DSE Schedule) in the appropriate columns below. CITY OR TOWN STATE CH LINE UP SUB GRP# Α WI Village of Elmwood First WI Town of El Paso Community Town of Gilman WI Α Town of Martell WI Α **Town of Prairie Farm** WI Α 1 Α Town of Springfield WI See instructions for **Town of Turtle Lake** WI Α additional information on alphabetization. **Town of Vance Creek** WI Α 1 Village of Almena WI Α 1 WI Village of Spring Valley Α Village of Turtle Lake WI Α Add rows as necessary. City of Menomonie WI Α 2 Town of Cady WI Α 2 **Town of Dunn** WI Α 2 Town of Eau Galle WI Α Town of Lucas 2 WI **Town of Menomonie** WI **Town of New Haven** WI 2 Α **Town of Otter Creek** WI Α 2 Town of Peru WI Α 2 Town of Red Cedar WI Α Town of Rock Elm WI 2 Town of Sheridan WI Α **Town of Sherman** WI 2 Α 2 **Town of Spring Lake** WI Α Α **Town of Weston** WI 2 WI Α Village of Ridgeland 2 Village of Wilson WI Α **Town of Colfax** WI 3 **Town of Elk Mound** WI Α 3 **Town of Grant** WI 3 Α Town of Rock Creek Α WI 3 Α 3 **Town of Sand Creek** WI Town of Springbrook WI Α 3 3 Town of Tainter WI Α Village of Sand Creek WI 3 City of Barron WI 4 City of Chetek WI Α 4 City of Rice Lake WI 4 **Town of Cedar Lake** WI Α

WI

WI

Town of Chetek

Town of Crystal Lake

4

Α

Town of Dallas	WI	Α	4
Town of Dovre	WI	Α	4
Town of Doyle	WI	Α	4
Town of Prairie Lake	WI	Α	4
Town of Sioux Creek	WI	Α	4
Town of Stanley	WI	Α	4
Town of Sumner	WI	Α	4
/illage of Cameron	WI	Α	4
/illage of Dallas	WI	Α	4
/illage of New Auburn	WI	Α	4
City of Cumberland	WI	Α	5
City of Bloomer	WI	В	6
City of Cornell	WI	В	6
City of Eau Claire	WI	В	6
Town of Anson	Wi	В	6
Town of Arthur	Wi	В	6
Town of Auburn	Wi	В	6
Town of Birch Creek	Wi	В	6
Town of Bloomer	W	В	6
Town of Brunzwick	WI	В	
Town of Cleveland	WI	В	6
Town of Colburn		В	6
	WI		6
Γown of Cook Valley	WI	В	6
Town of Drammen	WI	В	6
Γown of Eagle Point	WI	В	6
Town of Estella	WI	В	6
Γown of Goetz	WI	В	6
Γown of Howard	WI	В	6
Town of Lake Holcombe	WI	В	6
Гоwn of Naples	WI	В	6
Гоwn of Rusk	WI	В	6
Гоwn of Sampson	WI	В	6
Town of Tilden	WI	В	6
Town of Union	WI	В	6
Town of Wheaton	WI	В	6
Town of Wood Mohr	WI	В	6
Village of New Auburn	WI	В	6
Town of Waterville	WI	В	7
Town of Waubeek	Wi	В	7
Town of Albany	Wi	В	8
Town of Atlanta	Wi	В	9
Town of Atlanta	W	В	9
Town of Grant	W	В	9
Town of Hubbard	WI	В	9
Town of Murry	W	В	9
Town of Big Bend	WI	В	10
Town of Marshall	WI	В	10
Town of Strickland	WI	В	10
Town of Stubbs	WI	В	10
Town of Thornapple	WI	В	10
Гоwn of Washington	WI	В	10
Γown of Willard	WI	В	10
/illage of Sheldon	WI	В	10
/illage of Birchwood	Wi	Α	5
/illage of Lake Hallie	WI	В	6

Name LEGAL NAME OF OWNER OF CABLE SYSTEM:

Celect Communications LLC

SYSTEM ID#
61643

Ε

SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

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

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

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

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

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

BL	OCK 1		BLOCK 2				
CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE	CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE		
Residential:							
 Service to first set 	4,446	\$ 31.79	Residential Service to first set	2,407	\$ 32.13		
 Service to additional set(s) 							
 FM radio (if separate rate) 							
Motel, hotel							
Commercial							
Converter							
 Residential 							
 Non-residential 							
				·	†		

F

Services Other Than Secondary Transmissions: Rates

SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

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

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

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

	BLOCK 2						
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	CATEGORY OF SERVICE	F	RATE		
Continuing Services:		Installation: Non-residential					
Pay cable	\$ 63.95	Motel, hotel			Digital Sports	\$	9.95
 Pay cable—add'l channel 	\$ 24.95	Commercial			HD Equipment Fee	\$	9.95
Fire protection		• Pay cable			Premium Movies	\$	15.00
Burglar protection		Pay cable-add'l channel	• Pay cable-add'l channel				19.95
Installation: Residential		Fire protection			Digital Music	\$	-
First set	\$ 24.95	Burglar protection			VOD	\$	-
 Additional set(s) 	\$ 45.00	Other services:			Digital STB	\$	6.95
• FM radio (if separate rate)		Reconnect	\$	25.00	DVR STB	\$	9.95
Converter		Disconnect			WHDVR	\$	5.00
		Outlet relocation	\$	85.00	Watch TV Everywhere	\$	-
		 Move to new address 	\$	24.95			

Celect Comm	wner of Cable SYS nunications LL				SYSTEM ID: 61643	Namo
PRIMARY TRANSMIT	TERS: TELEVISIO	N				
carried by your cable FCC rules and regul 76.59(d)(2) and (4), substitute program b	e system during the lations in effect or 76.61(e)(2) and (4 basis, as explained	ne accounting n June 24, 198 4), or 76.63 (r d in the next p	period, except 31, permitting the eferring to 76.6 paragraph.	(1) stations carrie e carriage of cert 1(e)(2) and (4))];	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	G Primary Transmitters
				carried by your	cable system on a substitute program	Television
station was carrie List the station her basis. For further in the paper SA3	ion here in space ed only on a subst e, and also in spa r information conc form.	G—but do list titute basis. ce I, if the sta erning substit	t it in space I (th tion was carried ute basis station	I both on a substi	ent and Program Log)—if the tute basis and also on some other of the general instructions located es such as HBO, ESPN, etc. Identify	
each multicast strea	am associated with	n a station acc	cording to its over	er-the-air designa	ition. For example, report multi-	
cast stream as "WE ^r NETA-simulcast).	TA-2". Simulcast s	streams must	be reported in o	column 1 (list eac	h stream separately; for example	
	the channel numb	er the FCC h	as assigned to	the television stat	ion for broadcasting over-the-air in	
ts community of lice on which your cable	•		annel 4 in Wash	ington, D.C. This	may be different from the channel	
for independent mu for the meaning of the Column 4: If the column 5: If you cable system carried the distant so For the retransmonth of a written agreement of a written agreement.	ulticast), "E" (for no these terms, see p station is outside ervice area, see pa u have entered "Ye d the distant statio tation on a part-tir ission of a distant ent entered into or	oncommercial page (v) of the the local servage (v) of the ges" in column on during the ameliast street or before Ju	educational), of general instructive area, (i.e. "cgeneral instructive, you must coraccounting periouse of lack of a gam that is not sone 30, 2009, be	r "E-M" (for nonce ctions located in t distant"), enter "Ye cons located in the applete column 5, ad. Indicate by en ctivated channel ubject to a royalty tween a cable sy	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	
cion "E" (exempt). For explanation of these Column 6: Give FCC. For Mexican of Note: If you are utilise.	or simulcasts, also e three categories, the location of eac or Canadian statio izing multiple char	o enter "E". If y see page (v) ch station. Fo ns, if any, give nnel line-ups,	you carried the of the general i r U.S. stations, e the name of th	channel on any o nstructions locate list the communit ne community with space G for each	transmitter, enter the designather 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. 6. LOCATION OF STATION	
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ion "E" (exempt). For explanation of these Column 6: Give FCC. For Mexican or Note: If you are utilist. CALL SIGN CARE CARE-DT2 CARE-DT3 CARE-DT4 CARE-DT5 CMSP CMSP-DT2 CSTC-DT CSTC-DT3 CSTC-DT4 CSTC-DT4 CSTP-DT2 CSTP-DT2	or simulcasts, also three categories, the location of ear or Canadian station zing multiple charman with the location of ear or Canadian station zing multiple charman with the location of ear or Canadian station zing multiple charman with the location zing multiple charman with the location zing multiple charman with zing multiple zing zing zing zing zing zing zing zing	o enter "E". If y see page (v) ch station. Fo ns, if any, give nnel line-ups, CHANN 3. TYPE OF STATION N I-M I-M I-M I-M I-M I-M I-M	you carried the of the general is r U.S. stations, ee the name of the use a separate EL LINE-UP 4. DISTANT? (Yes or No) NO NO NO NO NO NO NO NO NO N	channel on any o nstructions locate list the community the community with space G for each AA 5. BASIS OF CARRIAGE	ther basis, enter "O." For a further ed in the paper SA3 form. It is to which the station is licensed by the make the which the station is identified. It is channel line-up. 6. LOCATION OF STATION MPLS, MN	additional informatio
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tion "E" (exempt). For explanation of these Column 6: Give FCC. For Mexican of Note: If you are utiling.	cor simulcasts, also a three categories, the location of ear or Canadian station zing multiple charman and the correct of the	o enter "E". If y see page (v) ch station. Fo ns, if any, give anel line-ups, if any in the line in th	you carried the of the general is r U.S. stations, ee the name of the use a separate EL LINE-UP 4. DISTANT? (Yes or No) NO NO NO NO NO NO NO NO NO N	channel on any onstructions locate list the community with space G for each AA 5. BASIS OF CARRIAGE (If Distant)	ther basis, enter "O." For a further ed in the paper SA3 form. It is to which the station is licensed by the make the which the station is identified. It is channel line-up. 6. LOCATION OF STATION MPLS, MN ST PAUL, MN ST PAUL, MN ST PAUL, MN	additional informatio

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 61643 Celect Communications LLC

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

		CHANN	EL LINE-UP	A, Cont.	
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION
WEAU	38	N	No		EAU CLAIRE, WI
WEUX	49	N	NO		CHIPPEWA FALLS, WI
KMSP-DT3	9.3	I-M	NO		MPLS, MN
WHWC	27	E	NO		MENOMONIE, WI
WHWC-DT2	27.2	E-M	NO		MENOMONIE, WI
WHWC-DT3	27.3	E-M	NO		MENOMONIE, WI
WHWC-DT4	27.4	E-M	NO		MENOMONIE, WI
WKBT	8	N	Yes	0	LA CROSSE, WI
WQOW	15	N	Yes	0	LA CROSSE, WI
WUCW	22	I	NO		MPLS, MN
WUCW-DT2	22.2	I-M	NO		MPLS, MN
WUCW-DT3	22.3	I-M	NO		MPLS, MN
WUCW-DT4	22.4	I-M	NO		MPLS, MN
WUCW-DT5	22.5	I-M	NO		MPLS, MN

G

Primary Transmitters: Television

Primary

Transmitters:

Television

FORM SA3E. PAGE 3. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name **Celect Communications LLC** 61643 PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G

carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a 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 identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.

		CHANN	EL LINE-UP	В	
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION
KARE	11	N	YES	О	MPLS, MN
KMSP	9	N	YES	0	MPLS, MN
KSTP	35	N	YES	0	ST PAUL, MN
WQOW	15	N	NO		LA CROSSE, WI
WKBT	8	N	NO		LA CROSSE, WI
WEAU-DT4	38.4	I-M	NO		EAU CLAIRE, WI
KTCA	34	E	YES	0	ST PAUL, MN
KTCA-DT5	34.5	E-M	YES	0	ST PAUL, MN
wcco	32	N	YES	0	MPLS, MN
WEAU	38	N	NO		EAU CLAIRE, WI
WEAU-DT2	38.2	I-M	NO		EAU CLAIRE, WI
WEAU-DT3	38.3	I-M	NO		EAU CLAIRE, WI
WEUX	49	N	NO		CHIPPEWA FALLS, WI
WEUX-DT2	49.2	I-M	NO		CHIPPEWA FALLS, WI
WHWC	27	E	NO		MENOMONIE, WI
WHWC-DT2	27.2	E-M	NO		MENOMONIE, WI
WHWC-DT3	27.3	E-M	NO		MENOMONIE, WI
WHWC-DT4	27.4	E-M	NO		MENOMONIE, WI

FORM SA3E. PAGE 3.					ACCOUNTIN	NG PERIOD: 2022/2
LEGAL NAME OF OWN	IER OF CABLE SY	/STEM:			SYSTEM ID#	Name
Celect Commu	nications LI	_C			61643	
PRIMARY TRANSMITTE	ERS: TELEVISIO	ON				
carried by your cable s FCC rules and regulati	system during the cons in effect or	he accounting n June 24, 19	period, except 81, permitting th	(1) stations carrie	s and low power television stations) ed only on a part-time basis under ain network programs [sections	G
substitute program bas	` ' ' '	,. ,	•	1(e)(2) and (4))]; a	and (2) certain stations carried on a	Primary Transmitters:
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 station was carried 	•		t it in space I (th	e Special Statem	ent and Program Log)—if the	
	formation conc				tute basis and also on some other of the general instructions located	
Column 1: List eac	h station's call	-		. •	s such as HBO, ESPN, etc. Identify	
			•	•	tion. For example, report multi- h stream separately; for example	
	e. For example	e, WRC is Ch	•		ion for broadcasting over-the-air in may be different from the channel	
Column 3: Indicate	in each case v	vhether the st			ependent station, or a noncommercial	
					east), "I" (for independent), "I-M" ommercial educational multicast).	
For the meaning of the Column 4: If the sta					ne paper SA3 form. es". If not, enter "No". For an ex-	
planation of local servi	ce area, see pa	age (v) of the	general instruct	ions located in the	e paper SA3 form.	
					stating the basis on which your tering "LAC" if your cable system	
carried the distant stati	•				capacity. / payment because it is the subject	
of a written agreement	entered into o	n or before Ju	ıne 30, 2009, be	etween a cable sys	stem or an association representing	
tion "E" (exempt). For	simulcasts, also	enter "E". If	you carried the	channel on any of	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	
FCC. For Mexican or C	Canadian statio	ns, if any, giv	e the name of th	ne community with	n which the station is identifed.	
Note: If you are utilizin	g multiple char			<u>'</u>	channel line-up.	
	I	CHANN	EL LINE-UP	B, CONT.		
1. CALL	2. B'CAST	3. TYPE	4. DISTANT?	5. BASIS OF	6. LOCATION OF STATION	
SIGN	CHANNEL NUMBER	OF STATION	(Yes or No)	CARRIAGE (If Distant)		
WEUX-DT3	49.3	I-M	NO		CHIPPEWA FALLS, WI	
WEUX-DT4	49.4	I-M	NO		CHIPPEWA FALLS, WI	
WEAU-DT6	38.6	I-M	NO		EAU CLAIRE, WI	
WQOW-DT4	15.4	I-M	NO		EAU CLAIRE, WI	
WQOW-DT5	15.5	I-M	NO		EAU CLAIRE, WI	

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

FORM SA3E. PAGE 3.						
LEGAL NAME OF OWN					SYSTEM ID#	Name
Celect Commu	nications LI	LC			61643	
PRIMARY TRANSMITTE	RS: TELEVISIO	N				
In General: In space C carried by your cable s FCC rules and regulati 76.59(d)(2) and (4), 76 substitute program bas Substitute Basis S basis under specifc FC Do not list the station station was carried List the station here, basis. For further in in the paper SA3 fo Column 1: List eac each multicast stream cast stream as "WETA WETA-simulcast). Column 2: Give the its community of licens on which your cable sy Column 3: Indicate educational station, by (for independent multic For the meaning of the Column 5: If you h cable system carried th carried the distant stat For the retransmiss of a written agreement the cable system and a tion "E" (exempt). For explanation of these th Column 6: Give the	G, identify even by stem during the ions in effect or ions. With a CC rules, regular here in space only on a substand also in spatformation concern. The station's call associated with each case with each each case with each each each each each each each eac	y television state accounting in June 24, 194, or 76.63 (r din the next prespect to any ations, or auth G—but do list titute basis. ace I, if the state acrining substitions in a station account of the station account of the station. Whether the station whether the station. Whether the station account of the local server in column on during the same basis becar in multicast stream or before Jumitter or an associated in the station. For example, (v) of the same basis becar in column or during the same basis becar in column or during the same basis becar in or before Jumitter or an associated in the same basis becar in column or during the same basis becar in column or defore Jumitter or an associated in the same basis becar in column or defore Jumitter or an associated in the same basis becar in column or defore Jumitter or an associated in the same basis becar in column or defore Jumitter or an associated in the same basis becar in column or defore Jumitter or an associated in the same basis becar in column or defore Jumitter or an associated in the same basis becar in column or defore Jumitter or an associated in the same basis becar in column or defore Jumitter or an associated in the same basis becar in column or defore Jumitter or an associated in the same basis becar in column or defore Jumitter or an associated in the same basis becar in the sa	g period, except 81, permitting the referring to 76.67 paragraph. 7 distant stations forizations: to the station was carried that the basis station report origination cording to its over the period of the station is a network etwork), "N-M" (I reducational), one general instructional etwork), such that is not some 30, 2009, be sesociation representation representational etwork).	(1) stations carrie e carriage of certa 1(e)(2) and (4))]; a carried by your ce special Statement of both on a substitute, see page (v) of a program services er-the-air designate column 1 (list each the television statington, D.C. This in the television statington, D.C. This in the television statington, D.C. This in the television statington, but the television statington in the more television statington in the television statington, but the television statington in the television statington, but the television statington, but the television statington in the television statington, but the television statington in the television statington, but the television statington in the television statington, but the television statington, but the television statington in the television statington, but the television statington in the television statington, but the television statington, but the television statington in the television statington, but the television statington in the television statington, but the television statington in the television statin	s". If not, enter "No". For an ex- paper SA3 form. stating the basis on which your ering "LAC" if your cable system	Primary Transmitters: Television
Note: If you are utilizing	ng multiple char	nel line-ups,	use a separate s	space G for each	channel line-up.	
		CHANN	EL LINE-UP	AF		
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION	

FORM SA3E. PAGE 3.						
LEGAL NAME OF OWN						Name
Celect Commu	nications LI	LC			61643	
PRIMARY TRANSMITTI In General: In space of carried by your cable of FCC rules and regulated 76.59(d)(2) and (4), 76 substitute program because the substitute program because the substitute Basis of For further in the paper SA3 for Column 1: List each multicast stream cast stream as "WETA-Simulcast). Column 2: Give the substitute of Substitute Basis of Substitute	enications LI ERS: TELEVISIO G, identify every system during to ions in effect on 6.61(e)(2) and (sis, as explaine Stations: With a CC rules, regula in here in space only on a subs and also in spa information cond ion. In the station's call associated with associated with in each case to in each cas	y television state accounting an June 24, 194, or 76.63 (rad in the next prespect to any ations, or auth G—but do list titute basis. ace I, if the state aring substitions as treams must be the FCC has whether the state "N" (for moncommercial page (v) of the the local servage (v) of the es" in column	g period, except 81, permitting the 181, permitting the 181, permitting the 181, permitting the 181, permitting to 76.6 paragraph. If distant stations orizations: to the station was carried to the 181, permitting to the 181, permitting to the 181, permitting to the 181, permitting to 181, permitt	(1) stations carried to carriage of certain (e)(2) and (4))]; as carried by your context of both on a substitution, see page (v) on program services the television statification, D.C. This light of the television statification, an indefer network multicular "E-M" (for noncontries of the television), an indefer network multicular "E-M" (for noncontries of the television), an indefer network multicular "E-M" (for noncontries of the television), an indefer network multicular "E-M" (for noncontries of the television), an indeference of the television in the distant"), enter "Ye ions located in the mplete column 5, s	s". If not, enter "No". For an ex-	G Primary Transmitters: Television
of a written agreement the cable system and tion "E" (exempt). For explanation of these th Column 6: Give the	sion of a distant tentered into o a primary trans simulcasts, also ree categories e location of ea Canadian statio	multicast streen or before Jumitter or an associated enter "E". If , see page (v) ch station. Fo	eam that is not some 30, 2009, be ssociation repre you carried the of the general in tr U.S. stations, e the name of the	subject to a royalty stween a cable sys- senting the primal channel on any ot instructions locate list the community ne community with	payment because it is the subject stem or an association representing by transmitter, enter the designather basis, enter "O." For a further d in the paper SA3 form. To which the station is licensed by the which the station is identifed.	
, , , , , , , , , , , , , , , , , , , ,		• •	EL LINE-UP			
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION	
				•		
					(

FORM SA3E. PAGE 3.						
LEGAL NAME OF OWN					SYSTEM ID#	Name
Celect Commu	nications LI	LC			61643	
PRIMARY TRANSMITTE	RS: TELEVISIO	ON				
In General: In space C carried by your cable s FCC rules and regulati 76.59(d)(2) and (4), 76 substitute program bas Substitute Basis S basis under specifc FC Do not list the station station was carried List the station here, basis. For further in in the paper SA3 fo Column 1: List eac each multicast stream cast stream as "WETA WETA-simulcast). Column 2: Give the its community of licens on which your cable sy Column 3: Indicate educational station, by (for independent multic For the meaning of the Column 5: If you h cable system carried th carried the distant stat For the retransmiss of a written agreement the cable system and a tion "E" (exempt). For explanation of these th Column 6: Give the	G, identify even during the cons in effect on a fattons: With a carried the constant of the co	y television standard and accounting in June 24, 194, or 76.63 (in din the next prespect to any ations, or auth G—but do listitute basis. In the standard account in a station account in a station account in a station account in a station. In the station account in a station account in a station account in a station account in a station. In the local service in column and unring the same basis because in a station and unring the same basis because in a station. In a service in a ser	g period, except 81, permitting the referring to 76.6 paragraph. It is a control of the fermion of the referring to 76.6 paragraph. It is a control of the referring to 76.6 paragraph. It is space I (the referring to report origination control of the reported in the referring to 76 per referring to 10	(1) stations carrie e carriage of certa 1(e)(2) and (4))]; a carried by your ce special Statement of both on a substitute, see page (v) of a program services er-the-air designate column 1 (list each the television statington, D.C. This in the television statington, D.C. This in the television statington, D.C. This in the television statington, but the television statington in the more television statington in the television statington, but the television statington in the television statington, but the television statington, but the television statington in the television statington, but the television statington in the television statington, but the television statington in the television statington, but the television statington, but the television statington in the television statington, but the television statington in the television statington, but the television statington, but the television statington in the television statington, but the television statington in the television statington, but the television statington in the television statin	s". If not, enter "No". For an ex- paper SA3 form. stating the basis on which your ering "LAC" if your cable system	Primary Transmitters: Television
Note: If you are utilizing	g multiple char	nnel line-ups,	use a separate	space G for each	channel line-up.	
		CHANN	EL LINE-UP	AH		
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION	

FORM SA3E. PAGE 3.						1	
LEGAL NAME OF OWN					SYSTEM ID#	Name	
Celect Commu	nications LI	_C			61643		
PRIMARY TRANSMITT	ERS: TELEVISIO	ON					
In General: In space G, identify every television station (including translator stations and low power television stations) carried only our 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 as sociated 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 particular the letter "N" (for network), "N-M" (for network multicast), "" (for independent), "I-M" (for independent							
				•			
		CHANN	EL LINE-UP	ΔΙ			
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION		

FORM SA3E. PAGE 3.						1	
LEGAL NAME OF OWN					SYSTEM ID#	Name	
Celect Commu	nications LI	LC			61643		
PRIMARY TRANSMITT	ERS: TELEVISIO	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-line 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 as sociated 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), "" (for independent), "I-M" (for ind							
				•			
-		CHANN	EL LINE-UP	ΔΙ	·		
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION		
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FORM SA3E. PAGE 3.						
LEGAL NAME OF OWNER OF CABLE SYSTEM:				SYSTEM ID#	Name	
Celect Commu	nications LI	LC			61643	
PRIMARY TRANSMITTI	ERS: TELEVISIO	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), 07.66.16(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 multicast). "E" (for noncommercial educational) or "E-m" (for noncommercial educational) multicast). To report the s						
Note: If you are utilizir	ng multiple char	nnel line-ups,	use a separate	space G for each	channel line-up.	
		CHANN	EL LINE-UP	AK		
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION	

FORM SA3E. PAGE 3.							
LEGAL NAME OF OWN	IER OF CABLE SY	STEM:			SYSTEM ID#	Name	
Celect Commu	nications Ll	_C			61643	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)) or 76.63 (referring to 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 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 specife 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							
Note: If you are utilizir	ng multiple char	nnel line-ups,	use a separate	space G for each	channel line-up.		
		CHANN	EL LINE-UP	AL			
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION		

FORM SA3E. PAGE 3.					Т
LEGAL NAME OF OWNER OF (SYSTEM ID#	Name
Celect Communicati	ions LLC			61643	
PRIMARY TRANSMITTERS: TE	ELEVISION				
carried by your cable system FCC rules and regulations in 76.59(d)(2) and (4), 76.61(e)(substitute program basis, as	during the accounting effect on June 24, 19 (2) and (4), or 76.63 (2) explained in the next s: With respect to an	g period, except 981, permitting th referring to 76.6 paragraph. y distant stations	(1) stations carrie ne carriage of certa 1(e)(2) and (4))]; a	and low power television stations) of only on a part-time basis under ain network programs [sections and (2) certain stations carried on a able system on a substitute program	G Primary Transmitters: Television
basis. For further informati in the paper SA3 form. Column 1: List each static each multicast stream associcast stream as "WETA-2". Sir WETA-simulcast). Column 2: Give the chanrits community of license. For on which your cable system of Column 3: Indicate in each educational station, by enterir (for independent multicast), "If For the meaning of these term Column 4: If the station is planation of local service area Column 5: If you have end cable system carried the distant station on For the retransmission of a of a written agreement enteres the cable system and a primation "E" (exempt). For simulcate explanation of these three calculumn 6: Give the location of the set of the cable system and a primation "E" (exempt). For simulcate calculumn 6: Give the location of the set of the calculumn 6: Give the location of the set of the calculumn 6: Give the location of the set of the calculumn 6: Give the location of the set of the calculumn 6: Give the location of the set of the calculumn 6: Give the location of the set of the calculumn 6: Give the location of the set of the calculumn 6: Give the location of the set of the calculumn 6: Give the location of the set of the calculumn 6: Give the location of the set of the calculumn 6: Give the location of the set of the calculumn for the set of the calculumn for	n a substitute basis. so in space I, if the st ion concerning substitute basis on 's call sign. Do not fated with a station act mulcast streams must nel number the FCC I example, WRC is Charried the station. The case whether the sing the letter "N" (for nel for noncommercians, see page (v) of the soutside the local ser a, see page (v) of the tered "Yes" in columnant station during the a part-time basis because a distant multicast streed into on or before Juary transmitter or an asts, also enter "E". If tegories, see page (v) on of each station. For	ation was carried itute basis station report origination report origination report of its over the reported in the sassigned to has assigned to have general instructivities area, (i.e. "or general instructivities area, (i.e. "or general instruction 4, you must confuse of lack of a eam that is not so has association representation of the general for U.S. stations,	d both on a substitus, see page (v) on program service: er-the-air designate column 1 (list each the television statistington, D.C. This bork station, an indefor network multicor "E-M" (for noncetions located in the first occurred in the molecular to a royalty stween a cable systematic to a royalty structions located in the subject to a royalty struction and the primain channel on any of instructions locate list the community	ute basis and also on some other f the general instructions located is such as HBO, ESPN, etc. Identify tion. For example, report multinateram separately; for example on for broadcasting over-the-air in imay be different from the channel expendent station, or a noncommercial east), "I" (for independent), "I-M" immercial educational multicast). The paper SA3 form. In the paper SA3 form. In the paper SA3 form. It is in the basis on which your pering "LAC" if your cable system capacity. The paper shade it is the subject stem or an association representing the transmitter, enter the designation is such as the paper shade in the designation in the paper shade it is the subject stem or an association representing the pasis, enter "O." For a further	
Note: If you are utilizing multi		<u>'</u>	<u> </u>	channel line-up.	
		4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION	
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FORM SA3E. PAGE 3.							
LEGAL NAME OF OWN					SYSTEM ID#	Name	
Celect Commu	nications LI	_C			61643		
PRIMARY TRANSMITT	ERS: TELEVISIO	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, 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-N" (for network multicast), "" (for independent), "I-M" (for inde							
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		CHANN	EL LINE-UP	AN			
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	1	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION		
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FURM SAJE. PAGE 3.					0\/0TEM ID#	
Celect Commu					SYSTEM ID# 61643	Name
PRIMARY TRANSMITTI	ERS: TELEVISIO	DN				
carried by your cable s FCC rules and regulat 76.59(d)(2) and (4), 76 substitute program base	system during the constant of	he accounting n June 24, 198 (4), or 76.63 (r ed in the next p	g period, except 81, permitting th referring to 76.6° paragraph.	(1) stations carrie the carriage of certa 1(e)(2) and (4))]; a	and low power television stations) d only on a part-time basis under ain network programs [sections and (2) certain stations carried on a able system on a substitute program	G Primary Transmitters: Television
basis under specifc FC Do not list the station station was carried List the station here, basis. For further in in the paper SA3 fo Column 1: List eac each multicast stream cast stream as "WETA WETA-simulcast). Column 2: Give th its community of licens on which your cable sy Column 3: Indicate educational station, by (for independent multic For the meaning of the Column 5: If you h cable system carried th carried the distant stat For the retransmiss of a written agreement the cable system and tion "E" (exempt). For explanation of these th Column 6: Give the	CC rules, regular here in space only on a substand also in spation and also in spation and associated with a space on a spatial associated with a spatial associated assoc	ations, or auth G—but do list titute basis. ace I, if the state rining substit sign. Do not read that the station acceptable streams must ber the FCC heaps ace (v) of the station acceptable (v) of the station. For acceptable (v) ac	tit in space I (the ation was carried tute basis station report origination cording to its over the ation was assigned to the annel 4 in Wash ation is a network), "N-M" (I educational), or general instruction as a same that is not some counting period accounting p	e Special Statemed both on a substitute, see page (v) of a program services er-the-air designate column 1 (list each the television statilington, D.C. This interest of the television statilington, D.C. This int	ent and Program Log)—if the ute basis and also on some other if the general instructions located is such as HBO, ESPN, etc. Identify ition. For example, report multi- instream separately; for example on for broadcasting over-the-air in imay be different from the channel upendent station, or a noncommercial ast), "I" (for independent), "I-M" immercial educational multicast). In paper SA3 form. If not, enter "No". For an ex- in paper SA3 form. Istating the basis on which your cering "LAC" if your cable system capacity. In payment because it is the subject istem or an association representing into the paper SA3 form. It is the subject of the station is licensed by the into which the station is licensed by the into which the station is identified.	
,		•	EL LINE-UP		'	
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION	

FORM SA3E. PAGE 3.						
LEGAL NAME OF OWI					SYSTEM ID#	Name
Celect Commu	ınications LI	_C			61643	
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), "If						
the cable system and tion "E" (exempt). For explanation of these the Column 6: Give the	a primary trans simulcasts, also hree categories e location of ea Canadian statio	mitter or an as o enter "E". If , see page (v) ch station. Fo ons, if any, give nnel line-ups,	ssociation repres you carried the o of the general i or U.S. stations, I e the name of th	senting the primar channel on any ot instructions locate list the community ne community with space G for each	y transmitter, enter the designa- her basis, enter "O." For a further d in the paper SA3 form. to which the station is licensed by the which the station is identifed.	
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION	

FORM SA3E. PAGE 3.							
	LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID#						
Celect Commu	nications LI	LC			61643	Name	
PRIMARY TRANSMITTERS: TELEVISION							
In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some 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 sociated 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), "" (for independent), "I-M" (for inde							
Note: If you are utilizing	g multiple char	nnel line-ups,	use a separate	space G for each	channel line-up.		
		CHANN	EL LINE-UP	AQ			
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION		

FORM SA3E. PAGE 3.							
	LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID#						
Celect Commu	nications LI	LC			61643	Name	
PRIMARY TRANSMITTERS: TELEVISION							
In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations: • Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. • List the station here, and also in space I, if the station was carried both on a substitute basis and also on some 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), "" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational) or "EM" (for noncommercial educational) or lea							
Note: If you are utilizing	g multiple char	nnel line-ups,	use a separate	space G for each	channel line-up.		
		CHANN	EL LINE-UP	AR			
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION		

FORM SA3E. PAGE 3.							
LEGAL NAME OF OWN					SYSTEM ID#	Name	
Celect Commu	nications LI	LC			61643		
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							
carried the distant station on a part-time basis because of lack of activated channel capacity.							
, , , , , , , , , , , , , , , , , , , ,		• '	EL LINE-UP	•			
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION		

FORM SA3E. PAGE 3.						1	
LEGAL NAME OF OWN					SYSTEM ID#	Name	
Celect Commu	nications LI	_C			61643		
PRIMARY TRANSMITT	ERS: TELEVISIO	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, 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 sociated 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-N" (for network multicast), "" (for independent), "I-M" (for ind							
		. ,		•			
		CHANN	EL LINE-UP	AT			
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION		
				,			
						-	

FORM SA3E. PAGE 3.						
LEGAL NAME OF OWN					SYSTEM ID#	Name
Celect Commu	nications LI	LC			61643	
PRIMARY TRANSMITT	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 bas 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 fc 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 multi-For the meaning of the Column 4: If the st	G, identify even by stem during the constructions in effect or Scholars. With a CC rules, regular here in space only on a substand also in spationary of the construction of the construction. The station's call associated with each case we entering the least), "E" (for nease terms, see lation is outside	y television st he accounting h June 24, 19 4), or 76.63 (r d in the next respect to any attions, or auth G—but do lis- titute basis. ace I, if the sta- terning substiff sign. Do not r h a station ac- streams must beer the FCC has, WRC is Cha- e, WRC is Cha- ne station. whether the state of the state of the state of the page (v) of the the local servers.	g period, except 81, permitting the referring to 76.6 paragraph. It distant stations orizations: to the station was carried to the station was station to be reported in control of the station is a network attion is a network work, "N-M" ("I educational), one general instructice area, (i.e. "Control of the station is a network of the stational of th	(1) stations carrie to carriage of certa 1(e)(2) and (4))]; as carried by your context of both on a substitution, see page (v) on program services the television statifington, D.C. This lark station, an indefor network multicutions located in the distant"), enter "Yestation of carries of the television statifications of the television statifications of the television statifications of the television statifications of the television statification, an indeforment of the television, and the television of the television of the television, and the television of the television	s". If not, enter "No". For an ex-	G Primary Transmitters: Television
planation of local servi					paper SA3 form. stating the basis on which your	
cable system carried t	he distant statio	on during the	accounting perio	od. Indicate by ent	ering "LAC" if your cable system	
	ion of a distant	multicast stre	eam that is not s	ubject to a royalty	payment because it is the subject	
_				•	tem or an association representing y transmitter, enter the designa-	
` ' '			•	•	her basis, enter "O." For a further d in the paper SA3 form.	
Column 6: Give the	e location of ea	ch station. Fo	r U.S. stations,	list the community	to which the station is licensed by the which the station is identified.	
Note: If you are utilizing				•		
		CHANN	EL LINE-UP	AU		
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION	
				(=)		
		 				
L						

FORM SA3E. PAGE 3.						1
LEGAL NAME OF OWN					SYSTEM ID#	Name
Celect Commu	nications LI	LC			61643	
PRIMARY TRANSMITT	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 bas Substitute Pasis Pasis Substitute Pasis Substitute Pasis Substitute Pasis Substitute Pasis Substitute Pasis Pasi	G, identify even by system during the ions in effect or io.6.61(e)(2) and (sis, as explaine stations: With a CC rules, regular here in space only on a substand also in spation and associated with a case of the ineach case we are each case we are each case we are each case we are each case of a distant static ion on a part-time ion of a distant at entered into on a primary trans simulcasts, also are categories	y television standard and accounting an June 24, 194, or 76.63 (rad in the next prespect to any ations, or auth G—but do listitute basis. In the standard account of the local service of the local	g period, except 81, permitting the 181, permitting the 181, permitting the 181, permitting the 181, permitting to 76.6 paragraph. If distant stations orizations: It it in space I (the 181 tinns as a sation to 182 tinns as assigned to 182 tinns assigned to 182 tinns as as as as a second tinns as as as as a second tinns as a secon	(1) stations carried to carriage of certa- 1(e)(2) and (4))]; as carried by your of the Special Statement of both on a substiffus, see page (v) on program service the er-the-air designation of the television statistication, D.C. This work station, an indefor network multicon "E-M" (for noncontrol located in the distant"), enter "Yesions located in the implete column 5, and Indicate by entitle to a royalty statement of the primal channel on any of instructions located in the included in the	es". If not, enter "No". For an ex- e paper SA3 form. stating the basis on which your tering "LAC" if your cable system	Primary Transmitters: Television
Note: If you are utilizing				•	n which the station is identifed. channel line-up.	
		CHANN	EL LINE-UP	ΔV		
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION	
				,		
						-

FORM SA3E. PAGE 3.						1
LEGAL NAME OF OWN					SYSTEM ID#	Name
Celect Commu	nications LI	LC			61643	
PRIMARY TRANSMITT	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 bas Substitute Pasis Subsis 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 WETA-simulcast). Column 2: Give the its community of licens on which your cable sy Column 3: Indicate educational station, by (for independent multi-For the meaning of the Column 5: If you h cable system carried the carried the distant stat For the retransmiss of a written agreement the cable system and tion "E" (exempt). For explanation of these the Column 6: Give t	G, identify even system during the ions in effect of 6.61(e)(2) and (sis, as explaine stations: With a CC rules, regular here in space only on a substand also in spationmation conditions. With a condition in the station's call associated with a case of a c	y television standard and accounting in June 24, 194, or 76.63 (in din the next prespect to any ations, or auth G—but do listitute basis. In the standard account in a station account in a station account in a station account in a station. In the station account in a station account in a station account in a station account in a station. In the local service in column and unring the same basis because in a station and unring the same basis because in a station. In a service in a ser	g period, except 81, permitting the 181, permitting the 181, permitting the 181, permitting the 181, permitting to 76.6 paragraph. If distant stations orizations: It it in space I (the 181 tinn was carried the 181 tinn was carried to 181 tinn was carried to 181 tinn was sation to 181 tinn was assigned to 181 tinn was	(1) stations carried to carriage of certa- 1(e)(2) and (4))]; as a carried by your of the Special Statement of both on a substitution, see page (v) on a program service the er-the-air designation of the television statisticity of the television statisticity, enter "Yes to consider the television statisticity, enter "Yes to consider the television statisticity of the tel	es". If not, enter "No". For an ex- e paper SA3 form. stating the basis on which your tering "LAC" if your cable system	Primary Transmitters: Television
Note: If you are utilizir				•		
		CHANN	EL LINE-UP	AW		
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION	
						-
						-

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

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name 61643 **Celect Communications LLC** PRIMARY TRANSMITTERS: RADIO Н In General: List every radio station carried on a separate and discrete basis and list those FM stations carried on an all-band basis whose signals were "generally receivable" by your cable system during the accounting period. **Primary** Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally Transmitters: receivable if (1) it is carried by the system whenever it is received at the system's headend, and (2) it can be expected, Radio on the basis of monitoring, to be received at the headend, with the system's FM antenna, during certain stated intervals. For detailed information about the the Copyright Office regulations on this point, see page (vi) of the general instructions located in the paper SA3 form. Column 1: Identify the call sign of each station carried. Column 2: State whether the station is AM or FM. Column 3: If the radio station's signal was electronically processed by the cable system as a separate and discrete signal, indicate this by placing a check mark in the "S/D" column. Column 4: Give the station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified). CALL SIGN LOCATION OF STATION CALL SIGN AM or FM S/D LOCATION OF STATION AM or FM

FORM SA3E. PAGE 5.							ACCOUNTING	i PERIOD: 2022/2	
LEGAL NAME OF OWNER OF		EM:					SYSTEM ID#	Name	
Celect Communication	ıs LLC						61643	Name	
SUBSTITUTE CARRIAGE								I	
In General: In space I, ident substitute basis during the a explanation of the programm	ccounting pe	eriod, under spe	ecific present and former FC	C rules, regula	ations, or a	uthorization	s. For a further	Substitute	
explanation of the programming that must be included in this log, see page (v) of the general instructions located in the paper SA3 form. 1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE									
During the accounting per broadcast by a distant state		r cable system	carry, on a substitute basi	s, any nonne	twork telev		am X No	Special Statement and Program Log	
Note: If your answer is "No log in block 2.	", leave the	rest of this pag	ge blank. If your answer is "	'Yes," you mι	ust comple	te the progr	am		
2. LOG OF SUBSTITUTE In General: List each substiclear. If you need more spa Column 1: Give the title period, was broadcast by a under certain FCC rules, re SA3 form for futher informa titles, for example, "I Love L Column 2: If the prograr Column 3: Give the call Column 4: Give the broat the case of Mexican or Can Column 5: Give the mor first. Example: for May 7 giv Column 6: State the time to the nearest five minutes. stated as "6:00–6:30 p.m."	titute progra ace, please a of every nor distant stati gulations, o tion. Do no Lucy" or "NE m was broad sign of the s adcast static addian static ath and day we "5/7." es when the Example: a er "R" if the and regulation	am on a separa attach additional network televition and that your authorizational truse general of the secondary of the secon	al pages. ision program (substitute pour cable system substitute pour cable system substitute pour cable system substitute pour categories like "movies", or 76ers vs. Bulls." r "Yes." Otherwise enter "Nasting the substitute program to community to which the community with which the stem carried the substitute purposed by a system from 6:01:10 was substituted for programing the accounting period.	rogram) that, d for the progeral instructio "basketball". o." m. station is licer station is iden program. Use cable system. 5 p.m. to 6:2 mming that yes enter the let	during the gramming cons located List specures by the httffied). In numerals a List the tile 18:30 p.m. Four system of the "P" if the http://www.com/system.	e accounting of another s if in the pape iffic program he FCC or, in , with the m mes accura should be n was requine listed pro	tation er n onth tely		
effect on October 19, 1976.			siii waa paiiiiiiaa ta dalata				·		
S	UBSTITUT	E PROGRAM	I		EN SUBST		7. REASON		
1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN		5. MONTH AND DAY	_	TIMES — TO	FOR DELETION		
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ACCOUNTING PERIOD: 2022/2 FORM SA3E. PAGE 6.

Name
LEGAL NAME OF OWNER OF CABLE SYSTEM:
Celect Communications LLC
SYSTEM ID#

J

Part-Time Carriage Log

PART-TIME CARRIAGE LOG

In General: This space ties in with column 5 of space G. If you listed a station's basis of carriage as "LAC" for part-time carriage due to lack of activated channel capacity, you are required to complete this log giving the total dates and hours your system carried that station. If you need more space, please attach additional pages.

Column 1 (Call sign): Give the call sign of every distant station whose basis of carriage you identified by "LAC" in column 5 of space G.

Column 2 (Dates and hours of carriage): For each station, list the dates and hours when part-time carriage occurred during the accounting period.

- Give the month and day when the carriage occurred. Use numerals, with the month first. Example: for April 10 give "4/10"
- State the starting and ending times of carriage to the nearest quarter hour. In any case where carriage ran to the end of the television station's broadcast day, you may give an approximate ending hour, followed by the abbreviation "app." Example: "12:30 a.m.—3:15 a.m. app."
- You may group together any dates when the hours of carriage were the same. Example: "5/10-5/14, 6:00 p.m." 12:00 p.m."

		DAT	ES A	AND HOURS (OF F	PART-TIME CAF	RRIAGE			
CALL SIGN	WHEN CARRIAGE OCCURRED					CALL SIGN -	WHEN CARRIAGE OCCURRED			
	DATE	FROM	URS	S TO			DATE	FROM	OURS	TO
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	AL NAME OF OWNER OF CABLE SYSTEM:			272	TEM ID#	
	lect Communications LLC				61643	Name
Inst all a (as	OSS RECEIPTS tructions: The figure you give in this space determines the form you fle and the amount amounts (gross receipts) paid to your cable system by subscribers for the system's secondentifed in space E) during the accounting period. For a further explanation of how to be (vii) of the general instructions. Gross receipts from subscribers for secondary transmission service(s) during the accounting period.	ndary t	ransmiss	sion service	51.50	K Gross Receipts
IMF	PORTANT: You must complete a statement in space P concerning gross receipts.		(Amount o	of gross receipts)		
• Cor • Cor • If your fee • If you	YRIGHT ROYALTY FEE actions: Use the blocks in this space L to determine the royalty fee you owe: mplete block 1, showing your minimum fee. mplete block 2, showing whether your system carried any distant television stations. Our system did not carry any distant television stations, leave block 3 blank. Enter the art from block 1 on line 1 of block 4, and calculate the total royalty fee. Our system did carry any distant television stations, you must complete the applicable part ompanying this form and attach the schedule to your statement of account.					L Copyright Royalty Fee
	art 8 or part 9, block A, of the DSE schedule was completed, the base rate fee should back 3 below.	e enter	ed on lin	e 1 of		
	art 6 of the DSE schedule was completed, the amount from line 7 of block C should be ϵ blow.	entered	on line	2 in block		
	art 7 or part 9, block B, of the DSE schedule was completed, the surcharge amount sho block 4 below.	uld be	entered o	on line		
Block 1	MINIMUM FEE: All cable systems with semiannual gross receipts of \$527,600 or more least the minimum fee, regardless of whether they carried any distant stations. This fee system's gross receipts for the accounting period.		64 perce	nt of the		
	Line 1. Enter the amount of gross receipts from space K Line 2. Multiply the amount in line 1 by 0.01064 Enter the result here.		\$	1,312,05	51.50	
	This is your minimum fee.	\$		13,96	60.23	
Block 2	DISTANT TELEVISION STATIONS CARRIED: Your answer here must agree with the space G. If, in space G, you identifed any stations as "distant" by stating "Yes" in colum "Yes" in this block. • Did your cable system carry any distant television stations during the accounting period X Yes—Complete the DSE schedule. No—Leave block 3 below blank and control of the contro	nn 4, yo	ou must o	check		
Block	Line 1. BASE RATE FEE: Enter the base rate fee from either part 8, section 3 or 4, or part 9, block A of the DSE schedule. If none, enter zero		\$	9,95	52.91	
3	Line 2. 3.75 Fee: 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	\$		9,95	52.91	
Block 4	Line 1. BASE RATE FEE/3.75 FEE or MINIMUM FEE: Enter either the minimum fee from block 1 or the sum of the base rate fee / 3.75 fee from block 3, line 3, whichever is larger		\$	13,96	60.23	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	r			0.00	submitting additional
	zero. Line 3. Line 3. INTEREST CHARGE: Enter the amount from line 4, space Q, page 9 (Interest Worksheet)				0.00	deposits under Section 111(d)(7) should contact
	Line 4. FILING FEE		\$	72	25.00	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	\$		14,68	35.23	appropriate form for submitting the
	EFT Trace # or TRANSACTION ID #]			additional fees.
	Remit this amount via <i>electronic payment</i> payable to Register of Copyrights. (see general instructions located in the paper SA3 form and the Excel instructions to		,			

NI	LEGAL NAME OF OWNER O	OF CABLE S	YSTEM:	SYSTEM ID#
Name	Celect Communica	ations L	LC	61643
	CHANNELS			
R.A			/d) the country of th	-4-4:
M		-	(1) the number of channels on which the cable system carried television broadcast	stations
Channels	to its subscribers and	d (2) the	cable system's total number of activated channels, during the accounting period.	
Chamileis	1 Enter the total num	mber of c	hannels on which the cable	
			padcast stations	40
	eyetem eamed tere			
	2. Enter the total num	nber of a	ctivated channels	
	on which the cable	system o	carried television broadcast stations	295
	and nonbroadcast	services		295
Z	INDIVIDUAL TO BE	CONTA	CTED IF FURTHER INFORMATION IS NEEDED: (Identify an individual	
IA	we can contact abou		` •	
Individual to				
Be Contacted				
for Further	Name Mike De	eMarce	Telephone :	715-778-6121
Information				
	Address PO Box	189		
	(Number, str	reet, rural r	oute, apartment, or suite number)	
	Spring	Valley	WI 54767	
	(City, town, s			
	Email	mdem	arce@celectcom.com Fax (optional)	
	CERTIFICATION (This	s statem	ent of account must be certifed and signed in accordance with Copyright Office reg	ulations.
0				
Certifcation	• I, the undersigned, h	ereby cer	tify that (Check one, but only one, of the boxes.)	
	, ,	,		
	(Owner other than	n corpora	ntion or partnership) I am the owner of the cable system as identifed in line 1 of space	B; or
	(Agent of owner of	ther tha	n corporation or partnership) I am the duly authorized agent of the owner of the cable	e system as identified
	in line 1 of spa	ce B and	that the owner is not a corporation or partnership; or	
	X (Officer or partne	ar) I am a	n officer (if a corporation) or a partner (if a partnership) of the legal entity identifed as ov	wner of the cable system
	in line 1 of spa	•	Tollices (if a corporation) of a partitles (if a partitles still) of the legal citaty facilities as of	wher or the cable system
			It of account and hereby declare under penalty of law that all statements of fact contain to the best of my knowledge, information, and belief, and are made in good faith.	ed herein
	[18 U.S.C., Section 10			
		Χ	/s/ Mike DeMarce	
		Enter an	electronic signature on the line above using an "/s/" signature to certify this statement.	
			John Smith). Before entering the first forward slash of the /s/ signature, place your cursor	·
		r∠ but	on, then type /s/ and your name. Pressing the "F" button will avoid enabling Excel's Lotus	s companing semigs.
		Typed o	or printed name: Mike DeMarce	
		Title:	General Manager	
			(Title of official position held in corporation or partnership)	
		Date:	February 21, 2023	

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

LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	Nama						
Celect Communications LLC	61643	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 addin lowing sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for th service of providing secondary transmissions of primary broadcast transmitters, the system shall not is scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section	e basic nclude sub-	P Special Statement Concerning						
For more information on when to exclude these amounts, see the note on page (vii) of the general instructions in the paper SA3 form. During the accounting period did the cable system exclude any amounts of gross receipts for secondary transmissions								
made by satellite carriers to satellite dish owners? X NO	511115510115							
YES. Enter the total here and list the satellite carrier(s) below								
Name Mailing Address Mailing Address Mailing Address Mailing Address								
INTEREST ASSESSMENTS								
You must complete this worksheet for those royalty payments submitted as a result of a late payment or under For an explanation 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 Assessment						
Line 2 Multiply line 1 by the interest rate* and enter the sum here	- days							
Line 3 Multiply line 2 by the number of days late and enter the sum here	00274							
Line 4 Multiply line 3 by 0.00274** enter here and on line 3, block 4, space L, (page 7)	- t charge)							
* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf . For further assistation contact the Licensing Division at (202) 707-8150 or licensing@copyright.gov.								
** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.								
NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Off please list below the owner, address, first community served, accounting period, and ID number as given in t filing.								
Owner Address								
First community served Accounting period ID number								

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

ACCOUNTING PERIOD: 2022/2

DSE SCHEDULE. PAGE 10.

INSTRUCTIONS FOR DSE SCHEDULE WHAT IS A "DSE"

The term "distant signal equivalent" (DSE) generally refers to the numerica value given by the Copyright Act to each distant television station 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.	

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

PARTIALLY DISTANT STATIONS—PART 9 OF THE DSE SCHEDULE

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

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

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

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

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

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

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

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

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

EXAMPLE:

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

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

Santa Rosa	Stations A and C 35 mile zone
\ an	Bodega Bay

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

 Minimum Fee Total Gross Receipts
 \$600,000.00

 x .01064
 \$6.384.00

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

Total Base Rate Fee: \$6,497.20 + \$1,907.71 + \$1,604.03 = \$10,008.94 In this example, the cable system would enter \$10,008.94 in space L, block 3, line 1 (page 7)

ACCOUNTING PERIOD: 2022/2

DSE SCHEDULE. PAG	GE 11. (CONTINUED)											
4	LEGAL NAME OF OWNER OF CABLE SYSTEM: Celect Communications LLC SYSTEM ID# 61643											
•												
	SUM OF DSEs OF CATEGORY "O" STATIONS:											
	Add the DSEs of each station											
	Enter the sum here and in line	2.00										
	Instructions:											
2	In the column headed "Call Sign": list the call signs of all distant stations identified by the letter "O" in column 5											
Computation	of space G (page 3).	": for each inden	endent station, give the D	SE as "1 0": for	each network or noncom							
Computation 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"	meretai eureanemai etanem, gi		CATEGORY "O" STATION	ONS: DSEs								
Stations	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE						
	KARE	0.250	KMSP	0.250	KSTP	0.250						
	KTCA	0.250	KTCA-DT5	0.250	WCCO	0.250						
	WKBT	0.250	WQOW	0.250								
Add rows as												
necessary.												
Remember to copy												
all formula into new												
rows.												

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Celect Communications LLC 61643										
Computation of DSEs for Stations Carried Part Time Due to Lack of Activated Channel	Instructions: CAPACITY Column 1: List the call sign of all distant stations identified by "LAC" in column 5 of space G (page 3). Column 2: For each station, give the number of hours your cable system carried the station during the accounting period. This figure should correspond with the information given in space J. Calculate only one DSE for each station. Column 3: For each station, give the total number of hours that the station broadcast over the air during the accounting period. Column 4: Divide the figure in column 2 by the figure in column 3, and give the result in decimals in column 4. This figure must be carried out at least to the third decimal point. This is the "basis of carriage value" for the station. Column 5: For each independent station, give the "type-value" as "1.0." For each network or noncommercial educational station, give the type-value as ".25." Column 6: Multiply the figure in column 4 by the figure in column 5, and give the result in column 6. Round to no less than the third decimal point. This is the station's DSE. (For more information on rounding, see page (viii) of the general instructions in the paper SA3 form.										
Capacity	CATEGORY LAC STATIONS: COMPUTATION OF DSEs										
	1. CALL SIGN	2. NUMBE OF HOU CARRIE SYSTEM	IRS C D BY S	UMBER OF HOURS TATION ON AIR	4. BASIS OF CARRIAG VALUE		6. DS	;E			
			÷	=		x	=				
			÷			X					
			÷			x x					
			÷	=	=	x	=				
			÷	=		X	=				
			÷			x x	<u> </u>				
	Add the DSEs of e	F CATEGORY LAC Seach station. here and in line 2 of pa		e,	▶	0.00					
Computation of DSEs for Substitute-Basis Stations	 Column 1: Give the call sign of each station listed in space I (page 5, the Log of Substitute Programs) if that station: 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 space I). 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. 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). 										
	_	SUE	BSTITUTE-BAS	SIS STATIONS	S: COMPUTA	ATION OF DSEs					
	SIGN	. NUMBER OF PROGRAMS	3. NUMBER OF DAYS IN YEAR	4. DSE	1. CALL SIGN	2. NUMBER OF PROGRAMS	3. NUMBER OF DAYS IN YEAR	4. DSE			
		÷		=		÷		=			
		÷ ÷		=		÷					
		÷		=		÷		=			
		÷		=		÷		=			
	Add the DSEs of e	F SUBSTITUTE-BASI each station. here and in line 3 of pa		e,		0.00					
5		OF DSEs: Give the amo		s in parts 2, 3, and	4 of this schedule	e and add them to provide	the tota				
Total Number	1. Number of DS	1. Number of DSEs from part 2 ●									
of DSEs	2. Number of DSEs from part 3 • • • • • • • • • • • • • • • • • •										
	3. Number of DS	SEs from part 4 ●				•	0.00				
	TOTAL NUMBER C	DF DSEs						2.00			

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

LEGAL NAME OF C							S	YSTEM ID# 61643	Name
Instructions: Bloc	ck A must be com	pleted.							
In block A: • If your answer if	"Yes," leave the re	emainder of _l	part 6 and part	7 of the DSE sche	edule blank an	d complete pa	art 8, (page 16) of	the	6
schedule. • If your answer if	"No," complete blo	ocks B and C	below.						
	, ,			TELEVISION MA	ARKETS				Computation of 3.75 Fee
effect on June 24,	1981?		•	aller markets as de PLETE THE REMA				gulations in	0.70100
	lete blocks B and		JO NOT COM	FLETE THE NEW	AINDER OF F	AITI O AIND I			
		BLO	CK B: CARF	RIAGE OF PERM	MITTED DS	Es			
Column 1: CALL SIGN	under FCC rules	and regulati ne DSE Sche	ons prior to Ju dule. (Note: T	n part 2, 3, and 4 of ne 25, 1981. For fu he letter M below re Act of 2010.)	ırther explana	tion of permitt	ed stations, see t	he	
Column 2: BASIS OF PERMITTED CARRIAGE	(Note the FCC ru A Stations carri 76.61(b)(c)] B Specialty stati	ules and regued pursuant on as define	llations cited b to the FCC ma d in 76.5(kk) (7	asis on which you concluded the pertain to those whet quota rules [76,59(d)(1), 76,61(d), 76,61(se in effect on 6.57, 76.59(b) e)(1), 76.63(a)	June 24, 198 , 76.61(b)(c),) referring to 7	76.63(a) referring	j tc	
	D Grandfathered instructions for E Carried pursua *F A station pre	d station (76. or DSE scheo ant to individ eviously carrie	65) (see parag lule). ual waiver of F ed on a part-tir	59(c), 76.61(d), 76.6 graph regarding sub FCC rules (76.7) me or substitute bas contour, [76.59(d)(s	bstitution of gr	andfathered s		(5)	
	M Retransmission				-,, ()(-	,, ()	3	(-)	
Column 3:		e stations ide	entified by the	n parts 2, 3, and 4 o letter "F" in column			vorksheet on pag	e 14 of	
1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	
KARE	D/A	0.25	WKBT	D/A	0.25				
KMSP KSTP	D/A D/A	0.25 0.25	WQOW	Α	0.25				
KTCA	C	0.25							
WCCO	M D	0.25 0.25							
								2.00	
		В	LOCK C: CC	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 fro	m block B ab	ove			0		
				er of DSEs subject t 7 of this schedul		rate.			
Line 4: Enter gro	ss receipts from	ı space K (p	age 7)				x 0.03	375	Do any of the DSEs represent
Line 5: Multiply li	ne 4 by 0.0375	and enter s	um here				X		partially permited/ partially nonpermitted
Line 6: Enter tota	al number of DS	Es from line	3				<u> </u>		carriage? If yes, see part 9 instructions.
Line 7: Multiply li	ne 6 by line 5 ar	nd enter hei	e and on line	e 2, block 3, space	e L (page 7)			0.00	

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

	OWNER OF CABLE						S'	YSTEM ID# 61643	Name
				SION MARKETS		IUED)		I	^
1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	6
									Computation o
									3.75 Fee
						•			
						•			
						•			
						•			

Name	LEGAL NAME OF OWN Celect Commu								S	4STEM ID# 61643
Worksheet for Computating the DSE Schedule for Permitted Part-Time and Substitute Carriage	stations carried pric Column 1: List the Column 2: Indicate Column 3: Indicate Column 4: Indicate (Note that the F- A—Part-time sp 76.59 B—Late-night pr 76.61 S—Substitute ca gener Column 5: Indicate Column 6: Compar in block	or to June 25, call sign for eat the DSE for the DSE for the basis of CCC rules and ecialty progra (d)(1),76.61(e rogramming: ((e)(3)). arriage under all instructions the station's Ie the DSE figures B, column 3 of information you	1981, under former ch distant station nis station for a sing period and year arriage on which the regulations cited by mming: Carriage, (1), or 76.63 (refectarriage under FC certain FCC rules, in the paper SA3 DSE for the curren ures listed in column of part 6 for this state ou give in columns	er FCC rules go- identifed by the igle accounting in which the can ne station was ce elow pertain to on a part-time b rring to 76.61(e C rules, section regulations, or form. t accounting pe nns 2 and 5 and ation. 2, 3, and 4 mus	ver let per rria carr tho asi s 7 aut	entifed by the letter "F" rning part-time and subtter "F" in column 2 of priod, occurring betweet ge and DSE occurred ried by listing one of the se in effect on June 24 is, of specialty program)). 76.59(d)(3), 76.61(e)(3) thorizations. For further das computed in parts at the smaller of the two se accurate and is subject to the subject of the subject in parts and set the smaller of the two set accurate and is subject to the subject of the subject in parts and subject of the subje	stitute carripart 6 of the n January 1 (e.g., 1981, e following 4, 1981, aming unde n, or 76.63 (er explanation 2, 3, and 4 of figures he	age. DSE schedule, 1978 and Jun (1) letters r FCC rules, se referring to on, see page (v of this schedule. This figure	ene 30, 19 ections vi) of the should be	981 ne enterei
		1			ED	ON A PART-TIME AN				
	1. CALL SIGN	2. PRIC		COUNTING		4. BASIS OF CARRIAGE		RESENT DSE	6. P	ERMITTED DSE
	Oloiv	DOL		LINOD		OARTHAGE		JOL		DOL
		•								
7 Computation of the Syndicated	-	"Yes," comple	ete blocks B and C ocks B and C blar	k and complete		art 8 of the DSE schedi				
Exclusivity			::				0 F -4 F00		04	10010
Surcharge	l <u> </u>	•		or television mai	rke	t as defined by section 7		rules in effect J	une 24,	1981?
	Yes—Complete	blocks B and	C.			X No—Proceed to	part 8			
	BLOCK B: C	arriage of VHI	-/Grade B Contou	Stations		BLOCK	C: Compl	itation of Exem	npt DSEs	<u> </u>
	Is any station listed ir commercial VHF statior in part, over the ca	n block B of pa ion that places	rt 6 the primary st	ream of a		Was any station listed nity served by the cab to former FCC rule 76	in block B le system p	of part 7 carrie	ed in any	commu-
	Yes—List each s X No—Enter zero a		th its appropriate per part 8.	mitted DSE		Yes—List each st No—Enter zero a			ate permi	tted DSE
	CALL SIGN	DSE	CALL SIGN	DSE		CALL SIGN	DSE	CALL SIG	SN	DSE
				-			-			
		-								
				2.22						0.00
			TOTAL DSEs	0.00				TOTAL DS	SEs	0.00

LEGAL NA	ME OF OWNER OF CABLE SYSTEM: SCHECK Communications LLC	61643	Name
	BLOCK D: COMPUTATION OF THE SYNDICATED EXCLUSIVITY SURCHARGE		
Section 1	Enter the amount of gross receipts from space K (page 7)	,312,051.50	7
Section	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 Syndicated
	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	Exclusivity Surcharge
• Is any	y portion of the cable system within a top 50 television market as defned by the FCC? Yes—Complete section 3 below.		
	SECTION 3: TOP 50 TELEVISION MARKET		
Section 3a	Did your cable system retransmit the signals of any partially distant television stations during the accounting period? X Yes—Complete part 9 of this schedule. No—Complete the applicable section below.		
	If the figure in section 2, line C is 4.000 or less, compute your surcharge here and leave section 3b blank. NOTE: If the DSE is 1.0 or less, multiply the gross receipts by .00599 by the DSE. Enter the result on line A below.		
	A. Enter 0.00599 of gross receipts (the amount in section1)		
	B. Enter 0.00377 of gross receipts (the amount in section.1)		
	C. Subtract 1.000 from total permitted DSEs (the figure on line C in section 2) and enter here		
	D. Multiply line B by line C and enter here		
	E. Add lines A and D. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7) Syndicated Exclusivity Surcharge. \$\$\\$\$		
Section 3b	If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 3a blank.		
	A. Enter 0.00599 of gross receipts (the amount in section 1)		
	B. Enter 0.00377 of gross receipts (the amount in section 1)		
	C. Multiply line B by 3.000 and enter here		
	D. Enter 0.00178 of gross receipts (the amount in section 1)		
	E. Subtract 4.000 from total DSEs (the fgure on line C in section 2) and enter here		
	F. Multiply line D by line E and enter here		
	G. Add lines A, C, and F. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7) Syndicated Exclusivity Surcharge		
	SECTION 4: SECOND 50 TELEVISION MARKET		
	Did your cable system retransmit the signals of any partially distant television stations during the accounting period?		
Section 4a	X Yes—Complete part 9 of this schedule. No—Complete the applicable section below.		
	If the figure in section 2, line C is 4.000 or less, compute your surcharge here and leave section 4b blank. NOTE: If the DSE is 1.0 or less, multiply the gross receipts by 0.003 by the DSE. Enter the result on line A below. A. Enter 0.00300 of gross receipts (the amount in section 1)		
	B. Enter 0.00189 of gross receipts (the amount in section 1) ▶ \$		
	C.Subtract 1.000 from total permitted DSEs (the fgure on line C in section 2) and enter here		
	D. Multiply line B by line C and enter here		
	E. Add lines A and D. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7) Syndicated Exclusivity Surcharge		

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Name	LEGAL NAM	ME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Numo	(Celect Communications LLC	61643
7	Section 4b	If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 4a blank.	
Computation of the		A. Enter 0.00300 of gross receipts (the amount in section 1)	
Syndicated Exclusivity		B. Enter 0.00189 of gross receipts (the amount in section 1) ▶ \$	
Surcharge		C. Multiply line B by 3.000 and enter here	
		D. Enter 0.00089 of gross receipts (the amount in section 1)	
		E. Subtract 4.000 from the total DSEs (the figure on line C in section 2) and enter here.	
		F. Multiply line D by line E and enter here ▶ \$	
		G. Add lines A, C, and F. This is your surcharge.	
		Enter here and on line 2, block 4, space L (page 7) Syndicated Exclusivity Surcharge	
		Syndroused Exercises (4.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1	
8 Computation	You m 6 was • In blo	ctions: ust complete this part of the DSE schedule for the SUM OF PERMITTED DSEs in part 6, block B; however, if block A of p checked "Yes," use the total number of DSEs from part 5. bck A, indicate, by checking "Yes" or "No," whether your system carried any partially distant stations. If answer is "No," compute your system's base rate fee in block B. Leave part 9 blank.	art
of		ir answer is "Yes" (that is, if you carried one or more partially distant stations), you must complete part 9. Leave block B be	low
Base Rate Fee	blank		
		is a partially distant station? A station is "partially distant" if, at the time your system carried it, some of your subscribers ocated within that station's local service area and others were located outside that area. For the definition of a station's "loc	al
		e area," see page (v) of the general instructions.	
		BLOCK A: CARRIAGE OF PARTIALLY DISTANT STATIONS	
	• Did y	our cable system retransmit the signals of any partially distant television stations during the accounting period?	
		X Yes—Complete part 9 of this schedule. No—Complete the following sections.	
		BLOCK B: NO PARTIALLY DISTANT STATIONS—COMPUTATION OF BASE RATE FEE	
	Section 1	Enter the amount of gross receipts from space K (page 7) ▶ _\$	
	Section 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.)	
	0 +:	use the total number of Bolls from part o.j.	
	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)	0 00
		Base Rate Fee	

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

	AME OF OWNER OF CABLE SYSTEM: SYSTEM ID:	Nama
Celed	t Communications LLC 61643	3
Section	If the figure in section 2 is more than 4.000 , compute your base rate fee here and leave section 3 blank.	
4	A. Enter 0.01064 of gross receipts	8
	(the amount in section 1) >	
	B. Enter 0.00701 of gross receipts	Computation
	(the amount in section 1) > \$	of Base Rate Fee
	C. Multiply line B by 3.000 and enter here \$	Dasc Nate 1 cc
	D. Enter 0.00330 of gross receipts	
	(the amount in section 1) ▶ _\$	
	E. Subtract 4.000 from total DSEs	
	(the figure in section 2) and enter here	
	F. Multiply line D by line E and enter here	
	G. Add lines A, C, and F. This is your base rate fee.	
	Enter here and in block 3, line 1, space L (page 7) Base Rate Fee \$ 0.00	
instead	RTANT: It is no longer necessary to report television signals on a system-wide basis. Carriage of television broadcast signals shall be reported on a community-by-community basis (subscriber groups) if the cable system reported multiple channel line-ups in	9
Space In Gon	G. eral: If any of the stations you carried were partially distant, the statute allows you, in computing your base rate fee, to exclude	
receipt	s from subscribers located within the station's local service area, from your system's total gross receipts. To take advantage of this	Computation of
	on, you must:	Base Rate Fee
	Divide all of your subscribers into subscriber groups, each group consisting entirely of subscribers that are distant to the same or the same group of stations. Next: Treat each subscriber group as if it were a separate cable system. Determine the number of	Syndicated
DSEs a	and the portion of your system's gross receipts attributable to that group, and calculate a separate base rate fee for each group.	Exclusivity Surcharge
•	Add up the separate base rate fees for each subscriber group. That total is the base rate fee for your system. If any portion of your cable system is located within the top 100 television market and the station is not exempt in part 7, you must	for Partially
also co	impute a Syndicated Exclusivity Surcharge for each subscriber group. In this case, complete both block A and B below. However, cable system is wholly located outside all major television markets, complete block A only.	Distant Stations, and
	Identify a Subscriber Group for Partially Distant Stations	for Partially Permitted
-	: For each community served, determine the local service area of each wholly distant and each partially distant station you to that community.	Stations
outside	For each wholly distant and each partially distant station you carried, determine which of your subscribers were located the station's local service area. A subscriber located outside the local service area of a station is distant to that station (and, by ne token, the station is distant to the subscriber.)	
	: Divide your subscribers into subscriber groups according to the complement of stations to which they are distant. Each	
	ber group must consist entirely of subscribers who are distant to exactly the same complement of stations. Note that a cable will have only one subscriber group when the distant stations it carried have local service areas that coincide.	
Comp ogroups	uting the base rate fee for each subscriber group: Block A contains separate sections, one for each of your system's subscriber.	
	n section:	
	fy the communities/areas represented by each subscriber group. the call sign for each of the stations in the subscriber group's complement—that is, each station that is distant to all of the	
	bers in the group.	
• lf: 1) vour	system is located wholly outside all major and smaller television markets, give each station's DSE as you gave it in parts 2, 3,	
and 4	of this schedule; or,	
	portion of your system is located in a major or smaller televison market, give each station's DSE as you gave it in block B, 6 of this schedule.	
• Add t	he DSEs for each station. This gives you the total DSEs for the particular subscriber group.	
	late gross receipts for the subscriber group. For further explanation of gross receipts see page (vii) of the general instructions paper SA3 form.	
page.	oute a base rate fee for each subscriber group using the formula outline in block B of part 8 of this schedule on the preceding In making this computation, use the DSE and gross receipts figure applicable to the particular subscriber group (that is, the total for that group's complement of stations and total gross receipts from the subscribers in that group). You do not need to show your	

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actual calculations on the form.

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 61643 **Celect Communications LLC** 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.

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LEGAL NAME OF OWNI						8	61643	M
Celect Communic	ations L						61643	
В				TE FEES FOR EACH			LID	
COMMUNITY/ADEA		SUBSCRIBER GRO		COMMUNITY/ADEA		SUBSCRIBER GRO		9
COMMUNITY/ AREA	rierce,	Barron, and St.	CIOIX COI	COMMUNITY/ AREA	Pierce, s	ot. Groix, and Du	mii Countie	Computati
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
WKBT	0.25							Base Rate I
								and
								Syndicate
						Exclusivit		
								Surcharg
								for
								Partially
								Distant
								Stations
				7.96 Gross Receipts Second Group \$ 241,476.84 2.56 Base Rate Fee Second Group \$ 0.00				
Total DSEs			0.25	Total DSEs	SES 0.00 Receipts Second Group \$ 241,476.84 ate Fee Second Group \$ 0.00 FOURTH SUBSCRIBER GROUP JNITY/ AREA Barron County SIGN DSE CALL SIGN DSE 0.25 0.25 -DT5 0.25			
Gross Receipts First G	Group	\$ 143	3,817.96	Gross Receipts Seco	nd Group	\$ 2	_	
Base Rate Fee First G	Group	\$	382.56	Base Rate Fee Seco	nd Group	\$	0.00	
	TUIDD	SUBSCRIBER GRO	LID		FOURTH	ELIBECDIDED CDO	LID	
			UF	COMMUNITY/ADEA			UF	
COMMUNITY/ AREA	Dulli	Journey		COMMONT 17 AREA	Dalloll	Jounty		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
KTCA	0.25			KTCA	0.25			
KTCA-DT5	0.25			KTCA-DT5	0.25			
				WKBT	0.25			
Total DSEs			0.50	Total DSEs			0.75	
Gross Receipts Third (Group	\$ 23	8,806.48	Gross Receipts Fourt	th Group	\$ 2	210,958.44	
Base Rate Fee Third (Group	\$	1,270.45	Base Rate Fee Fourt	h Group	\$	1,683.45	
Dana Bata Fa A LLCC	h. h	in fana fana a l		an all arrows to the other than	ahau.			
Base Rate Fee: Add the Inter here and in block			criber group	as shown in the boxes	above.	\$	9,952.91	
	0,0 1, 0					T	-,	

BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP SIXTH SUBSCRIBER GROUP SI
COMMUNITY/AREA Cumberland and Birchwood Vill COMMUNITY/AREA Chippewa, Eau Claire, and Rusk Co CALL SIGN DSE
CALL SIGN DSE CA
KTCA
MKBT
MKBT
NOW 0.25
Fotal DSEs 1.00 Gross Receipts First Group \$ 12,970.32 Base Rate Fee First Group \$ 138.00 SEVENTH SUBSCRIBER GROUP COMMUNITY/ AREA Pepin County CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE KARE 0.25 KMSP 0.25 KMSP 0.25 KMSP 0.25 KTCA 0.25
Total DSEs
Gross Receipts First Group \$ 12,970.32 Gross Receipts Second Group \$ 384,788.88 Base Rate Fee First Group \$ 138.00 Base Rate Fee Second Group \$ 5,442.84 SEVENTH SUBSCRIBER GROUP EIGHTH SUBSCRIBER GROUP COMMUNITY/ AREA Pepin County CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE KARE 0.25 KMSP 0.25 KMSP 0.25 KTCA 0.25
Gross Receipts First Group \$ 12,970.32 Gross Receipts Second Group \$ 384,788.88 Base Rate Fee First Group \$ 138.00 Base Rate Fee Second Group \$ 5,442.84 SEVENTH SUBSCRIBER GROUP EIGHTH SUBSCRIBER GROUP COMMUNITY/ AREA Pepin County COMMUNITY/ AREA Pepin County - Albany CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE KARE 0.25 KMSP 0.25 KMSP 0.25 KTCA 0.25 KTCA 0.25
Gross Receipts First Group \$ 12,970.32 Gross Receipts Second Group \$ 384,788.88 Base Rate Fee First Group \$ 5,442.84 SEVENTH SUBSCRIBER GROUP COMMUNITY/ AREA Pepin County COMMUNITY/ AREA Pepin County CALL SIGN DSE CALL SIGN DSE CALL SIGN KARE 0.25 KMSP 0.25 KTCA 0.25
Gross Receipts First Group \$ 12,970.32 Gross Receipts Second Group \$ 384,788.88 Base Rate Fee First Group \$ 5,442.84 SEVENTH SUBSCRIBER GROUP COMMUNITY/ AREA Pepin County COMMUNITY/ AREA Pepin County CALL SIGN DSE CALL SIGN DSE CALL SIGN KARE 0.25 KMSP 0.25 KTCA 0.25
Gross Receipts First Group \$ 12,970.32 Gross Receipts Second Group \$ 384,788.88 Base Rate Fee First Group \$ 5,442.84 SEVENTH SUBSCRIBER GROUP COMMUNITY/ AREA Pepin County CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN KARE 0.25 KMSP 0.25 KTCA 0.25
Gross Receipts First Group \$ 12,970.32 Gross Receipts Second Group \$ 384,788.88 Base Rate Fee First Group \$ 5,442.84 SEVENTH SUBSCRIBER GROUP COMMUNITY/ AREA Pepin County COMMUNITY/ AREA Pepin County CALL SIGN DSE CALL SIGN DSE CALL SIGN KARE 0.25 KMSP 0.25 KTCA 0.25
Gross Receipts First Group \$ 12,970.32 Gross Receipts Second Group \$ 384,788.88 Base Rate Fee First Group \$ 5,442.84 SEVENTH SUBSCRIBER GROUP COMMUNITY/ AREA Pepin County COMMUNITY/ AREA Pepin County CALL SIGN DSE CALL SIGN DSE CALL SIGN KARE 0.25 KMSP 0.25 KTCA 0.25
Gross Receipts First Group \$ 12,970.32 Gross Receipts Second Group \$ 384,788.88 Base Rate Fee First Group \$ 5,442.84 SEVENTH SUBSCRIBER GROUP COMMUNITY/ AREA Pepin County COMMUNITY/ AREA Pepin County CALL SIGN DSE CALL SIGN DSE CALL SIGN KARE 0.25 KMSP 0.25 KTCA 0.25
Gross Receipts First Group \$ 12,970.32 Gross Receipts Second Group \$ 384,788.88 Base Rate Fee First Group \$ 5,442.84 SEVENTH SUBSCRIBER GROUP COMMUNITY/ AREA Pepin County COMMUNITY/ AREA Pepin County CALL SIGN DSE CALL SIGN DSE CALL SIGN KARE 0.25 KMSP 0.25 KTCA 0.25
SEVENTH SUBSCRIBER GROUP SEVENTH SUBSCRIBER GROUP COMMUNITY/ AREA Pepin County CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE KARE 0.25 KMSP 0.25 KMSP 0.25 KTCA 0.25 KT
SEVENTH SUBSCRIBER GROUP SEVENTH SUBSCRIBER GROUP COMMUNITY/ AREA Pepin County CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE KARE 0.25 KMSP 0.25 KTCA 0.25 KTCA 0.25 KTCA 0.25
SEVENTH SUBSCRIBER GROUP CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE KARE 0.25 KMSP 0.25 KTCA 0.25
SEVENTH SUBSCRIBER GROUP COMMUNITY/ AREA Pepin County CALL SIGN DSE KARE 0.25 KMSP 0.25 KTCA 0.25
CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE KARE 0.25 KMSP 0.25 KTCA 0.25 KTCA 0.25
CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE KARE 0.25 0.25 0.25 0.25 KTCA 0.25 0.25 0.25 0.25
KARE 0.25 KMSP 0.25 KTCA
KMSP 0.25 KTCA 0.25
KTCA 0.25
KTCA-DT5 0.25
otal DSEs Total DSEs
Gross Receipts Third Group \$ 5,397.84 Gross Receipts Fourth Group \$ 2,506.14
Base Rate Fee Third Group \$ 0.00 Base Rate Fee Fourth Group \$ 26.67
200 Material Store

LEGAL NAME OF OWNE Celect Communic						S	61643	Name
BI	_OCK A: C	OMPUTATION OF	BASE RA	TE FEES FOR EA	CH SUBSCRI	BER GROUP		
	NINTH	SUBSCRIBER GRO	UP		TENTH	SUBSCRIBER GRO	UP	•
COMMUNITY/ AREA	Rusk C	ounty		COMMUNITY/ ARE	A Rusk Co	unty		9 Computa
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
KARE	0.25			KARE	0.25			Base Rate
KMSP	0.25			KMSP	0.25			and
KTCA	0.25			KTCA	0.25			Syndica
KTCA-DT5	0.25			KTCA-DT5	0.25			Exclusiv
KSTP	0.25			KSTP	0.25			Surchar
wcco	0.25			wcco	0.25			for
	<u>"</u> "							Partial
								Distan
								Station
	<u>"</u> "							
			4.50	T / L DOE			4.50	
otal DSEs			1.50	Total DSEs			1.50	
Gross Receipts First G	roup	\$ 25	,254.18	Gross Receipts Se	cond Group	\$	46,074.42	
Base Rate Fee First G	roup	\$	357.22	Base Rate Fee See	cond Group	\$	651.72	
E	LEVENTH	SUBSCRIBER GRO	UP		TWELVTH	SUBSCRIBER GRO	,UP	
COMMUNITY/ AREA			0	COMMUNITY/ ARE	EA		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	

	<u> </u>							
Total DSEs			0.00	Total DSEs			0.00	
	Group	•			irth Group	•		
	Group	\$	0.00	Total DSEs Gross Receipts For	urth Group	\$	0.00	
	Group	\$			urth Group	\$		
Gross Receipts Third G		\$	0.00	Gross Receipts For	·		0.00	
Gross Receipts Third G		\$			·	\$		
Total DSEs Gross Receipts Third G		\$	0.00	Gross Receipts For	·		0.00	

LEGAL NAME OF OWNER Celect Communica						SY	STEM ID# 61643	Name
				TE FEES FOR EACH				
	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
								Partially
								Distant
								Stations
						-		
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 Gre		\$	0.00	Base Rate Fee Second		\$	0.00	
	TEENTH	SUBSCRIBER GROU		SI	XTEENTH	SUBSCRIBER GROUP	0	
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	<u> </u>		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 a	above.	\$		

LEGAL NAME OF OWNE Celect Communica						S	YSTEM ID# 61643	Name
BL	OCK A: (COMPUTATION OF	BASE RA	TE FEES FOR EAC	H SUBSCF	RIBER GROUP		
SEVEN	ITEENTH	SUBSCRIBER GRO	JP	EI	GHTEENTH	I SUBSCRIBER GROU	JP	•
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
		-						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	nd Group	\$	0.00	
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Seco	nd Group	\$	0.00	
NIN	ITEENTH	SUBSCRIBER GRO	JP	1	TWENTIETH	SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA	١		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 Four	th Group	\$	0.00	
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourt	th Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block	e base rat 3, line 1, s	e fees for each subso	criber group	as shown in the boxes	above.	\$		

Name	61643						ations LL	
		IBER GROUP	I SUBSCR	TE FEES FOR EACI	BASE RA	COMPUTATION OF	LOCK A: C	BL
		SUBSCRIBER GROU	Y-SECOND			SUBSCRIBER GROU	TY-FIRST	
Co	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Bas								
							<u></u>	
S:							<u></u>	
-								
		·					<u></u>	
							<u></u>	
	0.00			Total DSEs	0.00			otal DSEs
	0.00	\$	nd Group	Gross Receipts Seco	0.00	\$	roup	Bross Receipts First Gr
	0.00							
	0.00	\$	nd Group	Base Rate Fee Seco	0.00	\$	roup	Base Rate Fee First Gr
	I	\$ SUBSCRIBER GROU			_	\$ SUBSCRIBER GROU		
=	I		Y-FOURTH		_			TWENT
-	JP		Y-FOURTH	TWENT	JP			TWENT
-	JP 0	SUBSCRIBER GROU	Y-FOURTH	TWENT	JP 0	SUBSCRIBER GROU	TY-THIRD	TWENT
-	JP 0	SUBSCRIBER GROU	Y-FOURTH	TWENT	JP 0	SUBSCRIBER GROU	TY-THIRD	TWENT
-	JP 0	SUBSCRIBER GROU	Y-FOURTH	TWENT	JP 0	SUBSCRIBER GROU	TY-THIRD	TWENT
	JP 0	SUBSCRIBER GROU	Y-FOURTH	TWENT	JP 0	SUBSCRIBER GROU	TY-THIRD	TWENT
	JP 0	SUBSCRIBER GROU	Y-FOURTH	TWENT	JP 0	SUBSCRIBER GROU	TY-THIRD	TWENT
	JP 0	SUBSCRIBER GROU	Y-FOURTH	TWENT	JP 0	SUBSCRIBER GROU	TY-THIRD	TWENT
	JP 0	SUBSCRIBER GROU	Y-FOURTH	TWENT	JP 0	SUBSCRIBER GROU	TY-THIRD	TWENT
	JP 0	SUBSCRIBER GROU	Y-FOURTH	TWENT	JP 0	SUBSCRIBER GROU	TY-THIRD	TWENT
	JP 0	SUBSCRIBER GROU	Y-FOURTH	TWENT	JP 0	SUBSCRIBER GROU	TY-THIRD	TWENT
	JP 0	SUBSCRIBER GROU	Y-FOURTH	TWENT	JP 0	SUBSCRIBER GROU	TY-THIRD	TWENT
	JP 0	SUBSCRIBER GROU	Y-FOURTH	TWENT	JP 0	SUBSCRIBER GROU	TY-THIRD	TWENT
	JP 0	SUBSCRIBER GROU	Y-FOURTH	TWENT	JP 0	SUBSCRIBER GROU	TY-THIRD	TWENT COMMUNITY/ AREA CALL SIGN
	DSE	SUBSCRIBER GROU	Y-FOURTH DSE	TWENT COMMUNITY/ AREA CALL SIGN	JP 0	SUBSCRIBER GROU	DSE DSE	TWENT COMMUNITY/ AREA CALL SIGN Total DSEs
	DSE O.000	SUBSCRIBER GROU	Y-FOURTH DSE	TWENT COMMUNITY/ AREA CALL SIGN Total DSEs	DSE DSE	SUBSCRIBER GROU	DSE DSE	COMMUNITY/ AREA

				TE FEES FOR EACH				
		SUBSCRIBER GROU	NTY-SIXTH			SUBSCRIBER GROU	TY-FIFTH	
Con	0		COMMUNITY/ AREA	0			COMMUNITY/ AREA	
COI	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base						-		
C							-	
Syı Ex								
Su						-		
P								
D Si								
							-	
	0.00		•	Total DSEs	0.00			otal DSEs
	0.00	\$	nd Group	Gross Receipts Seco	0.00	\$	roup	Gross Receipts First Gr
	0.00							
	0.00	\$	nd Group	Base Rate Fee Secon	0.00	\$	roup	dase Rate Fee First Gr
	JP	SUBSCRIBER GROU		TWEN	JP	\$ SUBSCRIBER GROU		TWENTY-S
	'				'			TWENTY-S
	JP			TWEN	JP			TWENTY-S
	JP 0	SUBSCRIBER GROU	TY-EIGHTH	TWEN'	JP 0	SUBSCRIBER GROU	SEVENTH	TWENTY-S
	JP 0	SUBSCRIBER GROU	TY-EIGHTH	TWEN'	JP 0	SUBSCRIBER GROU	SEVENTH	TWENTY-S OMMUNITY/ AREA
	JP 0	SUBSCRIBER GROU	TY-EIGHTH	TWEN'	JP 0	SUBSCRIBER GROU	SEVENTH	TWENTY-S OMMUNITY/ AREA
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	JP 0	SUBSCRIBER GROU	TY-EIGHTH	TWEN'	JP 0	SUBSCRIBER GROU	SEVENTH	TWENTY-S
	JP 0	SUBSCRIBER GROU	TY-EIGHTH	TWEN'	JP 0	SUBSCRIBER GROU	SEVENTH	TWENTY-S
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	JP 0	SUBSCRIBER GROU	TY-EIGHTH	TWEN'	JP 0	SUBSCRIBER GROU	SEVENTH	TWENTY-S
	JP 0	SUBSCRIBER GROU	TY-EIGHTH	TWEN'	JP 0	SUBSCRIBER GROU	SEVENTH	TWENTY-S
	JP 0	SUBSCRIBER GROU	TY-EIGHTH	TWEN'	JP 0	SUBSCRIBER GROU	SEVENTH	TWENTY-S
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LEGAL NAME OF OWI						S	YSTEM ID# 61643	Name
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2.000 NOOGIPIO 11IIIC	. J.Jup	-	<u> </u>	Signal Recorpts For	010up	·*		
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LEGAL NAME OF OWNE						S	YSTEM ID# 61643	Name
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Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
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Base Rate Fee Third (Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
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ee Fourth Group \$ 0.00	Base Rate Fee Third Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	

LEGAL NAME OF OWNE Celect Communica						S	YSTEM ID# 61643	Name
BL	OCK A: (COMPUTATION OF	BASE RA	TE FEES FOR EAC	H SUBSCF	RIBER GROUP		
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COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	9 Computation
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Gross Receipts Third G	roup	\$	0.00	Gross Receipts Four	th Group	\$	0.00	
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Base Rate Fee: Add the Enter here and in block	e base rat 3, line 1, s	e fees for each subso	criber group	as shown in the boxes	s above.	\$		

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				TE FEES FOR EACH				
		SUBSCRIBER GROU	VENTIETH	İ		SUBSCRIBER GROU	Y-NINTH	
Comp	0		COMMUNITY/ AREA	0	NITY/ AREA			
Comp	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base F								
а								
Synd Excl							-	
Sur						-		
1								
Par		-					-	
Dis								
Sta								
							-	
	0.00	Ц	_	Total DSEs	0.00			otal DSEs
					,			
	0.00	\$	id Group	Gross Receipts Secor	0.00	\$	roup	Gross Receipts First Gr
	0.00	\$	d Croup	D D-4- F 0	0.00			
	0.00	*	lu Group	Base Rate Fee Secon	0.00	\$	oup	Base Rate Fee First Gr
	UP	SUBSCRIBER GROU				SUBSCRIBER GROU		
								SEVEN ⁻
	JP			SEVENT	JP			SEVEN ⁻
	JP 0	SUBSCRIBER GROU	Y-SECOND	SEVENT COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	TY-FIRST	SEVEN'
	JP 0	SUBSCRIBER GROU	Y-SECOND	SEVENT COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	TY-FIRST	SEVEN'
	JP 0	SUBSCRIBER GROU	Y-SECOND	SEVENT COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	TY-FIRST	SEVEN'
	JP 0	SUBSCRIBER GROU	Y-SECOND	SEVENT COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	TY-FIRST	SEVEN'
	JP 0	SUBSCRIBER GROU	Y-SECOND	SEVENT COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	TY-FIRST	SEVEN'
	JP 0	SUBSCRIBER GROU	Y-SECOND	SEVENT COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	TY-FIRST	SEVEN'
	JP 0	SUBSCRIBER GROU	Y-SECOND	SEVENT COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	TY-FIRST	SEVEN'
	JP 0	SUBSCRIBER GROU	Y-SECOND	SEVENT COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	TY-FIRST	SEVEN'
	JP 0	SUBSCRIBER GROU	Y-SECOND	SEVENT COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	TY-FIRST	SEVEN'
	JP 0	SUBSCRIBER GROU	Y-SECOND	SEVENT COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	TY-FIRST	SEVEN'
	JP 0	SUBSCRIBER GROU	Y-SECOND	SEVENT COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	TY-FIRST	SEVEN'
	JP 0	SUBSCRIBER GROU	Y-SECOND	SEVENT COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	TY-FIRST	SEVEN'
	JP 0	SUBSCRIBER GROU	Y-SECOND	SEVENT COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	TY-FIRST	SEVENT COMMUNITY/ AREA
	JP 0 DSE	SUBSCRIBER GROU	y-second DSE	SEVENT COMMUNITY/ AREA CALL SIGN	JP 0	SUBSCRIBER GROU	DSE	SEVENT COMMUNITY/ AREA CALL SIGN Total DSEs
	DSE O.000	SUBSCRIBER GROU	y-second DSE	SEVENT COMMUNITY/ AREA CALL SIGN Total DSEs	DSE DSE	SUBSCRIBER GROU	DSE	COMMUNITY/ AREA

LEGAL NAME OF OWNE						SY	STEM ID# 61643	Name
				TE FEES FOR EACH				
SEVENT COMMUNITY/ AREA	Y-THIRD	SUBSCRIBER GROU	JP 0	SEVENT COMMUNITY/ AREA	Y-FOURTH	SUBSCRIBER GROUP	0	9
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of
CALL SIGN	DOL	CALL SIGN	DOL	CALL SIGN	DOL	CALL SIGN	DOL	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 Secon	nd Group	\$	0.00	
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Secon	nd Group	\$	0.00	
SEVEN	ΓY-FIFTH	SUBSCRIBER GROU	JP	li	NTY-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	n Group	\$	0.00	
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourth	n Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block			riber group	as shown in the boxes	above.	\$		

LEGAL NAME OF OWNE Celect Communic						S	61643	Name
			BASE RA	TE FEES FOR EAC	CH SUBSCR	IBER GROUP	01070	
		SUBSCRIBER GRO				SUBSCRIBER GRO	UP	0
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
								Syndicated Exclusivity
								Surcharge
								for
								Partially
								Distant
								Stations
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	roup	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
	ΓΥ-NINTH	SUBSCRIBER GRO				SUBSCRIBER GRO	_	
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		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 Fou	rth Group	\$	0.00	
		·		l l l l l l l l l l l l l l l l l l l		·		
Base Rate Fee Third G	Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block			criber group	as shown in the boxe	s above.	\$		

Nam	YSTEM ID# 61643	J						LEGAL NAME OF OWNE Celect Communica
		BER GROUP	SUBSCRI	TE FEES FOR EACH	BASE RA	COMPUTATION OF	.OCK A: 0	BL
0	JP	SUBSCRIBER GROU	-SECOND	EIGHT	JP	SUBSCRIBER GROU	TY-FIRST	EIGH
9	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
Comput of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rat								
and								
Syndica								
Exclusi Surcha								
for								
Partia								
Dista								
Statio								
						-		
	0.00			Total DSEs	0.00			otal 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	s ase Rate Fee First Gr
	JP	SUBSCRIBER GROL	/-FOURTH	EIGHT	JP	SUBSCRIBER GROU	Y-THIRD	EIGHT
	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
						=		
						_		
		•						
						1	1	
	0.00			Total DSEs	0.00			otal DSEs
	0.00	\$	Group	Total DSEs Gross Receipts Fourth	0.00	\$	roup	otal DSEs Gross Receipts Third G

LEGAL NAME OF OWNE Celect Communica						S	YSTEM ID# 61643	Name
				ATE FEES FOR EACH				
	TY-FIFTH	SUBSCRIBER GROU		i i	HTY-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
								Exclusivity
		=						Surcharge
								for
								Partially
								Distant
								Stations
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 Gr	oup	\$	0.00	Base Rate Fee Secon	d Group	\$	0.00	
EIGHTY-S	SEVENTH	SUBSCRIBER GROU		EIGHT	Y-EIGHTH	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	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 a	above.	\$		

Celect Communications	BLE SYSTEM: LLC				S	YSTEM ID# 61643	
	: COMPUTATION O		TE FEES FOR EAC				
	H SUBSCRIBER GRO				SUBSCRIBER GRO		
COMMUNITY/ AREA		0	COMMUNITY/ ARE	Α		0	
CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
Total DSEs		0.00	Total DSEs			0.00	
Gross Receipts First Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First Group	\$	0.00	Base Rate Fee Sec		\$	0.00	
	T SUBSCRIBER GRO		ii .		SUBSCRIBER GRO		
COMMUNITY/ AREA		0	COMMUNITY/ AREA	Α		0	
CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
					· ·		
Fotal DSEs		0.00	Total DSEs			0.00	
	\$	0.00	Total DSEs Gross Receipts Foul	rth Group	\$	0.00	
Fotal DSEs Gross Receipts Third Group	\$			rth Group	\$	-	

Na	YSTEM ID# 61643							LEGAL NAME OF OWNE Celect Communica
				TE FEES FOR EACH	BASE RA	COMPUTATION OF	OCK A: C	BL
(SUBSCRIBER GROU	-FOURTH			SUBSCRIBER GROU	Y-THIRD	
Comp	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
Com	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base I				011111111111111111111111111111111111111				
a Cum d						-		
Synd Excl								
Sur								
_ f								
Par Dis								
Sta							-	
							-	
	0.00			Total DSEs	0.00			otal DSEs
	0.00	\$	d Group	Gross Receipts Secon	0.00	\$	oup	Gross Receipts First Gr
	0.00	\$	l Group	Base Rate Fee Secon	0.00	\$	oup	Base Rate Fee First Gr
	JP	SUBSCRIBER GROU	TY-SIXTH	NINI	JP	SUBSCRIBER GROU	TY-FIFTH	NINE
	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
							-	
						-		
							-	
						-		
	0.00			Total DSEs	0.00	•	'	Γotal DSEs
	_	\$	Group			\$	roup	
	0.00	\$	Group	Total DSEs Gross Receipts Fourth	0.00	\$	roup	Total DSEs Gross Receipts Third G

	61643	S						LEGAL NAME OF OWNE Celect Communica
				TE FEES FOR EACH	BASE RA	COMPUTATION OF	OCK A: C	BL
0	JP	SUBSCRIBER GROU	Y-EIGHTH	NINET	JP	SUBSCRIBER GROU	SEVENTH	NINETY-S
9	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
Comput of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rat								
and								
Syndica								
Exclusi Surcha								
for								
Partia								
Distar						-		
Statio								
						-	-	
	0.00			Total DSEs	0.00			otal DSEs
	0.00	\$	d Group	Gross Receipts Secon	0.00	\$	roup	Gross Receipts First Gr
	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	oup	ase Rate Fee First Gr
	JP	SUBSCRIBER GROU	NDREDTH		JP	SUBSCRIBER GROU	Y-NINTH	NINET
	0			COMMUNITY/ AREA	0			OMMUNITY/ AREA
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
							-	
						_		
							-	
						-	-	
							-	
						•		
	0.00			Total DSEs	0.00			otal DSEs
		\$	Group			\$	Group	
	0.00	\$	Group	Total DSEs Gross Receipts Fourth	0.00	\$	Group	otal DSEs Gross Receipts Third G

LEGAL NAME OF OWNE						SY	STEM ID# 61643	Name
			BASE DA	TE FEES FOR EACH	1 SI IBSCD	IRED CDOLID	01010	
		SUBSCRIBER GROU				SUBSCRIBER GROUI	D	•
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	9 Commutation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of
								Base Rate Fee
								and
								Syndicated Exclusivity
								Surcharge
								for
								Partially
								Distant Stations
								Gtations
		•						
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	
	D THIRD	SUBSCRIBER GROU		Ħ		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 G	roup	\$	0.00	Gross Receipts Fourt	h Group	\$	0.00	
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourt	h Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block			riber group	as shown in the boxes	above.	\$		

Celect Communications	ABLE SYSTEM: S LLC				S	61643	Nan
BLOCK A	A: COMPUTATION C	F BASE RA	TE FEES FOR EAC	H SUBSCR	RIBER GROUP		
	TH SUBSCRIBER GRO				SUBSCRIBER GRO		9
COMMUNITY/ AREA		0	COMMUNITY/ AREA	Α		0	Comput
CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
							Base Rat
							and
							Syndica Exclusi
							Surcha
							for
							Partial
							Distar
							Station
					1		
otal 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	
ONE HUNDRED OF (EN	FIL OLIDOODIDED OD	2115					
ONE HUNDRED SEVEN	TH SUBSCRIBER GRO		ONE HUNDF	RED EIGHTH	SUBSCRIBER GRO		
	TH SUBSCRIBER GRO	OUP 0		RED EIGHTH		UP 0	
			ONE HUNDF	RED EIGHTH			
COMMUNITY/ AREA		0	ONE HUNDF	RED EIGHTH	SUBSCRIBER GRO	0	
OMMUNITY/ AREA		0	ONE HUNDF	RED EIGHTH	SUBSCRIBER GRO	0	
OMMUNITY/ AREA		0	ONE HUNDF	RED EIGHTH	SUBSCRIBER GRO	0	
COMMUNITY/ AREA		0	ONE HUNDF	RED EIGHTH	SUBSCRIBER GRO	0	
COMMUNITY/ AREA		0	ONE HUNDF	RED EIGHTH	SUBSCRIBER GRO	0	
COMMUNITY/ AREA		0	ONE HUNDF	RED EIGHTH	SUBSCRIBER GRO	0	
COMMUNITY/ AREA		0	ONE HUNDF	RED EIGHTH	SUBSCRIBER GRO	0	
COMMUNITY/ AREA		0	ONE HUNDF	RED EIGHTH	SUBSCRIBER GRO	0	
COMMUNITY/ AREA		0	ONE HUNDF	RED EIGHTH	SUBSCRIBER GRO	0	
COMMUNITY/ AREA		0	ONE HUNDF	RED EIGHTH	SUBSCRIBER GRO	0	
COMMUNITY/ AREA		0	ONE HUNDF	RED EIGHTH	SUBSCRIBER GRO	0	
COMMUNITY/ AREA		0	ONE HUNDF	RED EIGHTH	SUBSCRIBER GRO	0	
COMMUNITY/ AREA		0	ONE HUNDF	RED EIGHTH	SUBSCRIBER GRO	0	
CALL SIGN DSE		0	ONE HUNDF	RED EIGHTH	SUBSCRIBER GRO	0	
CALL SIGN DSE		DSE	ONE HUNDF COMMUNITY/ AREA CALL SIGN	DSE	SUBSCRIBER GRO	DSE	
CALL SIGN DSE	CALL SIGN	0 DSE	ONE HUNDE COMMUNITY/ ARE/	DSE	CALL SIGN	DSE O.00	
COMMUNITY/ AREA	CALL SIGN	0 DSE	ONE HUNDE COMMUNITY/ ARE/	DSE STATE OF THE S	CALL SIGN	DSE O.00	

LEGAL NAME OF OWNER Celect Communica						SY	STEM ID#	Name
Celect Communica	ILIONS LI						61643	
				TE FEES FOR EACH			D.	
ONE HUNDRE COMMUNITY/ AREA	D NINTH	SUBSCRIBER GROU	<u> 0</u>	COMMUNITY/ AREA		SUBSCRIBER GROU	0	9
COMMONT IT AREA				COMMONT I/ AREA			<u> </u>	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								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	nd Group	\$	0.00	
Base Rate Fee First Gro	oup	\$	0.00	Base Rate Fee Second	nd Group	\$	0.00	
	EVENTH	SUBSCRIBER GROU		Ħ		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 Fourt	h Group	\$	0.00	
							$\overline{}$	
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourt	h Group	\$	0.00	
				••				
Base Rate Fee: Add the Enter here and in block			riber group	as shown in the boxes	above.	\$		

Nam	61643	S						LEGAL NAME OF OWNE Celect Communica
		BER GROUP	SUBSCRI	TE FEES FOR EACH	BASE RA	COMPUTATION OF	OCK A: C	BL
٥	JP	SUBSCRIBER GROU	RTEENTH	ONE HUNDRED FOL		SUBSCRIBER GROU	TEENTH	ONE HUNDRED THIR
9	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
Comput of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Ra								
and								
Syndic								
Exclus Surcha								
for								
Partia								
Dista						-		
Statio								
	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	3ase Rate Fee First Gr
	JP	SUBSCRIBER GROU	XTEENTH	ONE HUNDRED S	JP	SUBSCRIBER GROU	TEENTH	ONE HUNDRED FIF
	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
						-		
				011101101101101101101101101101101101101				
						=		
	0.00			Total DSEs	0.00			Total DSEs
				1				
	0.00	\$	Group	Gross Receipts Fourth	0.00	\$	roup	Gross Receipts Third G

LEGAL NAME OF OWNE						S	YSTEM ID# 61643	Name
B ONE HUNDRED SEVE				TE FEES FOR EACH		IBER GROUP SUBSCRIBER GRO	UP	•
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee and
								Syndicated
		_						Exclusivity
								Surcharge for
								Partially
								Distant Stations
		-						
Total DSEs			0.00	Total DSEs		<u> </u>	0.00	
Gross Receipts First G	iroup	\$	0.00	Gross Receipts Secor	nd Group	\$	0.00	
Base Rate Fee First G		\$	0.00	Base Rate Fee Secon		\$	0.00	
ONE HUNDRED NI COMMUNITY/ AREA	NTEENTH	SUBSCRIBER GROU	JP 0	ONE HUNDRED TO	WENTIETH	SUBSCRIBER GROU	UP 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	n Group	\$	0.00	
Base Rate Fee Third (Group	\$	0.00	Base Rate Fee Fourth	n Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block			riber group	as shown in the boxes	above.	\$		

?	YSTEM ID# 61643	S						LEGAL NAME OF OWNE Celect Communic
		IBER GROUP	SUBSCR	TE FEES FOR EACH	BASE RA	COMPUTATION O	LOCK A: (В
		SUBSCRIBER GROUP	TY-SECOND	ONE HUNDRED TWEN	JP	SUBSCRIBER GRO	NTY-FIRST	ONE HUNDRED TWE
9 Computation	0	COMMUNITY/ AREA 0						COMMUNITY/ AREA
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate Fo								
and Syndicated								
Exclusivity	<u></u>							
Surcharge								
for								
Partially								
Distant								
Stations								
		•						
	0.00			Total DSEs	0.00			otal DSEs
	0.00	\$	nd Group	Gross Receipts Secor	0.00	\$	Froup	Gross Receipts First G
	0.00	\$	nd Group	Base Rate Fee Secon	0.00	\$	roup	Base Rate Fee First G
		SUBSCRIBER GROUP	TY-FOURTH	ONE HUNDRED TWEN)	SUBSCRIBER GROU	NTY-THIRD	ONE HUNDRED TWEN
	COMMUNITY/ AREA 0							COMMUNITY/ AREA
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
			<mark></mark>					
	0.00			Total DSEs	0.00			Total DSEs
	0.00	\$	n Group	Total DSEs Gross Receipts Fourth	0.00	\$	Group	Fotal DSEs Gross Receipts Third (

LEGAL NAME OF OW Celect Commun						S	61643	Name
	/ENTY-FIFTH	COMPUTATION OF SUBSCRIBER GROUP		ONE HUNDRED TW	/ENTY-SIXTH	RIBER GROUP	0	9
COMMONT IT AIRE				COMMONT IT AREA				Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and Syndicated
								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	and Group	\$	0.00	
		SUBSCRIBER GROUP		it .		SUBSCRIBER GROU	>	
COMMUNITY/ AREA	A		0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		-						
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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	d Group	\$	0.00	Gross Receipts Four	th Group	\$	0.00	
								
Base Rate Fee Third	d Group	\$	0.00	Base Rate Fee Four	th Group	\$	0.00	
Base Rate Fee: Add Enter here and in blo			riber group	as shown in the boxes	s above.	\$		

SYSTEM ID# 61643 Na						Celect Communic
JBSCRIBER GROUP	SUBSCRI	TE FEES FOR EACH	BASE RA	OMPUTATION OF	OCK A: C	BL
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0.00		Total DSEs	0.00			otal DSEs
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roup \$ 0.00	d Group	Base Rate Fee Secon	0.00	\$	roup	3ase Rate Fee First G
	Y-SECOND	ONE HUNDRED THIRT		SUBSCRIBER GROUP	RTY-FIRST	ONE HUNDRED THIS
ECOND SUBSCRIBER GROUP	Y-SECOND	ONE HUNDRED THIRT	0	SUBSCRIBER GROUP	RTY-FIRST	ONE HUNDRED THIS
ECOND SUBSCRIBER GROUP	TY-SECOND	H		SUBSCRIBER GROUP	RTY-FIRST	
ECOND SUBSCRIBER GROUP 0	TY-SECOND DSE	H		SUBSCRIBER GROUP	DSE	
ECOND SUBSCRIBER GROUP 0		COMMUNITY/ AREA	0			COMMUNITY/ AREA
ECOND SUBSCRIBER GROUP 0		COMMUNITY/ AREA	0			COMMUNITY/ AREA
ECOND SUBSCRIBER GROUP 0		COMMUNITY/ AREA	0			COMMUNITY/ AREA
ECOND SUBSCRIBER GROUP 0		COMMUNITY/ AREA	0			COMMUNITY/ AREA
ECOND SUBSCRIBER GROUP 0		COMMUNITY/ AREA	0			COMMUNITY/ AREA
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ECOND SUBSCRIBER GROUP 0		COMMUNITY/ AREA	0			COMMUNITY/ AREA
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ECOND SUBSCRIBER GROUP 0		COMMUNITY/ AREA	0			COMMUNITY/ AREA
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ECOND SUBSCRIBER GROUP 0		COMMUNITY/ AREA	0			COMMUNITY/ AREA
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ECOND SUBSCRIBER GROUP 0		COMMUNITY/ AREA	0			COMMUNITY/ AREA
DECOND SUBSCRIBER GROUP O O O O O O O O O O O O O	DSE	CALL SIGN	DSE		DSE	CALL SIGN CALL SIGN Fotal DSEs
DECOND SUBSCRIBER GROUP O O O O O O O O O O O O O	DSE	COMMUNITY/ AREA CALL SIGN Total DSEs	DSE O.00	CALL SIGN	DSE	CALL SIGN

	s LLC				S	YSTEM ID# 61643
	A: COMPUTATION C		TE FEES FOR EAC	CH SUBSCF	RIBER GROUP	
ONE HUNDRED THIRTY-TH	RD SUBSCRIBER GROU				H SUBSCRIBER GROUF	
COMMUNITY/ AREA		0	COMMUNITY/ ARE	A		0
CALL SIGN DSE		DSE	CALL SIGN	DSE	CALL SIGN	DSE
Total DSEs		0.00	Total DSEs			0.00
Gross Receipts First Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00
Base Rate Fee First Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00
ONE HUNDRED THIRTY-FIR	TH SUBSCRIBER GROU	JP	ONE HUNDRED	THIRTY-SIXTH	H SUBSCRIBER GROUF)
COMMUNITY/ AREA		0	COMMUNITY/ ARE	A		0
CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
Total DSEs		0.00	Total DSEs			0.00
Total DSEs Gross Receipts Third Group	\$	0.00	Total DSEs Gross Receipts Fou	urth Group	\$	0.00

Celect Communication	CABLE SYSTEM: S LLC				S	61643	Name	
BLOCK	A: COMPUTATION	OF BASE RA	ATE FEES FOR EAC	CH SUBSCR	RIBER GROUP			
ONE HUNDRED THIRTY-SEVE	NTH SUBSCRIBER GRO	DUP	ONE HUNDRED TH	IIRTY-EIGHTH	I SUBSCRIBER GROUP)	0	
COMMUNITY/ AREA		0	COMMUNITY/ AREA	Α		0	9 Computati	
CALL SIGN DSE	CALL SIGN	DSE	DSE CALL SIGN DSE			CALL SIGN DSE		
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							Stations	
Total DSEs		0.00	Total DSEs			0.00		
Gross Receipts First Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00		
orese resemble riner Greap	<u>-</u>			oa	<u>-</u>			
Base Rate Fee First Group	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00		
ONE HUNDRED THIRTY-NII	ITH CHECOPINED ODG							
ONE HONDINED HINKIT-IVII	TH SUBSCRIBER GRU	DUP	ONE HUNDREI	D FORTIETH	SUBSCRIBER GRO	UP		
	NIH SUBSCRIBER GRU	0 0	ONE HUNDRE		I SUBSCRIBER GRO	UP 0		
			11		CALL SIGN			
COMMUNITY/ AREA		0	COMMUNITY/ AREA	Α		0		
COMMUNITY/ AREA		0	COMMUNITY/ AREA	Α		0		
COMMUNITY/ AREA		0	COMMUNITY/ AREA	Α		0		
COMMUNITY/ AREA		0	COMMUNITY/ AREA	Α		0		
COMMUNITY/ AREA		0	COMMUNITY/ AREA	Α		0		
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COMMUNITY/ AREA		0	COMMUNITY/ AREA	Α		0		
COMMUNITY/ AREA		0	COMMUNITY/ AREA	Α		0		
COMMUNITY/ AREA		0	COMMUNITY/ AREA	Α		0		
COMMUNITY/ AREA		0	COMMUNITY/ AREA	Α		0		
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CALL SIGN DSE		DSE	CALL SIGN	DSE		DSE		
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LEGAL NAME OF OWNE Celect Communica						S	YSTEM ID# 61643	Name
BL	OCK A: (COMPUTATION OF	BASE RA	TE FEES FOR EAC	H SUBSCF	RIBER GROUP		
ONE HUNDRED FOR	RTY-FIRST	SUBSCRIBER GROUP)	ONE HUNDRED FOR	RTY-SECONE	SUBSCRIBER GROUP)	0
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
								Syndicated Exclusivity
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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gr	roup	\$	0.00	Gross Receipts Seco	ond Group	\$	0.00	
Base Rate Fee First Gr	-oup	\$	0.00	Base Rate Fee Seco	and Group	\$	0.00	
ONE HUNDRED FOR	TY-THIRD	SUBSCRIBER GROUP)	ONE HUNDRED FOI	RTY-FOURTH	I 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	iroup	\$	0.00	Gross Receipts Four	th Group	\$	0.00	
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Four	th Group	\$	0.00	
Base Rate Fee: Add th Enter here and in block	e base rat 3, line 1, s	re fees for each subsc space L (page 7)	criber group	as shown in the boxes	s above.	\$		

CK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP YFIFTH SUBSCRIBER GROUP ORE HUNDRED FORTY-SIXTH SUBSCRIBER GROUP COMMUNITY/ AREA OCOMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP ORE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE Base Rate Fee Second Group S 0.00 Total DSEs O.00 Base Rate Fee Second Group S 0.00 COMMUNITY/ AREA OCOMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP OCOMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP OCOMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP OCOMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP OCOMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP OCOMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP OCOMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP OCOMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP OCOMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP OCOMPUTATION OF BASE 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
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DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE Base Rate Fe and Syndicated Exclusivity Surcharge for Partially Distant Stations
and Syndicated Exclusivity Surcharge for Partially Distant Stations Total DSEs 0.00 Gross Receipts Second Group \$ 0.00 Total DSEs 0.00 Gross Receipts Second Group \$ 0.00 Distant Stations Distant Stations Distant Stations
Syndicated Exclusivity Surcharge for Partially Distant Stations Total DSEs 0.00 Gross Receipts Second Group \$ 0.00 Base Rate Fee Second Group \$ 0.00 VENTH SUBSCRIBER GROUP ONE HUNDRED FORTY-EIGHTH SUBSCRIBER GROUP COMMUNITY/ AREA 0
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Surcharge for Partially Distant Stations O.00 Total DSEs O.00 Spring Spring Second Group Spring Second Group Spring Spring Second Group Spring Spri
Partially Distant Stations O.00 Total DSEs O.00 Gross Receipts Second Group \$ 0.00 Base Rate Fee Second Group ONE HUNDRED FORTY-EIGHTH SUBSCRIBER GROUP COMMUNITY/ AREA O OMBURITY/ AREA O OMBURITY/ AREA
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Second Group \$ 0.00 Second Group \$ 0.00 Base Rate Fee Second Group \$ 0.00 EVENTH SUBSCRIBER GROUP ONE HUNDRED FORTY-EIGHTH SUBSCRIBER GROUP COMMUNITY/ AREA O
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up \$ 0.00 Base Rate Fee Fourth Group \$ 0.00

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	0.00			Total DSEs	0.00			Total DSEs
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	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	oup	Base Rate Fee First Gr
		SUBSCRIBER GROU	'-SECOND	ONE HUNDRED FIFT		SUBSCRIBER GRO	ΓY-FIRST	ONE HUNDRED FIFT
	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
	0.00			Total DSEs	0.00			Total DSEs
	0.00	\$	Group	Gross Receipts Fourth	0.00	\$	roup	Gross Receipts Third G
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	61643					LC		LEGAL NAME OF OWNE Celect Communic
		IBER GROUP	SUBSCR	TE FEES FOR EACH	BASE RA	COMPUTATION OF	OCK A: 0	Bl
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of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
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LEGAL NAME OF OWN Celect Communic						S	61643	Name
			BASE DA	TE FEES FOR EAC	CH SLIBSCE	IRER GROUD		
ONE HUNDRED FIFT						SUBSCRIBER GROUP	D	
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CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First 0	Proup	\$	0.00	Gross Receipts Sec	and Group	\$	0.00	
Cross rescipts i list c	лоцр			Cross rescipts see	ona Group		0.00	
Base Rate Fee First 0	Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
ONE HUNDRED F	FTY-NINTH	SUBSCRIBER GROUP)	ONE HUNDS	RED SIXTIETH	SUBSCRIBER GROUP)	
COMMUNITY/ AREA			0	COMMUNITY/ AREA	4		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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		_						
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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Four	rth Group	\$	0.00	
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Base Rate Fee: Add t Enter here and in bloc			criber group	as shown in the boxe	s above.	\$		

BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP FIRST SUBSCRIBER GROUP COMMUNITY/ AREA Pierce, Barron, and St. Croix Co COMMUNITY/ AREA Pierce, St. Croix, and I CALL SIGN DSE COMMUNITY/ AREA PIerce, St. Croix, and I CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CROSS Receipts First Group S DATE THIRD SUBSCRIBER GROUP COMMUNITY/ AREA Dunn County COMMUNITY/ AREA Dunn County COMMUNITY/ AREA DUNN COUNTY CALL SIGN DSE CO			
COMMUNITY/ AREA Pierce, Barron, and St. Croix Co CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN Total DSEs Gross Receipts First Group \$ 143,817.96 Base Rate Fee First Group \$ 0.00 THIRD SUBSCRIBER GROUP FOURTH SUBSCRIBER GROUP COMMUNITY/ AREA Dunn County CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN TOTAL DSES Gross Receipts Fourth Group \$ 500000000000000000000000000000000000	POLID	ı	
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9 Computation of Base Rate F and	YSTEM ID# 61643							LEGAL NAME OF OWNE Celect Communic
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Name	YSTEM ID# 61643							LEGAL NAME OF OWNE Celect Communic
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	0.00 JP 0	\$ I SUBSCRIBER GROU	d Group	Base Rate Fee Secon THIF COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	TY-FIFTH	THIR COMMUNITY/ AREA
	0.00 JP 0	\$ I SUBSCRIBER GROU	d Group	Base Rate Fee Secon THIF COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	TY-FIFTH	THIR COMMUNITY/ AREA
	0.00 JP 0	\$ I SUBSCRIBER GROU	d Group	Base Rate Fee Secon THIF COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	TY-FIFTH	THIR COMMUNITY/ AREA
	0.00 JP 0	\$ I SUBSCRIBER GROU	d Group	Base Rate Fee Secon THIF COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	TY-FIFTH	THIR COMMUNITY/ AREA
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	0.00 JP	\$ I SUBSCRIBER GROU	d Group	THIE COMMUNITY/ AREA CALL SIGN Total DSEs	DSE DSE O.000	SUBSCRIBER GROU	TY-FIFTH DSE	THIR COMMUNITY/ AREA CALL SIGN Total DSEs
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9 Computation of Base Rate F	YSTEM ID# 61643	S'						LEGAL NAME OF OWNE Celect Communic
				TE FEES FOR EACH				
a		SUBSCRIBER GROU	Y-EIGHTH			SUBSCRIBER GROU	SEVENTH	
	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
and Syndicated						-		
Exclusivity								
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for								
Partially							-	
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Distant Stations						-		
	0.00	<u> </u>		Total DSEs	0.00		<u> </u>	Total DSEs
	0.00	\$	d Group	Gross Receipts Secon	0.00	¢	roup	Gross Receipts First G
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	UP 0		FORTIETH	COMMUNITY/ AREA	0	SUBSCRIBER GROU	TY-NINTH	THIRT COMMUNITY/ AREA CALL SIGN
	DSE		DSE	CALL SIGN	DSE	SUBSCRIBER GROU	TY-NINTH DSE	THIRT COMMUNITY/ AREA CALL SIGN Total DSEs
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Name	YSTEM ID# 61643							LEGAL NAME OF OWNE Celect Communic
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9		SUBSCRIBER GROU	-SECOND			SUBSCRIBER GROU	TY-FIRST	
Computation	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
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and								
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for							-	
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Distant						-		
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	JP 0	SUBSCRIBER GROU	/-FOURTH	FORT COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	TY-THIRD	FOR COMMUNITY/ AREA
	JP 0	SUBSCRIBER GROU	/-FOURTH	FORT COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	TY-THIRD	FOR COMMUNITY/ AREA
	JP 0	SUBSCRIBER GROU	/-FOURTH	FORT COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	TY-THIRD	FOR [*] COMMUNITY/ AREA
	JP 0	SUBSCRIBER GROU	/-FOURTH	FORT COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	TY-THIRD	FOR [*] COMMUNITY/ AREA
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	YSTEM ID# 61643							LEGAL NAME OF OWNE Celect Communic
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9	JP	SUBSCRIBER GROU	TY-SIXTH			SUBSCRIBER GROU	TY-FIFTH	
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	0.00 JP 0	\$ SUBSCRIBER GROU	d Group Y-EIGHTH	Base Rate Fee Secon FORT	JP 0	\$ SUBSCRIBER GROU	oup SEVENTH	Base Rate Fee First G FORTY-S COMMUNITY/ AREA
	0.00 JP 0	\$ SUBSCRIBER GROU	d Group Y-EIGHTH	Base Rate Fee Secon FORT	JP 0	\$ SUBSCRIBER GROU	oup SEVENTH	Base Rate Fee First G FORTY-S COMMUNITY/ AREA
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	0.00 JP 0	\$ SUBSCRIBER GROU	d Group Y-EIGHTH	Base Rate Fee Secon FORT	JP 0	\$ SUBSCRIBER GROU	oup SEVENTH	Base Rate Fee First G FORTY-S COMMUNITY/ AREA
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	O.00 JP OSE O.00	\$ SUBSCRIBER GROU	d Group Y-EIGHTH DSE	FORTI COMMUNITY/ AREA CALL SIGN Total DSEs	DSE DSE O.00	SUBSCRIBER GROU	DSE	FORTY-S COMMUNITY/ AREA CALL SIGN Total DSEs

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	0.00 JP	CALL SIGN	-SECOND DSE	CALL SIGN CALL SIGN Total DSEs	DSE DSE O.000	SUBSCRIBER GROU	OUP TY-FIRST DSE	CALL SIGN CALL SIGN Data DSEs
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Name	YSTEM ID# 61643	S'						LEGAL NAME OF OWNE Celect Communic
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9		SUBSCRIBER GROU	-FOURTH			SUBSCRIBER GROU	Y-THIRD	
Computation	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
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9 Computation of	YSTEM ID# 61643					LC	R OF CABL	Celect Communic
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	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
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LEGAL NAME OF OWNE			•			S)	STEM ID# 61643	Name
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	LEGAL NAME OF OWNER OF CABLE SYSTEM: Celect Communications LLC 61643											
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Name	61643	LEGAL NAME OF OWNER OF CABLE SYSTEM: Celect Communications LLC SYSTEM ID# 61643										
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LEGAL NAME OF OWNER OF CABLE SYSTEM: Celect Communications LLC SYSTEM ID# 61643								Name
BL	OCK A: (COMPUTATION OF	BASE RA	TE FEES FOR EACH	SUBSCF	RIBER GROUP		
ONE HUNDRED FIFTY-	SEVENTH	SUBSCRIBER GROUP		ONE HUNDRED FIFTY-EIGHTH SUBSCRIBER GROUP				•
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Base Rate Fee First Group \$ 0.00				Base Rate Fee Secon	d Group	\$	0.00	
ONE HUNDRED FIFT	Y-NINTH	SUBSCRIBER GROU	IP	ONE HUNDRED	SIXTIETH	I SUBSCRIBER GROU	Р	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
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Total DSEs			0.00	Total DSEs			0.00	
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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 a	above.	\$		

ACCOUNTING PERIOD: 2022/2 FORM SA3E. PAGE 20. EGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name Celect Communications LLC 61643 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

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ACCOUNTING PERIOD: 2022/2 FORM SA3E. PAGE 20. EGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name Celect Communications LLC 61643 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. ONE HUNDRED FORTY-FIFTH SUBSCRIBER GROUP ONE HUNDRED FORTY-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 ONE HUNDRED FORTY-SEVENTH SUBSCRIBER GROUP ONE HUNDRED FORTY-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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