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								
3-2-23	\$ ALLOCATION NUMBER								

Return completed workbook by email to

coplicsoa@copyright.gov

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

Α	AC	COUNTING PERIOD COVERED BY THIS STATEMENT:			
Accounting Period		2022/2			
B	rate	Give the full legal name of the owner of the cable system. If the owner is a title of the subsidiary, not that of the parent corporation. List any other name or names under which the owner conducts the busines if there were different owners during the accounting period, only the owner ngle statement of account and royalty fee payment covering the entire account. Check here if this is the system's first filing. If not, enter the system's ID is a title owner.	ess of the cable syste on the last day of the unting period.	m. ne accounting period should sub	
	LE	GAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM			
		Churchill County Telephone & Telegraph			
		DBA CC Communications			
					062031 2022/2
		PO Box 1390			
		Fallon, NV 89407			
		railoii, i vv 65407			
С		TRUCTIONS: In line 1, give any business or trade names used to idnes already appear in space B. In line 2, give the mailing address of			
	Паг	7 7 7	the system, ii din	erent from the address given	і ііі ѕрасе Б.
System	1	IDENTIFICATION OF CABLE SYSTEM:			
		MAILING ADDRESS OF CABLE SYSTEM:			
	2	(Number, street, rural route, apartment, or suite number)			
	_	(Waniber, Succe, rata roate, apartment, or sale number)			
	<u> </u>	(City, town, state, zip code)			
D	Ins	tructions: For complete space D instructions, see page 1b. Identify	only the first com	munity served below and reli	st on page 1b
Area	with	n all communities.			
Served	-	CITY OR TOWN	STATE		
First		Fallon	NV		
Community	В	elow is a sample for reporting communities if you report multiple cha	nnel line-ups in S	pace G.	
		CITY OR TOWN (SAMPLE)	STATE	CH LINE UP	SUB GRP#
Sample	Ald	a	MD	Α	1
Sample	Alli	ance	MD	В	2
	Ger	ing	MD	В	3

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

LEGAL NAME OF OWNER OF CABLE SYSTEM:			SYSTEM ID#	
Churchill County Telephone & Telegraph			062031	
Instructions: List each separate community served by the cable system. A "community" in FCC rules: "a separate and distinct community or municipal entity (including unincorporates and including single, discrete unincorporated areas." 47 C.F.R. §76.5(dd). The first of system identification hereafter known as the "first community." Please use it as the first community.	orated communitient to the community that	es within unincorp you list will serve	orated	D Area Served
Note: Entities and properties such as hotels, apartments, condominiums, or mobile hom below the identified city or town.	e parks should be	e reported in pare	ntheses	
If all communities receive the same complement of television broadcast stations (i.e., on all communities with the channel line-up "A" in the appropriate column below or leave the on a partially distant or partially permitted basis in the DSE Schedule, associate each rel designated by a number (based on your reporting from Part 9).	e column blank. If evant community	you report any st with a subscriber	ations group,	
When reporting the carriage of television broadcast stations on a community-by-comm	a subscriber grou	ate each commun p designated by a	ity with a a number	
CITY OR TOWN	STATE	CH LINE UP	SUB GRP#	1
Fallon	NV			First
				Community
				See instructions for additional information
				on alphabetization.
				Add rows as necessary.
				Add Tows as fiecessary.

Name
LEGAL NAME OF OWNER OF CABLE SYSTEM:
SYSTEM ID#
Churchill County Telephone & Telegraph
062031

Ε

Secondary Transmission Service: Subscribers and Rates

SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

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

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

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

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

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

BLO	OCK 1		BLOCK 2					
	NO. OF					NO. OF		
CATEGORY OF SERVICE	SUBSCRIBERS		RATE	CATEGORY OF SERVICE	E	SUBSCRIBERS	l	RATE
Residential:								
 Service to first set 	1,328	\$	22.99	Premier		767	\$	59.99
 Service to additional set(s) 	475	\$	6.95	Variety		391	\$	79.99
 FM radio (if separate rate) 				HD		17	\$	7.95
Motel, hotel	13	\$	939.24	Tier 2		18	\$	24.95
Commercial	22	\$	39.99	Tier 3		18	\$	24.95
Converter				Add On's		112	\$	14.72
 Residential 								
 Non-residential 							1	

F

Services Other Than Secondary Transmissions: Rates

SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

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

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

		BLOCK 2						
CATEGORY OF SERVICE		RATE	CATEGORY OF SERVICE		RATE	CATEGORY OF SERVICE	F	RATE
Continuing Services:			Installation: Non-residential					
Pay cable			Motel, hotel	\$	99.99	Hourly Rate	\$	100.00
 Pay cable—add'l channel 			Commercial	\$	99.99			
Fire protection			Pay cable					
•Burglar protection			Pay cable-add'l channel					
Installation: Residential			Fire protection					
First set	\$	99.99	Burglar protection	[
 Additional set(s) 	\$		Other services:					
• FM radio (if separate rate)			Reconnect					
Converter			Disconnect					
			Outlet relocation					
			Move to new address					
	1			1				

FORM SA3E. PAGE 3.										
LEGAL NAME OF OWN			•		SYSTEM ID#	Name				
Churchill Count	ty Telephon	e & Telegr	aph		062031					
PRIMARY TRANSMITTE	RS: TELEVISIO	N								
In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under 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.										
	able system on a substitute program	Transmitters: Television								
basis under specific FC										
 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										
		-			ion. For example, report multi-					
cast stream as "WETA- WETA-simulcast).	-2". Simulcast	streams must	be reported in o	column 1 (list each	n stream separately; for example					
,	channel numb	er the FCC h	as assigned to t	he television stati	on for broadcasting over-the-air in					
its community of licens on which your cable sy	•		annel 4 in Wash	ington, D.C. This i	may be different from the channel					
Column 3: Indicate	in each case v	vhether the st			pendent station, or a noncommercial					
	-				ast), "I" (for independent), "I-M" mmercial educational multicast).					
For the meaning of the	,		, .	,	•					
Column 4: If the sta			•	,	s". If not, enter "No". For an ex-					
					stating the basis on which your					
cable system carried th carried the distant stati		•	٠.	•	ering "LAC" if your cable system					
	•				payment because it is the subject					
					tem or an association representing y transmitter, enter the designa-	l				
			•		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 identified.					
Note: If you are utilizing	g multiple chan	nel line-ups,	use a separate s	space G for each	channel line-up.					
		CHANN	EL LINE-UP	AA]				
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					
KTVN	2	N	No		Reno, NV					
KRNV	4	N	No		Reno, NV	See instructions for				
KOLO3SD CW	6	N-M	No		Reno, NV	additional information				
KOLO	8	N	No		Reno, NV	on alphabetization.				
KNPB	10	Е	No		Reno, NV					
KRXI	11	N	No	•	Reno, NV	1				
KNSN	21	N	No	•	Reno, NV	1				
KNSNDT2	107	N-M	No		Reno, NV	1				
KRXIDT2	110	N-M	No		Reno, NV	1				
KRXIDT3	112	N-M	No	†	Reno, NV	.				
KNPBDT2	113	N-M	No	†	Reno, NV	.				
KNSNDT3										
KRNVDT2	Reno, NV	1								
KNPBDT3	115 117	N-M N-M	No No		Reno, NV	1				
KOLODT2	118	N-M	No		Reno, NV	-				
	302	N	No			-				
KOLODT?					Reno, NV	-				
KOLODT3	306	N-M	No		Reno, NV	4				
KOLODT	308	N	No		Reno, NV					

FORM SA3E. PAGE 3.									
LEGAL NAME OF OWN	IER OF CABLE SY	STEM:			SYSTEM ID#	Name			
Churchill Coun	ty Telephon	e & Telegr	aph		062031	Name			
PRIMARY TRANSMITTE	RS: TELEVISIO	N							
In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under 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 Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations: **Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. **List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. **Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). **Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. **Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educationa									
,	-	• •	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				
KNPBDT	310	E	No		Reno, NV				
KRXIDT	311	N	No		Reno, NV				
KNSNDT	321	N	No		Reno, NV				
KOLODT4	86	N-M	No		Reno, NV				

FORM SA3E. PAGE		OTEM.			SYSTEM ID#	
	OWNER OF CABLE SY		anh			Name
			αριι		002001	
Churchill Co RIMARY TRANSMI In General: In space arried by your cable CCC rules and regulation of the station was carred by the station was column 1: List was tream as "WIVETA-simulcast). Column 2: Gives a community of licent which your cable Column 3: Indicational station for independent more the meaning of Column 4: If the station of local second by the system carried the distant second by the system carried arried the distant second by the system and "E" (exempt). Fixplanation of these cable system and "E" (exempt). Fixplanation of these cables system and "E" (exempt). Fixplanation of these cables system and "E" (exempt). Fixplanation of these cables system and "E" (exempt). Fixplanation of the system and "E" (exempt).	tenty Telephon TTERS: TELEVISIO THERS: THERS: THERS: THERS: THERS THERS: THERS: THERS: THERS THERS: THERS: THERS: THERS T	re & Telegren In the transport of transport o	ation (including to period, except 81, permitting the eferring to 76.6° baragraph. If distant stations orizations: to it in space I (the ation was carried to the effect of the space I (the ation was carried to the effect of the space I (the ation was carried to the effect of the space I (the ation was carried to the effect of the effect of the space I (the effect of the effect	(1) stations carried e carriage of certa (e)(2) and (4))]; and carried by your case. Special Stateme I both on a substitute, see page (v) of a program services er-the-air designat column 1 (list each the television static ington, D.C. This rook in the television static	and low power television stations) lonly on a part-time basis under in network programs [sections and (2) certain stations carried on a lable system on a substitute program int and Program Log)—if the late basis and also on some other the general instructions located such as HBO, ESPN, etc. Identify ion. For example, report multi- stream separately; for example on for broadcasting over-the-air in may be different from the channel located telephone to a noncommercial st), "I" (for independent), "I-M" mmercial educational multicast). le paper SA3 form. s". If not, enter "No". For an ex- paper SA3 form. tating the basis on which your lering "LAC" if your cable system	Rame G Primary Transmitters: Television
				•	which the station is identifed.	
Note: If you are uti	lizing multiple char	inel line-ups,	use a separate s	space G for each o	channel line-up.	
	1	CHANN	EL LINE-UP	AC		
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION	

FORM SA3E. PAGE 3.						Т				
LEGAL NAME OF OWN	ER OF CABLE SY	STEM:			SYSTEM ID#	Name				
Churchill Coun	ty Telephon	e & Telegr	aph		062031					
PRIMARY TRANSMITTE	RS: TELEVISIO	N								
In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under 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 Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis 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), "E" (for noncommercial educational multicast). "E" (for noncommercial educational), or "E-M" (for noncommercial educational mul										
Note: If you are utilizing	g multiple chan	•	•		лаппет ше-ир.					
	1	CHANN	EL LINE-UP	AD						
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION					

FORM SA3E. PAGE 3.						T
LEGAL NAME OF OWN			anh		SYSTEM ID#	Name
	<u> </u>		apn		062031	
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, shasis. For further in in the paper SA3 for Column 1: List eace each multicast stream cast stream as "WETA WETA-simulcast). Column 2: Give the its community of licens on which your cable sy Column 3: Indicate educational station, by (for independent multic For the meaning of the Column 4: If the staplanation of local serving Column 5: If you had cable system carried the distant stating For the retransmiss of a written agreement the cable system and attion "E" (exempt). For sexplanation of these the	RS: TELEVISIO G, identify every ystem during the ons in effect or .61(e)(2) and (e) .61, as explained tations: With recompled there in space only on a substant also in space formation concern. In station's call associated with -2". Simulcast of e channel numb e. For example stem carried the in each case we entering the le cast), "E" (for no se terms, see p ation is outside co area, see pa ave entered "Ye ne distant static on on a part-tir ion of a distant entered into or a primary transi simulcasts, also ree categories,	N If television state accounting a June 24, 198 41, or 76.63 (rd in the next perspect to any tions, or authors are stated as a station according to the state of	ation (including to period, except (81, permitting the eferring to 76.61 paragraph. distant stations orizations: it in space I (the ation was carried ute basis station eport origination cording to its over be reported in commendation of the educational), or expensed in struction of the educational), or expensed instruction of the education eport origination is a network of the educational), or expensed instruction of the education eport origination is a network of educational), or expensed instruction of the education eport origination is a network of educational instruction.	(1) stations carried e carriage of certal (e)(2) and (4))]; are carried by your case. Special Stateme both on a substitution, see page (v) of a program services er-the-air designation of the television static ington, D.C. This new station, an indeport network multicate "E-M" (for noncorretions located in the instant"), enter "Yes on located in the instant"), enter "Yes on located in the citivated channel or ubject to a royalty tween a cable systiannel on any other structions located on any other structions located on structions located on any other structions located on any other structions located on any other structions located on structions located on any other structions located on structions located on any other structi	s". If not, enter "No". For an ex- paper SA3 form. tating the basis on which your ering "LAC" if your cable system	G Primary Transmitters: Television
FCC. For Mexican or C	Canadian statio	ns, if any, give	e the name of th	e community with	which the station is identifed.	
Note: If you are utilizin	g multiple chan		use a separate s		channel 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	WNER OF CABLE SY	CTEM.			SYSTEM ID#	
			anh			Name
			αριι		002001	
RIMARY TRANSMI' In General: In space arried by your cable CC rules and regule 6.59(d)(2) and (4), ubstitute Program Substitute Program Substitute Program Substitute Basinasis under specific Do not list the station was carrii. List the station was carrii. List the station her basis. For furthe in the paper SA3 Column 1: List each multicast streat ast stream as "WEVETA-simulcast). Column 2: Give is community of lice on which your cable Column 3: Indicated at a column 3: Indicated at a column 4: If the delanation of local secolumn 5: If you able system carried the distant secolumn 5: If you able system carried the distant secolumn 3: Indicated a written agreement and cable system carried arried the distant secolumn 6: Give Column 6: Give	e G, identify every e system during to lations in effect or 76.61(e)(2) and (pasis, as explaine as Stations: With a FCC rules, regulation here in space and also in spar information concording. The system carried the station's call am associated with TA-2". Simulcast the channel numbers. For example system carried the laticast), "E" (for not these terms, see station is outside revice area, see part have entered "Ye do the distant station of a distant tent entered into ond a primary trans or simulcasts, also three categories the location of earthered the control of a station of a distant tent entered into ond a primary trans or simulcasts, also three categories the location of earthered the control of earthered the control of earthered the categories the location of earthered the system care and the categories the location of earthered the categor	y television stane accounting a June 24, 198 44), or 76.63 (r d in the next prespect to any titions, or auth G—but do list titute basis. In the state of the stat	ation (including to period, except 81, permitting the eferring to 76.6° paragraph. If distant stations orizations: to it in space I (the ation was carried to the effect of the station was station to the effect of the station was expected in contract or export origination cording to its own to be reported in contract of the effect of the general instruction of the effect of the general in the effect of th	(1) stations carried e carriage of certa (e)(2) and (4))]; at a carried by your case e Special Statemed both on a substitute, see page (v) of a program services er-the-air designat column 1 (list each the television static ington, D.C. This rock that the television static ington, D.C. This rock that the television static ington, D.C. This rock that the television static ington, b.C. This rock that the television static ington in the properties of the television static ington in the television in the television static ington in the television static ington, b.C. This rock is the television static ington, b.C. This rock is the television static ington in the television in the	paper SA3 form. tating the basis on which your ering "LAC" if your cable system apacity. payment because it is the subject tem or an association representing by transmitter, enter the designa- ner basis, enter "O." For a further d in the paper SA3 form. to which the station is licensed by the	G Primary Transmitters: Television
-CC. For Mexican o Note: If you are utili				•	which the station is identifed.	
vote. Il you are utili	zing multiple chai	• •	•		лаппетше-ир.	
		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.					SVSTEM ID#	
Churchill Cour			onh		SYSTEM ID#	Name
			apn		062031	
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Note: If you are utilizi	ng multiple char	nnel line-ups,	use a separate s	space G for each o	channel line-up.	
		CHANN	EL LINE-UP	AG		
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION	

In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations: • Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. • List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for	PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations: • Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. • List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast),	G Primary ansmitters
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 76.59(q(2)) and (4), or 76.63 (referring to 76.61(e)(2) and (4))); and (2) certain stations carried on a substitute regulations in effect on June 24, 1981, permitting the carriage of certain network programs Sections 76.59(q(2)) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis, are 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: 1 on this the station here in space 6—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. 1 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 be each multicast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-ari in scommunity 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 is a network station, an independent station, or a noncommercial educational multicast). For for the meaning of these terms, 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 olu	PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I'	Primary ansmitters
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 CCC rules and refect on June 24, 1981, permitting the carriage of certain network programs (sections 16,59(d)2) and (4), 76,61(e)(2) and (4), 76,63 (referring to 76,61(e)(2) and (4))); and (2) certain stations carried on a ubstitute 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 PCC rules, regulations, or authorizations: Do not list the station here, and also in space (1) if the station was carried only on a substitute basis. List the station here, and also in space (1) 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 such multicast stream associated with a station according to its over-the-air designation. For example, report multi-assat stream as WETA-2." Simulacast 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 the community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel multicast, broad the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational multicast). The station is outside the local service area, (i.e. "cisiant"), enter "ves" if not, enter "No". For an exalanation of local service area, lice service area, lice cisiant station during the accounting	n 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 the secondary of the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational will be substituted and multicasty. "I" (for independent), "I-M" for independent multicasty, "I" (for noncommercial educational), or "E-M" (for noncommercial educational multicasty). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form.	Primary ansmitters
Ical Sign Channel of C	lanation 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 able system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system arried 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	
CHANNEL LINE-UP AH 1. CALL 2. B'CAST SIGN 2. B'CAST CHANNEL OF 4. DISTANT? 5. BASIS OF CARRIAGE 6. LOCATION OF STATION CARRIAGE	,	
1. CALL 2. B'CAST 3. TYPE 4. DISTANT? 5. BASIS OF 6. LOCATION OF STATION CHANNEL OF (Yes or No) CARRIAGE		
SIGN CHANNEL OF (Yes or No) CARRIAGE	CHANNEL LINE-UP AH	
	SIGN CHANNEL OF (Yes or No) CARRIAGE	

FORM SA3E. PAGE 3.						
LEGAL NAME OF OWN	ER OF CABLE SY	STEM:			SYSTEM ID#	Name
Churchill Coun	ty Telephon	e & Telegr	aph		062031	Name
PRIMARY TRANSMITTE	RS: TELEVISIO	N				
In General: In space of carried by your cable so FCC rules and regulating 76.59(d)(2) and (4), 76 substitute program bas Substitute Basis Substitute Basis Substitute Basis Substitute Basis 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 eac each multicast stream cast stream as "WETA WETA-simulcast). Column 2: Give the its community of licens on which your cable sy	G, identify every ystem during the ons in effect on .61(e)(2) and (4 sis, as explained tations: With record only on a substand also in spatformation concerm. In station's call associated with associated with .2". Simulcast see channel numbers tem carried the stem carried the .5 simulcast see the carried the stem carried the .6. (2) and .6. (2) and .6. (3) and .6. (4) and .6.	r television stare accounting June 24, 198 J, or 76.63 (nd in the next pespect to any tions, or authors of the stare accounting substitute basis. If the stare a station account of the stare are must be the FCC h, WRC is Character account of the station.	period, except (81, permitting the eferring to 76.61 paragraph. distant stations orizations: a it in space I (the effect of the	(1) stations carried e carriage of certa (e)(2) and (4))]; and carried by your case Special Stateme both on a substitute, see page (v) of a program services er-the-air designation of the television staticington, D.C. This results of the carried services are the television staticington, D.C. This results of the carried services are the television staticington, D.C. This results are the television staticington, D.C. This results are the television staticington, D.C. This results are the television staticington.	and low power television stations) I only on a part-time basis under in network programs [sections and (2) certain stations carried on a suble system on a substitute program and Program Log)—if the sute basis and also on some other the general instructions located such as HBO, ESPN, etc. Identify son. For example, report multi- stream separately; for example on for broadcasting over-the-air in may be different from the channel	G Primary Transmitters: Television
educational station, by (for independent multic For the meaning of the Column 4: If the staplanation of local servic Column 5: If you ha cable system carried the carried the distant static For the retransmiss of a written agreement the cable system and a tion "E" (exempt). For sexplanation of these th Column 6: Give the	entering the letast), "E" (for no se terms, see pation is outside ce area, see pauve entered "Ye ne distant static ion on a part-tirion of a distant entered into or a primary transr simulcasts, also ree categories, e location of eaccanadian station	tter "N" (for ne concommercial page (v) of the the local servinge (v) of the ges" in column in during the ame basis becamulticast streamore for before Jumitter or an associated as the concept of the see page (v) ch station. Fons, if any, give	etwork), "N-M" (for educational), or educational), or educational), or educational (i.e. "digeneral instruction (i.e. "digeneral instruction (i.e. "digeneral instruction (i.e. "digeneral instruction (i.e. "digeneral in that is not some 30, 2009, between (i.e. "digeneral in the control of the general in th	or network multica r "E-M" (for noncor- tions located in the istant"), enter "Yes ons located in the nplete column 5, s d. Indicate by ente ctivated channel c ubject to a royalty tween a cable syst channel on any oth nstructions located ist the community with	s". If not, enter "No". For an expaper SA3 form. tating the basis on which your ering "LAC" if your cable system apacity. payment because it is the subject tem or an association representing y transmitter, enter the designater basis, enter "O." For a further in the paper SA3 form. to which the station is licensed by the which the station is identifed.	
		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	
				•		

Churchill Cou	VIED OF CARLE OV				OVOTEM ID#	
Churchill Cou					SYSTEM ID#	Name
<u> </u>	nty Telephon	e & Telegr	aph		062031	
PRIMARY TRANSMIT	TERS: TELEVISIO	N				
In General: In space carried by your cable FCC rules and regula 76.59(d)(2) and (4), 7 substitute Basis basis under specific Po not list the station was carrie List the station was carrie List the station here basis. For further in the paper SA3 Column 1: List each multicast stream as "WETA-simulcast). Column 2: Give t its community of lice on which your cable Column 3: Indica educational station, It (for independent mul For the meaning of the Column 4: If the planation of local ser Column 5: If you cable system carried the distant station "E" (exempt). Fo explanation of these Column 6: Give t	G, identify every system during the ations in effect or 76.61(e)(2) and (6 asis, as explained Stations: With FCC rules, regular on here in space of only on a substement of the asis, as explained on here in space of only on a substement of the asis of the channel numbers. Simulcast she channel numbers, see particularly the letticast), "E" (for nonese terms, see particularly the distant staticularly asis of a distant staticularly the channel system carried the distant staticularly asis of a di	r television standard relations and the accounting and June 24, 1964), or 76.63 (rd din the next prespect to any tions, or auth G—but do list itute basis. In the standard relation account of the station account of the station account of the station. It whether the station account of the local server of the station account of the local server (v) of the local serve	period, except 181, permitting the referring to 76.6° coaragraph. If distant stations orizations: It it in space I (the referring to 181) the referring to 181 at ion was carried the report origination coording to its over the reported in coara assigned to the report origination as assigned to the report origination as assigned to the reported in coara assigned to the report origination is a network of the report origination in the report origination is a network of the report of the repo	(1) stations carried e carriage of certa (e)(2) and (4))]; a carried by your cast a special Statement both on a substitute, see page (v) of a program services er-the-air designate column 1 (list each the television static ington, D.C. This rank station, an independent of the television static ington, D.C. This rank station, an independent of the television static ington, D.C. This rank station, an independent of the television static ington, D.C. This rank station, an independent of the television static ington, D.C. This rank station, an independent of the television static ington, D.C. This rank station, an independent of the television static ington, D.C. This rank station, an independent of the television static ington, D.C. This rank station, an independent of the television static ington, D.C. This rank station, an independent of the television static ington, D.C. This rank station, an independent of the television static ington, D.C. This rank station, an independent of the television static ington, D.C. This rank station, an independent of the television static ington, D.C. This rank station, an independent of the television static ington, D.C. This rank station, an independent of the television static ington, D.C. This rank station, an independent of the television static ington, D.C. This rank station, and independent of the television static ington, D.C. This rank station, and the television static ington, D.C. This rank station, and independent of the television station in the television in the television station in the television station i	s". If not, enter "No". For an expaper SA3 form. tating the basis on which your ering "LAC" if your cable system apacity. payment because it is the subject tem or an association representing y transmitter, enter the designater basis, enter "O." For a further	G Primary Transmitters: Television
A1 4 15			r U.S. stations,	list the community	to which the station is licensed by the which the station is identifed.	
Note: If you are utiliz	Canadian station	ns, if any, give	r U.S. stations, le the name of th	list the community ie community with	to which the station is licensed by the which the station is identifed.	
Note: If you are utiliz	Canadian station	ns, if any, given nel line-ups,	r U.S. stations, le the name of th	list the community le community with space G for each o	to which the station is licensed by the which the station is identifed.	
1. CALL SIGN	Canadian station	ns, if any, given nel line-ups,	e the name of the use a separate set. LINE-UP 4. DISTANT? (Yes or No)	list the community le community with space G for each o	to which the station is licensed by the which the station is identifed.	

FORM SA3E, PAGE 3.					0\/0TEM ID#	
Churchill Coun			anh		SYSTEM ID# 062031	Name
	•		арп		002031	
carried by your cable s FCC rules and regulat 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 eace	G, identify every system during the ions in effect or 6.61(e)(2) and 6.65(e)(2) a	r television stane accounting I June 24, 198 4), or 76.63 (nd in the next espect to any tions, or authors, or authors, or authors, it the stane I, if the stan	period, except (81, permitting the eferring to 76.61 paragraph. distant stations prizations: it in space I (the tion was carried ute basis station eport origination cording to its over	(1) stations carried e carriage of certal (e)(2) and (4))]; are carried by your case Special Stateme I both on a substitute, see page (v) of a program services er-the-air designati	and low power television stations) only on a part-time basis under in network programs [sections and (2) certain stations carried on a able system on a substitute program and and Program Log)—if the ate basis and also on some other the general instructions located such as HBO, ESPN, etc. Identify on. For example, report multi- stream separately; for example	G Primary Transmitters: Television
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			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.					OVOTEM ID#	
LEGAL NAME OF OWN					SYSTEM ID#	Name
Churchill Coun	ty Telephon	e & Telegr	apn		062031	
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, s basis. For further in in the paper SA3 for Column 1: List eac each multicast stream cast stream as "WETA WETA-simulcast). Column 2: Give the its community of licens on which your cable sy Column 3: Indicate educational station, by (for independent multic For the meaning of the Column 4: If the sta planation of local servic Column 5: If you ha cable system carried th carried the distant stati For the retransmiss of a written agreement the cable system and a	s, identify every system during the one in effect or .61(e)(2) and (4) is, as explained tations: With race only on a substand also in spatement of the station's call associated with -2". Simulcast are channel numbers, see particular is explained the in each case we entering the least), "E" (for not see terms, see particular is outside ce area, see particular is outside to on on a part-tirion of a distant entered into or a primary transit	r television standard television standard television standard television standard television standard to the accounting a standard television stan	period, except of all, permitting the eferring to 76.61 paragraph. I distant stations orizations: I it in space I (the station was carried ute basis station cording to its over be reported in compart of the station is a network etwork), "N-M" (for educational), or egeneral instruction in the station is a network etwork), "N-M" (for educational), or egeneral instruction in the station is a network etwork etwork), "N-M" (for educational), or egeneral instruction etwork etwork), "N-M" (for educational), or egeneral instruction etwork etwork), "see etwork etwork etwork etwork), "see etwork etwork etwork), "see etwork etwo	(1) stations carried e carriage of certa (e)(2) and (4))]; at carried by your case Special Statement both on a substitute, see page (v) of a program services er-the-air designaticolumn 1 (list each the television staticington, D.C. This result of the television staticington, D.C. This result of the television staticington, but t	s". If not, enter "No". For an expaper SA3 form. tating the basis on which your ering "LAC" if your cable system apacity. payment because it is the subject tem or an association representing y transmitter, enter the designa-	G Primary Transmitters: Television
explanation of these th Column 6: Give the	ree categories, location of eac anadian station	see page (v) ch station. Fo ns, if any, give	of the general in The U.S. stations, In The the name of the	nstructions located ist the community e community with	ner basis, enter "O." For a further If in the paper SA3 form. It o which the station is licensed by the which the station is identifed. 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.						
LEGAL NAME OF OWN	ER OF CABLE SY	STEM:			SYSTEM ID#	Name
Churchill Coun	ty Telephon	e & Telegr	aph		062031	
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 4: If the st planation of local servi Column 5: If you the cable system carried th carried the distant stati For the retransmiss of a written agreement the cable system and a tion "E" (exempt). For s explanation of these th Column 6: Give the	G, identify every ystem during the ons in effect on .61(e)(2) and (4 sis, as explained tations: With record only on a substand also in spatformation concern. In station's call associated with -2". Simulcasts e channel numbers the cast, "E" (for no se terms, see pation is outside ce area, see pation is outside ce area, see pation is outside to no na part-tinion of a distant entered into or a primary transresimulcasts, also ree categories, e location of each	r television state accounting June 24, 198 J	period, except (31, permitting the eferring to 76.61 paragraph. or distant stations orizations: to the it in space I (the ation was carried ute basis station eport origination cording to its over be reported in coas assigned to the ation is a network etwork), "N-M" (for educational), or egeneral instruction as a sasigned to the educational), or egeneral instruction as a sasigned to the general instruction as a sasigned to the educational period example of lack of a seam that is not some 30, 2009, between the coas of the general in the general in the general in the general in the ge	(1) stations carried e carriage of certai (e)(2) and (4))]; ar carried by your carried both on a substitute, so, see page (v) of a program services er-the-air designation of the television static ington, D.C. This not k station, an indeport network multicar "E-M" (for noncontions located in the instant"), enter "Yesons located in the inplete column 5, sid. Indicate by enter citivated channel carried by tween a cable syst senting the primary channel on any other structions located ist the community	s". If not, enter "No". For an ex- paper SA3 form. tating the basis on which your ering "LAC" if your cable system	Primary Transmitters: Television
Note: If you are utilizin	g muitiple chan	•	•		channel line-up.	
	1	CHANN	EL LINE-UP	AM		
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION	

FORM SA3E, PAGE 3.					0\/0TEM ID#	
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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	

ER OF CABLE SY	STEM:				Name
y Telephon	e & Telegr	aph		062031	
RS: TELEVISIO	N				
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	CHANN	EL LINE-UP	AO		
2. B'CAST CHANNEL NUMBER	3. TYPE OF	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION	
	RS: TELEVISIO i, identify every ystem during the tons in effect on 61(e)(2) and (4 is, as explained tations: With ra C rules, regula here in space of only on a subst and also in spa formation conce m. In station's call st associated with 2". Simulcast st channel numb e. For example stem carried th in each case we entering the left ast), "E" (for no station is outside the area, see pa ton on a part-tin on of a distant entered into or primary transr imulcasts, also tree categories, location of eac anadian station or multiple chan 2. B'CAST CHANNEL	RS: TELEVISION i, identify every television structure during the accounting ons in effect on June 24, 196 61(e)(2) and (4), or 76.63 (ris, as explained in the next plations: With respect to any C rules, regulations, or authories on a substitute basis. and also in space I, if the structure of t	RS: TELEVISION i, identify every television station (including to system during the accounting period, except (consin effect on June 24, 1981, permitting the 61(e)(2) and (4), or 76.63 (referring to 76.61 is, as explained in the next paragraph. Itations: With respect to any distant stations. Corules, regulations, or authorizations: here in space G—but do list it in space I (the only on a substitute basis. In and also in space I, if the station was carried formation concerning substitute basis station in station's call sign. Do not report origination associated with a station according to its over 2°. Simulcast streams must be reported in contained to the contained the station. In each case whether the station is a network entering the letter "N" (for network), "N-M" (for ast), "E" (for noncommercial educational), or externing the letter "N" (for network), "N-M" (for earea, see page (v) of the general instruction is outside the local service area, (i.e. "does area, see page (v) of the general instruction on a part-time basis because of lack of an on of a distant multicast stream that is not sentered into on or before June 30, 2009, beto primary transmitter or an association repressimulcasts, also enter "E". If you carried the cree categories, see page (v) of the general instruction of each station. For U.S. stations, I anadian stations, if any, give the name of the multiple channel line-ups, use a separate search and in the contains of the con	RS: TELEVISION In identify every television station (including translator stations system during the accounting period, except (1) stations carried ons in effect on June 24, 1981, permitting the carriage of certa 61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; at is, as explained in the next paragraph. Itations: With respect to any distant stations carried by your carried only on a substitute basis. In space G—but do list it in space I (the Special Stateme only on a substitute basis. In station's call sign. Do not report origination program services associated with a station according to its over-the-air designation. In station's call sign. Do not report origination program services associated with a station according to its over-the-air designation. In each case whether the FCC has assigned to the television statice. For example, WRC is Channel 4 in Washington, D.C. This restem carried the station. In each case whether the station is a network station, an independent of the station. In each case whether the station is a network station, an independent in soutside the local service area, (i.e. "distant"), enter "Yee area, see page (v) of the general instructions located in the titon is outside the local service area, (i.e. "distant"), enter "Yee area, see page (v) of the general instructions located in the one on a part-time basis because of lack of activated channel con of a distant multicast stream that is not subject to a royalty entered "Yes" in column 4, you must complete column 5, see distant station during the accounting period. Indicate by entering the primary transmitter or an association representing the primary imulcasts, also enter "E". If you carried the channel on any of the categories, see page (v) of the general instructions located location of each station. For U.S. stations, list the community anadian stations, if any, give the name of the community with grundled the channel line-ups, use a separate space G for each of the community with grundled the channel line-ups, u	RS: TELEVISION In identify every television station (including translator stations and low power television stations) stations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 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 sexplained in the next paragraph. It ations: With respect to any distant stations carried by your cable system on a substitute program to rules, regulations, or authorizations: In space 3. In the station was carried both on a substitute basis and also on some other ormation concerning substitute basis stations, see page (v) of the general instructions located m. In station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify associated with a station according to its over-the-air designation. For example, report multi-2°. Simulcast streams must be reported in column 1 (list each stream separately; for example channel number the FCC has assigned to the television station for broadcasting over-the-air in e. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel stem carried the station. In each case whether the station is a network station, an independent station, or a noncommercial entering the letter "N" (for network), "N-M" (for network multicast), "" (for independent), "I-M" ast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast), see terms, see page (v) of the general instructions located in the paper SA3 form. In each case whether the station is a network station, can independent station, or a noncommercial educationally, or "E-M" (for noncommercial educational multicast), see terms, see page (v) of the general instructions located in the paper SA3 form. In each case area, general instructions located in the paper SA3 form. In each case of lack of activated channel capacity, on or a distant multicast stream that is not subject to a royalty payment because it is t

FORM SA3E. PAGE 3.						
LEGAL NAME OF OWN Churchill Count			aph		SYSTEM ID# 062031	Name
PRIMARY TRANSMITTE	RS: TELEVISIO	N .				
In General: In space C carried by your cable s FCC rules and regulation 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 of List the station here, a basis. For further inting in the paper SA3 for Column 1: List each 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 multice For the meaning of the Column 4: If the sta planation of local service Column 5: If you ha cable system carried the carried the distant stati For the retransmissi of a written agreement the cable system and a tion "E" (exempt). For s explanation of these th	s, identify every ystem during the ons in effect on .61(e)(2) and (4 is, as explained tations: With r C rules, regula here in space only on a substand also in spatormation concern. In station's call station each case we entering the left ast), "E" (for no see terms, see pation is outside the carea, see pation is outside the distant station on on a part-timion of a distant entered into or a primary transr simulcasts, also ree categories,	television state accounting June 24, 198 Jun	period, except (31, permitting the eferring to 76.61 paragraph. distant stations orizations: tit in space I (the ation was carried ute basis station cording to its over be reported in comparation in a network work), "N-M" (fill educational), or egeneral instructive area, (i.e. "digeneral instructive area, (i.e. "digeneral instructive area, (i.e. "digeneral instructive area, or lack of a eaccounting periodause of lack of a	(1) stations carried e carriage of certail (e)(2) and (4))]; ard carried by your case. Special Statement both on a substitution, see page (v) of a program services er-the-air designation tolumn 1 (list each the television static ington, D.C. This not static ington, D.C. This not static ington, an indeptor network multicate "E-M" (for noncorretions located in the listant"), enter "Yes on located in the indicate by entectivated channel caubiject to a royalty tween a cable systicannel on any other structions located on struct	s". If not, enter "No". For an ex- paper SA3 form. tating the basis on which your sring "LAC" if your cable system	Primary Transmitters: Television
FCC. For Mexican or C	anadian statior	ns, if any, give	e the name of th	e community with	which the station is identifed.	
Note: If you are utilizing	g multiple chan	•	use a separate s		hannel line-up.	
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	(Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION	

FORM SA3E. PAGE 3.						
LEGAL NAME OF OWN	ER OF CABLE SY	STEM:			SYSTEM ID#	Name
Churchill Coun	ty Telephon	e & Telegr	aph		062031	
PRIMARY TRANSMITTE	RS: TELEVISIO	N				
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Note: If you are utilizin	g muitiple chan	•	•		channel line-up.	
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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	ER OF CABLE SY	STEM:			SYSTEM ID#	Name
Churchill Coun	ty Telephon	e & Telegr	aph		062031	
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 4: If the st planation of local servi Column 5: If you the cable system carried th carried the distant stati For the retransmiss of a written agreement the cable system and a tion "E" (exempt). For s explanation of these th Column 6: Give the	G, identify every yestem during the ons in effect on .61(e)(2) and (4 sis, as explained tations: With record only on a substand also in spatformation concerm. In station's call sassociated with -2". Simulcast sechannel numbers, regularing the left station's call sassociated with in each case we entering the left station's call sassociated with in each case we entering the left station is outside the cast), "E" (for no se terms, see pation is outside the distant station on a part-tinion of a distant entered into or a primary transmissimulcasts, also ree categories, e location of each	r television state accounting June 24, 198 J	period, except (31, permitting the eferring to 76.61 paragraph. or distant stations orizations: to the it in space I (the ation was carried ute basis station eport origination cording to its over be reported in coas assigned to the ation is a network etwork), "N-M" (for educational), or egeneral instruction as a sasigned to the educational), or egeneral instruction as a sasigned to the general instruction as a sasigned to the educational period example of lack of a seam that is not some 30, 2009, between the coas of the general in the general in the general in the general in the ge	(1) stations carried e carriage of certai (e)(2) and (4))]; ar carried by your carried both on a substitute, so, see page (v) of a program services er-the-air designation of the television static ington, D.C. This not k station, an indeport network multicar "E-M" (for noncontions located in the instant"), enter "Yesons located in the inplete column 5, sid. Indicate by enter citivated channel carried by tween a cable syst senting the primary channel on any other structions located ist the community	s". If not, enter "No". For an ex- paper SA3 form. tating the basis on which your ering "LAC" if your cable system	Primary Transmitters: Television
Note: If you are utilizin	g mulliple chan	•	•		лаппет ппе-ир.	
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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		CTEM.			SYSTEM ID#	
	OWNER OF CABLE SY		anh			Name
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Churchill Control of the system as the station has basis. For furthing the paper SA Column 1: List the station has basis. For furthing the paper SA Column 1: List the station was carried to with the paper SA Column 1: List the station has basis. For furthing the paper SA Column 1: List the station has basis. For furthing the paper SA Column 2: Given the multicast streams as "W. VETA-simulcasty. Column 2: Given the station of the meaning of Column 3: Indicational station for independent more than action of local so Column 5: If you call system carried the distant For the retransmooth of the system as the cable system as	intres: Television de G, identify every pole system during the ulations in effect or o), 76.61(e)(2) and (e) basis, as explaine is Stations: With recept of the control of	y television state accounting in June 24, 194, or 76.63 (rd in the next prespect to any ations, or auth G—but do list titute basis. ace I, if the state ring substitt sign. Do not rear a station acceptable station. Whether the station acceptage (v) of the the local servage (v) of the estimation of during the same basis becar multicast stream or before Jumitter or an acceptage (v).	ation (including to period, except all, permitting the eferring to 76.6° baragraph. If distant stations orizations: It it in space I (the ation was carried ute basis station eport origination cording to its own be reported in compart of the effect of the	(1) stations carried e carriage of certa (e)(2) and (4))]; a carried by your c	and low power television stations) I only on a part-time basis under in network programs [sections and (2) certain stations carried on a able system on a substitute program and Program Log)—if the ate basis and also on some other if the general instructions located a such as HBO, ESPN, etc. Identify ion. For example, report multi- stream separately; for example on for broadcasting over-the-air in may be different from the channel bendent station, or a noncommercial list), "I" (for independent), "I-M" mmercial educational multicast). e paper SA3 form. s". If not, enter "No". For an ex- paper SA3 form. tating the basis on which your ering "LAC" if your cable system	G Primary Transmitters: Television
				•	which the station is identifed.	
Note: If you are ut	ilizing multiple char	• •	•		channel line-up.	_
		CHANN	EL LINE-UP	AS		
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION	

FORM SA3E. PAGE 3		CTEM.			SYSTEM ID#	
	WNER OF CABLE SY		anh			Name
			αριι		002001	
RIMARY TRANSMIT In General: In space arried by your cable CC rules and regule 6.59(d)(2) and (4), ubstitute program In Substitute Program In Substitute Program In Substitute Program In Substitute Basis as under specific Do not list the station was carried. It is the station was carried. It is the station was carried. It is the station was carried as the stream as "WE VETA-simulcast). Column 1: List each multicast stream as "WE VETA-simulcast). Column 2: Give is community of lice on which your cable Column 3: Indicated at the dianation of local secolumn 5: If you able system carried the distant in For the retransming a written agreement and cable system are cable system are cable system are on "E" (exempt). For xplanation of these Column 6: Give	e G, identify every e system during the ations in effect or 76.61(e)(2) and (obasis, as explaine as Stations: With a FCC rules, regular on here in space ed only on a subset, and also in space information concomments of the station's call massociated with TA-2". Simulcast the channel numbers. For example system carried thate in each case to by entering the left liticast), "E" (for numbers terms, see station is outside rvice area, see part have entered "Yide the distant station on a part-time at the station of a distant ent entered into on d a primary transor simulcasts, also three categories the location of each	y television stane accounting a June 24, 198 44), or 76.63 (r d in the next prespect to any titions, or auth G—but do list titute basis. In the state of the stat	ation (including to period, except 81, permitting the eferring to 76.6° paragraph. If distant stations orizations: to it in space I (the ation was carried to the effect of the station was station to the effect of the station was expected in contract or export origination cording to its own to be reported in contract of the effect of the general instruction of the effect of the general in the effect of th	(1) stations carried e carriage of certa (e)(2) and (4))]; at a carried by your case e Special Statemed both on a substitute, see page (v) of a program services er-the-air designat column 1 (list each the television static ington, D.C. This rock that the television static ington, D.C. This rock	paper SA3 form. tating the basis on which your ering "LAC" if your cable system apacity. payment because it is the subject tem or an association representing by transmitter, enter the designa- ner basis, enter "O." For a further d in the paper SA3 form. to which the station is licensed by the	G Primary Transmitters: Television
-CC. For Mexican o lote: If you are utili				•	which the station is identifed.	
Tote. If you are utili	Zing multiple chai	• •	•		лаппенте-ир.	
		CHANN	EL LINE-UP	AI		
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	ER OF CABLE SY	STEM:			SYSTEM ID#	Name
Churchill Coun	ty Telephon	e & Telegr	aph		062031	
PRIMARY TRANSMITTE	RS: TELEVISIO	N				
In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.63 (fe(e)(2) and (4), 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 "T" (for network), "N-M" (for network multicast), "E" (for independent), "I-M" (for						
Note: If you are utilizin	g muitiple chan	•	•		nannei iine-up.	
	1	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	

FORM SA3E. PAGE 3.						T	
LEGAL NAME OF OWN Churchill Count			aph		SYSTEM ID# 062031	Name	
PRIMARY TRANSMITTE			•				
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							
Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (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 you							
		CHANN	EL LINE-UP	AV			
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	(Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION		

Column 1: List each station is eating a station according period in the paper 3.5 form. Column 1: List each station is a station according period. except (1) stations carried only on a part-time basis under paper (1) and (2) and (4) or 76.8 (4) and (4) or 76.8 (4) (2) and (4) or 76.8 (4) (4) and (4)	FORM SA3E. PAGE		/CTEM.			SYSTEM ID#	
PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) arrived by your cable system during the accounting period, except (1) stations carried only on a part-lime basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs (sections 76.59(q)2) and (4), or 76.63 (referring to 76.61(q)2) and (4))], and (2) certain stations carried on a substitute program basis, are sepatianed 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 beach 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 tso community of license. For example, WRCs is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station is a network station, an independent station, or a noncommercial educational multicast). For 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 a further explanation of				anh			Name
General: In space G, identify every television station (including translator stations and low power television stations) arried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under CCC rules and requilations in effect on June 24, 1981, permitting the carriage of certain network programs (sections 16,59(d)2) and (4), 76,61(e)(2) and (4), 76,63 (referring to 76,61(e)(2) and (4))]; and (2) certain stations carried on a ubstitute 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 PCC rules, regulations, or authorizations: Do not list the station here, and also in space (1) if the station was carried only on a substitute basis. List the station here, and also in space (1) 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 such multicast stream associated with a station according to its over-the-air designation. For example, report multi-assat stream as WETA-2." Simulacast 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 the community of licenses. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel multicast, broad the station. Column 3: Indicate in each case whether the station is only only only only only only only only				арп		002001	
Ical Sign Channel of C	Churchill Co RIMARY TRANSMI In General: In space arried by your cable CCC rules and regulation of the station was carred by the station was column 1: List was tream as "WIVETA-simulcast). Column 2: Gives the station of the meaning of the meaning of the meaning of the meaning of the system carried the distant of the retransmiful a written agreement a written agreement cable system and "E" (exempt). Fixplanation of thes Column 6: Gives	tenty Telephor TTERS: TELEVISIO THERS: THERS: THERS: THERS: THERS: THERS: THERS THERS: THERS: THERS: THERS: THERS: THERS: THERS THERS: THERS: THERS: THERS: THERS THERS: THERS: THERS: THERS: THERS THERS: T	y television state accounting of June 24, 19, 4), or 76.63 (red in the next prespect to any ations, or auth G—but do listitute basis. ace I, if the state arring substitute basis ber the FCC has a station account of the station. Whether the station are station. Whether the station are station are station and uning the me basis becat multicast stream or before Jumitter or an account of the station. For the station is the station of the station or before Jumitter or an account of the station. For the page (v) of the station is the station in the station is the station. For the station is the station in the station is the station. For the station is the station is the station in the station in the station is the station in the station is the station in the station in the station in the station is the station in the station is the station in the station	ation (including to period, except 81, permitting the referring to 76.6° paragraph. If the permittions to the permittions or the permittions of the permittion was carried to the permittion of the permitting the permitting of the permitting the permitting the permitting the permitting of the permitting the permitted the permitting the permitting the permitting the permitted	(1) stations carried to carriage of certa 1(e)(2) and (4))]; a carried by your case Special Statemed both on a substitute, see page (v) of a program services ter-the-air designate column 1 (list each the television static ington, D.C. This rack station, an independent of the services of the television static ington, D.C. This rack station, an independent of the services of the television static ington, D.C. This rack station, an independent of the services o	and low power television stations) If only on a part-time basis under in network programs [sections and (2) certain stations carried on a lable system on a substitute program and Program Log)—if the late basis and also on some other if the general instructions located as such as HBO, ESPN, etc. Identify ion. For example, report multi- astream separately; for example on for broadcasting over-the-air in may be different from the channel bendent station, or a noncommercial last), "I" (for independent), "I-M" mmercial educational multicast). le paper SA3 form. s". If not, enter "No". For an ex- paper SA3 form. tating the basis on which your lating the basis on which your lating the basis on which your lating "LAC" if your cable system lapacity. lapayment because it is the subject latem or an association representing lay transmitter, enter the designa- larer basis, enter "O." For a further later the paper SA3 form. It which the station is licensed by the	G Primary Transmitters:
CHANNEL LINE-UP AW 1. CALL 2. B'CAST SIGN 2. B'CAST CHANNEL OF 4. DISTANT? 5. BASIS OF CARRIAGE 6. LOCATION OF STATION CARRIAGE			. , ,		•		
1. CALL 2. B'CAST 3. TYPE 4. DISTANT? 5. BASIS OF 6. LOCATION OF STATION CHANNEL OF (Yes or No) CARRIAGE	Note: If you are uti	izing multiple char	• •	•		channel line-up.	
SIGN CHANNEL OF (Yes or No) CARRIAGE			CHANN	IEL LINE-UP	AW		
		CHANNEL	OF	(Yes or No)	CARRIAGE	6. LOCATION OF STATION	

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

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name 062031 Churchill County Telephone & Telegraph PRIMARY TRANSMITTERS: RADIO Н In General: List every radio station carried on a separate and discrete basis and list those FM stations carried on an all-band basis whose signals were "generally receivable" by your cable system during the accounting period. **Primary** Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally Transmitters: receivable if (1) it is carried by the system whenever it is received at the system's headend, and (2) it can be expected, Radio on the basis of monitoring, to be received at the headend, with the system's FM antenna, during certain stated intervals. For detailed information about the the Copyright Office regulations on this point, see page (vi) of the general instructions located in the paper SA3 form. Column 1: Identify the call sign of each station carried. Column 2: State whether the station is AM or FM. Column 3: If the radio station's signal was electronically processed by the cable system as a separate and discrete signal, indicate this by placing a check mark in the "S/D" column. Column 4: Give the station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified). CALL SIGN AM or FM S/D LOCATION OF STATION **CALL SIGN** AM or FM S/D LOCATION OF STATION

FORM SA3E. PAGE 5.						ACCOUNTING	PERIOD: 2022/2		
LEGAL NAME OF OWNER OF O						SYSTEM ID#	Nome		
Churchill County Telep	hone & T	elegraph				062031	Name		
SUBSTITUTE CARRIAGE	: SPECIAL	STATEMEN	T AND PROGRAM LOG				ı		
n General: In space I, identify every nonnetwork television program broadcast by a distant station that your cable system carried on a substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a further explanation of the programming that must be included in this log, see page (v) of the general instructions located in the paper SA3 form.									
I. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE									
• During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program									
Note: If your answer is "No, log in block 2.	" leave the i	rest of this pag	e blank. If your answer is "	Yes," you mu	st complete the progra	m	Program Log		
2. LOG OF SUBSTITUTE	PROGRA	MS							
In General: List each subst	itute progra	m on a separa	te line. Use abbreviations v	vherever pos	sible, if their meaning i	5			
clear. If you need more space			al pages. sion program (substitute p	rogram) that	during the accounting				
period, was broadcast by a						tion			
under certain FCC rules, reg	gulations, oi	r authorizations	s. See page (vi) of the gen	eral instructio	ns located in the paper				
SA3 form for futher informat titles, for example, "I Love L				"basketball".	List specific program				
			"Yes." Otherwise enter "N	o."					
			sting the substitute progra						
the case of Mexican or Cana			e community to which the						
			em carried the substitute p			nth			
first. Example: for May 7 giv									
to the nearest five minutes.			gram was carried by your o			ely			
stated as "6:00–6:30 p.m."	<u> Ехапіріо.</u> а	program carri	ou by a cyclom nom c.c r.	o p.m. to 0.2	o.oo p.m. onould bo				
			was substituted for progra			d			
to delete under FCC rules a gram was substituted for pro									
effect on October 19, 1976.	- g. sg	,	ролиша то долого		ares arra regulations in				
				14/115	N CUDOTITUTE				
S	UBSTITUT	E PROGRAM			EN SUBSTITUTE IAGE OCCURRED	7. REASON			
1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. TIMES FROM — TO	FOR DELETION			
					_				
	<u> </u>								
					<u> </u>				
					_				
					_				
	<u> </u>								
	<u> </u>								
									
					_				
							•		

ACCOUNTING PERIOD: 2022/2 FORM SA3E. PAGE 6.

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name 062031 **Churchill County Telephone & Telegraph 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-J 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 Part-Time column 5 of space G. Carriage Column 2 (Dates and hours of carriage): For each station, list the dates and hours when part-time carriage oc-Log curred during the accounting period. · Give the month and day when the carriage occurred. Use numerals, with the month first. Example: for April 10 give · 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." DATES AND HOURS OF PART-TIME CARRIAGE WHEN CARRIAGE OCCURRED WHEN CARRIAGE OCCURRED **CALL SIGN CALL SIGN** HOURS HOURS DATE TO DATE **FROM** TO **FROM**

	L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	Nama
Chi	urchill County Telephone & Telegraph	062031	Name
Inst all a (as	COSS RECEIPTS ructions: The figure you give in this space determines the form you file and the amount mounts (gross receipts) paid to your cable system by subscribers for the system's second dentified in space E) during the accounting period. For a further explanation of how to coe (vii) of the general instructions. Gross receipts from subscribers for secondary transmission service(s) during the accounting period.	ndary transmission service	K Gross Receipts
IMP	ORTANT: You must complete a statement in space P concerning gross receipts.	(Amount of gross receipts)	
Instru Con Con If you fee	RIGHT ROYALTY FEE ctions: Use the blocks in this space L to determine the royalty fee you owe: nplete block 1, showing your minimum fee. nplete block 2, showing whether your system carried any distant television stations. ur system did not carry any distant television stations, leave block 3 blank. Enter the amfrom block 1 on line 1 of block 4, and calculate the total royalty fee. ur system did carry any distant television stations, you must complete the applicable parampanying this form and attach the schedule to your statement of account.		L Copyright Royalty Fee
	irt 8 or part 9, block A, of the DSE schedule was completed, the base rate fee should be k 3 below.	e entered on line 1 of	
	rt 6 of the DSE schedule was completed, the amount from line 7 of block C should be e	entered on line 2 in block	
▶ If pa	rt 7 or part 9, block B, of the DSE schedule was completed, the surcharge amount shou block 4 below.	uld be entered on line	
Block 1	MINIMUM FEE: All cable systems with semiannual gross receipts of \$527,600 or more least the minimum fee, regardless of whether they carried any distant stations. This fee system's gross receipts for the accounting period.	e is 1.064 percent of the	
	Line 1. Enter the amount of gross receipts from space K. Line 2. Multiply the amount in line 1 by 0.01064.	\$ 757,384.84	
	Enter the result here. This is your minimum fee.	\$ 8,058.57	
2	space G. If, in space G, you identified any stations as "distant" by stating "Yes" in colum "Yes" in this block. • Did your cable system carry any distant television stations during the accounting perio Yes—Complete the DSE schedule.	od?	
Block 3	Line 1. BASE RATE FEE: Enter the base rate fee from either part 8, section 3 or 4, or part 9, block A of the DSE schedule. If none, enter zero.	\$ -	
	Line 2. 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.	\$ -	
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.	\$ 8,058.57	Cable systems
	Line 2. SYNDICATED EXCLUSIVITY SURCHARGE: Enter the fee from either part 7 (block D, section 3 or 4) or part 9 (block B) of the DSE schedule. If none, enter	0.00	submitting additional
	zero. Line 3. Line 3. INTEREST CHARGE: Enter the amount from line 4, space Q, page 9 (Interest Worksheet)	0.00	deposits under Section 111(d)(7) should contact the Licensing
	Line 4. FILING FEE	\$ 725.00	additional fees. Division for the appropriate
	TOTAL ROYALTY AND FILING FEES DUE FOR ACCOUNTING PERIOD. Add Lines 1, 2 and 3 of block 4 and enter total here	\$ 8,783.57	form for submitting the additional fees.
	EFT Trace # or TRANSACTION ID # 4.1036E+13		
	Remit this amount via <i>electronic payment</i> payable to Register of Copyrights. (Signeral instructions located in the paper SA3 form and the Excel instructions to	,	

ACCOUNTING PERIOD: 2022/2 FORM SA3E, PAGE 8.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
	Churchill County Telephone & Telegraph	062031
M	CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations to its subscribers and (2) the cable system's total number of activated channels, during the accounting period.	
Channels	Enter the total number of channels on which the cable system carried television broadcast stations	
	2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services. 255	
N	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED: (Identify an individual we can contact about this statement of account.)	
Individual to Be Contacted for Further Information	Name Dawn Ballard Telephone 775-423-7171	
	Address PO Box 1390 (Number, street, rural route, apartment, or suite number)	
	Fallon NV 89407 (City, town, state, zip) Email dawn.ballard@cccomm.co Fax (optional) 775-423-0317	
0	CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations.)	
Certification	• I, the undersigned, hereby certify that (Check one, but only one, of the boxes.)	
	(Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or	
	(Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as identified in line 1 of space B and that the owner is not a corporation or partnership; or	
	(Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner of the cable system in line 1 of space B.	1
	I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith. [18 U.S.C., Section 1001(1986)]	
	X /s/ Mark Feest	
	Enter an electronic signature on the line above using an "/s/" signature to certify this statement. (e.g., /s/ John Smith). Before entering the first forward slash of the /s/ signature, place your cursor in the box and press the "fbutton, then type /s/ and your name. Pressing the "F2" button will avoid enabling Excel's Lotus compatibility settings.	F2"
	Typed or printed name: Mark Feest	
	Title: CEO/General Manager (Title of official position held in corporation or partnership)	
	Date: February 24, 2023	

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

LEGAL NAME OF OWNER OF CABLE SYSTEM:		SYSTEM ID#	Name
Churchill County Telephone & Telegraph		062031	Name
SPECIAL STATEMENT CONCERNING GROSS RI The Satellite Home Viewer Act of 1988 amended Title 17, sect lowing sentence: "In determining the total number of subscribers and the service of providing secondary transmissions of primary scribers and amounts collected from subscribers received. For more information on when to exclude these amounts, see paper SA3 form. During the accounting period did the cable system exclude any made by satellite carriers to satellite dish owners? X NO	e gross amounts paid to the cable sy by broadcast transmitters, the system ying secondary transmissions pursua the note on page (vii) of the general	stem for the basic shall not include sub- ant to section 119."	Special Statement Concerning Gross Receipts Exclusion
YES. Enter the total here and list the satellite carrier(s) bel	low\$		
Name Mailing Address	Name Mailing Address		
INTEREST ASSESSMENTS			
You must complete this worksheet for those royalty payments For an explanation of interest assessment, see page (viii) of the			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 h	nere	x	
Line 3 Multiply line 2 by the number of days late and enter the	e sum here	xdays	
Line 4 Multiply line 3 by 0.00274** enter here and on line 3, b	alock 4	X 0.0021 1	
space L (page 7)		(interest charge)	
* To view the interest rate chart click on www.copyright.gov contact the Licensing Division at (202) 707-8150 or licens	•		
** This is the decimal equivalent of 1/365, which is the inte	rest assessment for one day late.		
NOTE: If you are filing this worksheet covering a statement of please list below the owner, address, first community served, a filing.	-		
Owner Address			
First community served Accounting period ID number			

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

ACCOUNTING PERIOD: 2022/2

DSE SCHEDULE. PAGE 10.

INSTRUCTIONS FOR DSE SCHEDULE WHAT IS A "DSE"

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

FORMULAS FOR COMPUTING A STATION'S DSE

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

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

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

• 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 G of your Form SA3E, the station was carried part time because of lack of activated channel capacity, its basis of carriage value is determined by (1) calculating the number of hours the cable system carried the station during the accounting period, and (2) dividing that number by the total number of hours the station broadcast over the air during the accounting period. The basis of carriage value for all other stations listed in space G is 1.0.

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

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

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

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

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

TOTAL OF DSEs

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

THE ROYALTY FEE

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

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

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

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

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

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

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

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

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

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

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

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

COMPUTING THE BASE RATE FEE—PART 8 OF THE DSE

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

PARTIALLY DISTANT STATIONS—PART 9 OF THE DSE SCHEDULE

0.330% of gross receipts

· If any of the stations were partially distant:

The fifth and each additional DSE

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

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

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

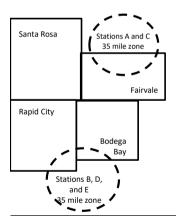
- When the fourth decimal point is 1, 2, 3, or 4, the third decimal remains unchanged (example: .34647 is rounded to .346).
- When the fourth decimal point is 5, 6, 7, 8, or 9, the third decimal is rounded up (example: .34651 is rounded to .347).

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

EXAMPLE:

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

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



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

 Minimum Fee Total Gross Receipts
 \$600,000.00

 x
 .01064

 \$6 384 00

		ψ0,0000			
First Subscriber Group		Second Subscriber Group		Third Subscriber Group	
(Santa Rosa)		(Rapid City and Bodega Bay)		(Fairvale)	
Gross receipts	\$310,000.00	Gross receipts	\$170,000.00	Gross receipts	\$120,000.00
DSEs	2.472	DSEs	1.083	DSEs	1.389
Base rate fee	\$6,497.20	Base rate fee	\$1,907.71	Base rate fee	\$1,604.03
\$310,000 x .01064 x 1.0 =	3,298.40	\$170,000 x .01064 x 1.0 =	1,808.80	\$120,000 x .01064 x 1.0 =	1,276.80
\$310,000 x .00701 x 1.472 =	3,198.80	\$170,000 x .00701 x .083 =	98.91	\$120,000 x .00701 x .389 =	327.23
Base rate fee	\$6,497.20	Base rate fee	\$1,907.71	Base rate fee	\$1,604.03

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

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

ACCOUNTING PERIOD: 2022/2

DSE SCHEDULE. PAGE 11. (CONTINUED)

DSE SCHEDULE. PAGE	11. (CONTINUED)							
1	LEGAL NAME OF OWNER OF CABL	E SYSTEM:		SYSTEM ID# 062031				
ı	Churchill County Telephone & Telegraph							
	SUM OF DSEs OF CATEGOR • Add the DSEs of each station Enter the sum here and in line	Y "O" STATION	S:		0.00			
	Instructions: In the column headed "Call S of space G (page 3).							
Computation of DSEs for	In the column headed "DSE" mercial educational station, giv	: for each indepe e the DSE as ".2	ndent station, give the DSE 5."	as "1.0"; for ea	ach network or noncom-			
Category "O"			CATEGORY "O" STATION	IS: DSEs				
Stations	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE		
Add rows as								
necessary.								
Remember to copy all								
formula into new								
rows.								
10113.								
						<u> </u>		
						_		
								
								
						.		
						L		

Name	Churchill County Telephone & Telegraph							062031	
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 L	C STATIONS: COMPUTATION OF DSEs					
	1. CALL 2. NUMBE SIGN OF HO CARRII SYSTE		JRS ED BY	NUMBER OF HOURS STATION ON AIR	4. BASIS OI CARRIAC VALUE			SE.	
					=	x	=		
						x x			
						x x			
			÷		=	x	=		
			÷ ÷		=	x x	=		
	SUM OF DSEs OF CATEGORY LAC STATIONS: Add the DSEs of each station. Enter the sum here and in line 2 of part 5 of this schedule,								
Computation of DSEs for Substitute-Basis Stations	space I). Column 2: For each station give the number of live, nonnetwork programs carried in substitution for programs that were deleted								
	SUBSTITUTE-BASIS STATIONS: COMPL						TATION OF DSEs		
	1. CALL SIGN	2. NUMBER OF PROGRAMS	3. NUMBER OF DAYS IN YEAR	4. DSE	1. CALL SIGN	2. NUMBER OF PROGRAMS	3. NUMBER OF DAYS IN YEAR	4. DSE	
		-		=			÷ ÷	=	
		-		=			÷ =		
		4	÷				÷ = =		
		-		=			÷	=	
	SUM OF DSEs OF SUBSTITUTE-BASIS STATIONS: Add the DSEs of each station. Enter the sum here and in line 3 of part 5 of this schedule,								
5 Total Number of DSEs	TOTAL NUMBER OF DSEs: Give the amounts from the boxes in parts 2, 3, and 4 of this schedule and add them to provide the total number of DSEs applicable to your system. 1. Number of DSEs from part 2 ●								
	TOTAL NUMBER OF DSEs ▶ 0.00								

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

LEGAL NAME OF O			ph				S'	YSTEM ID# 062031	Name
Instructions: Bloc In block A: • If your answer if ' schedule. • If your answer if '	'Yes," leave the re	mainder of pa	pelow.			complete part 8	3, (page 16) of the		6
				TELEVISION MA					Computation of 3.75 Fee
	1981?	schedule—D0	•	er markets as defin LETE THE REMAII			C rules and regula	tions in	
		BLO	CK B: CARR	IAGE OF PERM	MITTED DS	Es			
Column 1: CALL SIGN	FCC rules and reinstructions for the Satellite Television	egulations pric ne DSE Sched on Extension a	or to June 25, 1 dule. (Note: The and Localism A	,	planation of p ers to an exer	ermitted statior npt multicast s	ns, see the	,	
Column 2: BASIS OF PERMITTED CARRIAGE	(Note the FCC ru A Stations carrie 76.61(b)(c)] B Specialty static C Noncommeric D Grandfathered instructions fo E Carried pursus *F A station pre	ales and reguled pursuant to on as defined al educationa d station (76.6 or DSE schedu pursus) carried the station with the station will be st	ations cited belothe FCC markin 76.5(kk) (76) I station [76.59 5) (see paragralle). al waiver of FCd on a part-time thin grade-B co	e or substitute basi ontour, [76.59(d)(5)	e in effect on 557, 76.59(b), (1), 76.63(a) is g(a) referring to stitution of grass prior to June	June 24, 1981.) 76.61(b)(c), 76 referring to 76.6 to 76.61(d)] ndfathered stat	.63(a) referring to 61(e)(1) tions in the		
Column 3:		e stations ider	ntified by the le	parts 2, 3, and 4 of tter "F" in column 2			ksheet on page 14	l 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	
	•	•			•	·		<u> </u>	
								0.00	
		E	BLOCK C: CC	MPUTATION OF	3.75 FEE				
Line 1: Enter the	total number of	DSEs from p	oart 5 of this s	schedule				-	
Line 2: Enter the	sum of permitte	d DSEs from	n block B abo	ve			0	-	
Line 3: Subtract (If zero, l				of DSEs subject 7 of this schedule		ate.		0.00	
Line 4: Enter gro	ess receipts from	space K (pa	nge 7)				x 0.03	375	Do any of the DSEs represent
Line 5: Multiply li	ine 4 by 0.0375 a	and enter su	m here				x		partially permited/ partially nonpermitted
Line 6: Enter tota	al number of DSI	Es from line	3					<u>-</u>	carriage? If yes, see part 9 instructions.
Line 7: Multiply li	ine 6 by line 5 an	nd enter here	and on line 2	2, block 3, space	L (page 7)			0.00	

LEGAL NAME OF OWNER OF CABLE SYSTEM: Churchill County Telephone & Telegraph 062031													
			BLOCK	A: TELEVIS	SION MARKETS	G (CONTIN	UED)						
1	. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	6			
										Computation of			
										3.75 Fee			
							•••••						
						l							
													
													
						l							
			<u> </u>	· · · · · · · · · · · · · · · · · · ·	•	<u> </u>	<u> </u>	·					

ACCOUNTING PERIOD: 2022/2

Name				h					S	_				
Worksheet for Computating the DSE Schedule for Permitted Part-Time and Substitute Carriage	Column 1: List the call sign for each distant station identifed by the letter "F" in column 2 of part 6 of the DSE schedule. Column 2: Indicate the DSE for this station for a single accounting period, occurring between January 1, 1978 and June 30, 1981. Column 3: Indicate the accounting period and year in which the carriage and DSE occurred (e.g., 1981/1). Column 4: Indicate the basis of carriage on which the station was carried by listing one of the following letters:													
		1. CALL 2. PRIOR 3. ACCOUNTING 4. BASIS OF 5. PRESENT 6. PERMITTED												
							_		6. PI					
Computation of the Syndicated Exclusivity Surcharge	Instructions: Block A In block A: If your answer is the following service of the complete of t	"Yes," comple 'No," leave blo	te blocks B and C ocks B and C blan BLOC ithin a top 100 maj	k and complete p	TELE	the DSE schedule VISION MARKI efned by section 76 No—Proceed to	ET 5.5 of FCC ru	ules in effect Ju	ne 24, 19	81?				
	BLOCK B. C	orriogo of \/\	-/Grade B Contou	r Stations		PI OCI	/ C. Comp	tation of Exem	nt DSEs					
	Is any station listed in commercial VHF stati or in part, over the cal	block B of par on that places ble system? ation below with	t 6 the primary str a grade B contou its appropriate perr	eam of a r, in whole	nity s	any station listed served by the cabl rmer FCC rule 76. Yes—List each sta	in block B of e system pr 159) ation below w	of part 7 carried ior to March 31 ith its appropriate	I in any c , 1972?	(refer				
	CALL SIGN	DSE	CALL SIGN	DSE		CALL SIGN	DSE	CALL SIG	N	DSE				
		<u> </u>	TOTAL DSEs	0.00			<u> </u>	TOTAL DS	Es	0.00				

LEGAL NA	ME OF OWNER OF CABLE SYSTEM: Churchill County Telephone & Telegraph	SYSTEM ID# 062031	Name
	BLOCK D: COMPUTATION OF THE SYNDICATED EXCLUSIVITY SURCHARGE		
Section 1	Enter the amount of gross receipts from space K (page 7)	757,384.84	7
Section 2	A. Enter the total DSEs from block B of part 7	0.00	Computation of the
	B. Enter the total number of exempt DSEs from block C of part 7	0.00	Syndicated Exclusivity
	C. Subtract line B from line A and enter here. This is the total number of DSEs subject to the surcharge computation. If zero, proceed to part 8	0.00	Surcharge
• Is an	y portion of the cable system within a top 50 television market as 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 DS is 1.0 or less, multiply the gross receipts by .00599 by the DSE. Enter the result on line A below.	E	
	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		
Section	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.		
4a	If the figure in section 2, line C is 4.000 or less, compute your surcharge here and leave section 4b blank. NOTE: If the DS is 1.0 or less, multiply the gross receipts by 0.003 by the DSE. Enter the result on line A below. A. Enter 0.00300 of gross receipts (the amount in section 1)	E	
	B. Enter 0.00189 of gross receipts (the amount in section 1)		
	C.Subtract 1.000 from total permitted DSEs (the fgure on line C in section 2) and enter here		
	D. Multiply line B by line C and enter here		
	E. Add lines A and D. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7) Syndicated Exclusivity Surcharge		

Name		//E OF OWNER OF CABLE SYSTEM: Churchill County Telephone & Telegraph	962031
			002001
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	<u>l</u> .
8 Computation of	6 was 6 In blo If you If you	ust complete this part of the DSE schedule for the SUM OF PERMITTED DSEs in part 6, block B; however, if block A of particle of the total number of DSEs from part 5. ck A, indicate, by checking "Yes" or "No," whether your system carried any partially distant stations. It answer is "No," compute your system's base rate fee in block B. Leave part 9 blank. It answer is "Yes" (that is, if you carried one or more partially distant stations), you must complete part 9. Leave block B belo	
Base Rate Fee	blank.	. s a partially distant station? A station is "partially distant" if, at the time your system carried it, some of your subscribers	
		cated within that station's local service area and others were located outside that area. For the definition of a station's "local	
		e area," see page (v) of the general instructions.	
		BLOCK A: CARRIAGE OF PARTIALLY DISTANT STATIONS	
	• Did yo	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.).	
	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	0.00

DSE SCH	HEDULE. PAGE 17.	G PERIOD: 2022/2
LEGAL N	AME OF OWNER OF CABLE SYSTEM: chill County Telephone & Telegraph 062031	Nama
Section 4	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 (the amount in section 1) **Section 1.1** **Section 1.2** **Enter 0.01064 of gross receipts** **The image of the image o	8
	B. Enter 0.00701 of gross receipts (the amount in section 1)	Computation of Base Rate Fee
	C. Multiply line B by 3.000 and enter here \$	Dase Rate Fee
	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	
	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 G.	9
receipt	neral: If any of the stations you carried were partially distant, the statute allows you, in computing your base rate fee, to exclude its from subscribers located within the station's local service area, from your system's total gross receipts. To take advantage of this ion, you must:	Computation of Base Rate Fee
station DSEs a	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 and the portion of your system's gross receipts attributable to that group, and calculate a separate base rate fee for each group. Add up the separate base rate fees for each subscriber group. That total is the base rate fee for your system.	and Syndicated Exclusivity Surcharge for
	: 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 propure a Syndicated Exclusivity Surcharge for each subscriber group. In this case, complete both block A and B below. However,	Partially Distant

if your cable system is wholly located outside all major television markets, complete block A only.

How to Identify a Subscriber Group for Partially Distant Stations

Step 1: For each community served, determine the local service area of each wholly distant and each partially distant station you carried to that community.

Step 2: For each wholly distant and each partially distant station you carried, determine which of your subscribers were located outside the station's local service area. A subscriber located outside the local service area of a station is distant to that station (and, by the same token, the station is distant to the subscriber.)

Step 3: Divide your subscribers into subscriber groups according to the complement of stations to which they are distant. Each subscriber group must consist entirely of subscribers who are distant to exactly the same complement of stations. Note that a cable system will have only one subscriber group when the distant stations it carried have local service areas that coincide.

Computing the base rate fee for each subscriber group: Block A contains separate sections, one for each of your system's subscriber groups.

In each section:

- Identify the communities/areas represented by each subscriber group.
- · Give the call sign for each of the stations in the subscriber group's complement—that is, each station that is distant to all of the subscribers in the group.
- 1) your 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,
- 2) any portion of your system is located in a major or smaller television market, give each station's DSE as you gave it in block B, part 6 of this schedule.
- · Add the DSEs for each station. This gives you the total DSEs for the particular subscriber group.
- Calculate gross receipts for the subscriber group. For further explanation of gross receipts see page (vii) of the general instructions in the paper SA3 form.
- · Compute a base rate fee for each subscriber group using the formula outline in block B of part 8 of this schedule on the preceding page. In making this computation, use the DSE and gross receipts figure applicable to the particular subscriber group (that is, the total DSEs for that group's complement of stations and total gross receipts from the subscribers in that group). You do not need to show your actual calculations on the form.

Stations, and for Partially Permitted **Stations**

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 062031 **Churchill County Telephone & Telegraph** 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.

BIBER GROUP 0 Computation of Base Rate Fe and Syndicated Exclusivity Surcharge for Partially Distant Stations 0.00 0.00 0.00 D.000			EGAL NAME OF OWNER OF CABLE SYSTEM: Shurchill County Telephone & Telegraph 062031											
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Churchill Count	hurchill County Telephone & Telegraph 062031												
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otal 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 Fou	rth Group	\$	0.00	
				Щ				
			criber group a	as shown in the boxes	above.			
nter here and in blo						\$		

LEGAL NAME OF OWN						\$	062031	Name
			OF BASE RA	ATE FEES FOR EAC	CH SUBSCRI	BER GROUP	302001	
FC		SUBSCRIBER GRO				SUBSCRIBER GROU	JP	•
COMMUNITY/ AREA			0	COMMUNITY/ AREA	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
				-				
			••••	1				
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		\$	0.00	Base Rate Fee Sec		\$	0.00	
		SUBSCRIBER GRO		II		SUBSCRIBER GROU	_	
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	Group	\$	0.00	Gross Receipts Fou	th Group	\$	0.00	
	-				-			
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Foun	th Group	\$	0.00	
				••				
			criber group a	as shown in the boxes	above.	¢		
Enter here and in blo	ск э, iine 1, s	pace ∟ (page /)				Þ		

	062031					e & Telegraph	l elephon	Churchill County
		BER GROUP	SUBSCRII	TE FEES FOR EACH	F BASE RA	COMPUTATION C	BLOCK A:	E
9	IP	SUBSCRIBER GROU	RTY-SIXTH	FOR		SUBSCRIBER GRO	RTY-FIFTH	FOF
_	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
Computation of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate F	BOL	O/ LEE GIGIT	DOL	O/ LEE GIGIT	DOL	O/ LEE O/O/V	DOL	OALL OIGH
and					•			
Syndicated								
Exclusivity								
Surcharge								
for								
Partially								
Distant Stations			·····					
Stations							····	
	0.00	-		Total DSEs	0.00			otal DSEs
	0.00	\$	l Group	Gross Receipts Second	0.00	\$	roup	Gross Receipts First G
	0.00	\$	l Group	Base Rate Fee Second	0.00	\$	roup	Base Rate Fee First G
	IP	SUBSCRIBER GROU	Y-EIGHTH	FORT	JP	SUBSCRIBER GRO	-SEVENTH	FORTY-
	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
			 		-			
			····		 		···	
					-		····	
			 					
	0.00		<u> </u>	Total DSEs	0.00			Total DSEs
	0.00	\$	Group	Total DSEs Gross Receipts Fourth	0.00	\$	Group	otal DSEs Gross Receipts Third G

LEGAL NAME OF OWNE Churchill County						\$	062031	Name
	BLOCK A:	COMPUTATION C	F BASE RA	TE FEES FOR EAC	H SUBSCR	IBER GROUP		
FOF	RTY-NINTH	SUBSCRIBER GRO	UP		FIFTIETH	SUBSCRIBER GROU	JP	0
COMMUNITY/ AREA			0	COMMUNITY/ AREA	١		0	9 Commutation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of
CALL GIGIN	DOL	OALL GIGIT	DOL	OALL OIGH	DOL	OALL GIGIT	DOL	Base Rate Fee
								and
								Syndicated
								Exclusivity
								Surcharge
								for
				-				Partially Distant
	····			-				Stations
	····							
				_				
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	Froun	\$	0.00	Gross Receipts Seco	and Group	\$	0.00	
Cross receipts i list C	поир	•	0.00	Gross receipts occo	ла Огоар	<u> </u>	0.00	
Base Rate Fee First G		\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00	
FI	FTY-FIRST	SUBSCRIBER GRO	UP	FIF	TY-SECOND	SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
						-		
				-				
	····			-				
	····		••••	-				
	····							
	····			-				
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third (Group	\$	0.00	Gross Receipts Four	th Group	\$	0.00	
Base Rate Fee Third (Group	\$	0.00	Base Rate Fee Four	th Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block	ne base rate	e fees for each subso pace L (page 7)	criber group a	us shown in the boxes a	above.	\$		

LEGAL NAME OF OWNER Churchill County T						S	YSTEM ID# 062031	Name
				TE FEES FOR EACH				
	Y-THIRD	SUBSCRIBER GROU		1	Y-FOURTH	SUBSCRIBER GROU		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
								Syndicated Exclusivity
								Surcharge
								for
								Partially
								Distant Stations
								Stations
					···			
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gro	oup	\$	0.00	Gross Receipts Secon	d Group	\$	0.00	
Base Rate Fee First Gro		\$	0.00	Base Rate Fee Secon		\$	0.00	
	TY-FIFTH	SUBSCRIBER GROU		ii .	IFTY-SIXTH	SUBSCRIBER GROU	_	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
						-		
					<u></u>			
					<u></u>			
Total DSEs			0.00	Total DSEs	•		0.00	
Gross Receipts Third Gr	oup	\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
Base Rate Fee Third Gr	oup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block	base rate 3, line 1, sp	e fees for each subscripace L (page 7)	ber group a	s shown in the boxes ab	oove.	\$		

LEGAL NAME OF OWNER Churchill County 1						\$	062031	Name
	BLOCK A:	COMPUTATION C	F BASE RA	ATE FEES FOR EAC	CH SUBSCR	IBER GROUP		
FIFTY-	SEVENTH	SUBSCRIBER GRO)UP	FI	FTY-EIGHTH	SUBSCRIBER GROU	JP	•
COMMUNITY/ AREA			0	COMMUNITY/ AREA	Α		0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
Of ILL OTOTA	DOL	CALL SIGH	562	OF ILL STOTA	502	O'TEE SIGIT	562	Base Rate Fee
					•••••			and
								Syndicated
								Exclusivity
								Surcharge
								for
								Partially
								Distant
								Stations
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gr	oup	\$	0.00	Gross Receipts Seco	ond Group	\$	0.00	
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00	
FIF	TY-NINTH	SUBSCRIBER GRO	UP		SIXTIETH	SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ ARE			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		-						
				-				
				-				
				-			······	
				-		-	·····	
	···			-		-		
	···			-			·····	
				-				
Total DSEs	1		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 Four	th Group	\$	0.00	
	-							
Base Rate Fee: Add the Enter here and in block	e base rate 3, line 1, sp	e fees for each subso pace L (page 7)	criber group a	s shown in the boxes a	above.	\$		

F								
	BLOCK A:	COMPUTATION (OF BASE RA	ATE FEES FOR EAC	CH SUBSCRI	BER GROUP		
SIX	TY-FIRST	SUBSCRIBER GRO		SIX	(TY-SECOND	SUBSCRIBER GROU	JP	9
COMMUNITY/ AREA			0	COMMUNITY/ ARE	٩		0	_
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of
0.122.010								Base Rate F
								and
								Syndicated
								Exclusivity
	<u></u>							Surcharge
				-		-		for
				-				Partially Distant
	<mark></mark>							Stations
	···		····	·		H		
	<mark></mark>							
_								
otal DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	oup	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
ase Rate Fee First G	oup	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
SIX	TY-THIRD	SUBSCRIBER GRO	OUP	SIX	KTY-FOURTH	SUBSCRIBER GROU	JP	
OMMUNITY/ AREA			0	COMMUNITY/ AREA	٩		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
						_		
						-		
						-		
	<mark></mark>							
	<mark> </mark>							
	<u></u>		····					
	<u> </u>							
otal DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	roup	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	

Churchill County						S	062031	Name
				TE FEES FOR EAC				
	XTY-FIFTH	SUBSCRIBER GRO	0 0	COMMUNITY/ AREA		SUBSCRIBER GROU	JP 0	9
COMMUNITY/ AREA			U	COMMUNITY/ AREA			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 G	Group	\$	0.00	Gross Receipts Seco	ond Group	\$	0.00	
Base Rate Fee First G	Group	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00	
SIXTY	-SEVENTH	SUBSCRIBER GRO	UP	SI	XTY-EIGHTH	SUBSCRIBER GROU	JP	
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	Group	\$	0.00	Gross Receipts Four	th Group	\$	0.00	
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Four	th Group	\$	0.00	
Base Rate Fee: Add t Enter here and in bloc			criber group a	s shown in the boxes	above.	\$		

ATION OF BASE RASER GROUP O GN DSE O.000 O.000 O.000 DER GROUP	COMMUNITY/ AREA CALL SIGN Total DSEs Gross Receipts Second Base Rate Fee Second SEVENT	DSE	BER GROUP SUBSCRIBER GROU CALL SIGN \$ \$ SUBSCRIBER GROUP	0 DSE	Q Computation of Base Rate F and Syndicated Exclusivity Surcharge for Partially Distant Stations
O	CALL SIGN CALL SIGN Total DSEs Gross Receipts Secondary Base Rate Fee Secondary SEVENTY	DSE	SUBSCRIBER GROU	0 DSE	Computation of Base Rate F and Syndicated Exclusivity Surcharge for Partially Distant
0.00 0.00	Total DSEs Gross Receipts Secondary Base Rate Fee Secondary	DSE	\$	0.00 0.00	Computation of Base Rate F and Syndicated Exclusivity Surcharge for Partially Distant
0.00	Total DSEs Gross Receipts Second Base Rate Fee Second	and Group	\$	0.00	of Base Rate F and Syndicated Exclusivity Surcharge for Partially Distant
0.00	Gross Receipts Second Base Rate Fee Second SEVENT	nd Group	\$	0.00	and Syndicated Exclusivity Surcharge for Partially Distant
0.00	Gross Receipts Second Base Rate Fee Second SEVENT	nd Group	\$	0.00	Syndicated Exclusivity Surcharge for Partially Distant
0.00	Gross Receipts Second Base Rate Fee Second SEVENT	nd Group	\$	0.00	Exclusivity Surcharge for Partially Distant
0.00	Gross Receipts Second Base Rate Fee Second SEVENT	nd Group	\$	0.00	Surcharge for Partially Distant
0.00	Gross Receipts Second Base Rate Fee Second SEVENT	nd Group	\$	0.00	Partially Distant
0.00	Gross Receipts Second Base Rate Fee Second SEVENT	nd Group	\$	0.00	Distant
0.00	Gross Receipts Second Base Rate Fee Second SEVENT	nd Group	\$	0.00	
0.00	Gross Receipts Second Base Rate Fee Second SEVENT	nd Group	\$	0.00	
0.00	Gross Receipts Second Base Rate Fee Second SEVENT	nd Group	\$	0.00	
0.00	Gross Receipts Second Base Rate Fee Second SEVENT	nd Group	\$	0.00	
0.00	Gross Receipts Second Base Rate Fee Second SEVENT	nd Group	\$	0.00	
0.00	Gross Receipts Second Base Rate Fee Second SEVENT	nd Group	\$	0.00	
0.00	Gross Receipts Second Base Rate Fee Second SEVENT	nd Group	\$	0.00	
0.00	Base Rate Fee Second	nd Group	\$	0.00	
	SEVENT				
	SEVENT				
ER GROUP	†	Y-SECOND	SLIBSCDIDED CDOL		
			SUBSURIDER GRUU	IP	
0	COMMUNITY/ AREA			0	
GN DSE	CALL SIGN	DSE	CALL SIGN	DSE	
				····	
0.00	Total DSEs			0.00	
	Gross Receipts Fourth	h Group	\$	0.00	
0.00					
0.00	Base Rate Fee Fourth	h Group	\$	0.00	
				0.00 Gross Receipts Fourth Group \$	

EGAL NAME OF OWNER OF CABLE SYSTEM: Churchill County Telephone & Telegraph 062031									
				TE FEES FOR EACH	SUBSCR	IBER GROUP			
	Y-THIRD	SUBSCRIBER GROU		11	Y-FOURTH	SUBSCRIBER GROUI		9	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	Computation	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of	
								Base Rate Fee	
								and	
								Syndicated	
								Exclusivity	
					<u> </u>			Surcharge for	
								Partially	
								Distant	
								Stations	
					<u> </u>	H			
Total DSEs			0.00	Total DSEs			0.00		
Gross Receipts First Gro	oup	\$	0.00	Gross Receipts Secon	d Group	\$	0.00		
Page Pate Fee First Cre			0.00	Page Bate Fee Secon	d Croup		0.00		
Base Rate Fee First Gro		\$		Base Rate Fee Secon		\$			
COMMUNITY/ AREA	IY-FIFIH	SUBSCRIBER GROU	0	COMMUNITY/ AREA	NTY-SIXTH	SUBSCRIBER GROUI	0		
COMMONT I/ AREA				COMMONT IT AREA					
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE		
					<u> </u>				
Total DSEs			0.00	Total DSEs		Ш	0.00		
Gross Receipts Third Gr	oun	<u> </u>	0.00	Gross Receipts Fourth	Group	\$	0.00		
Ciosa Neccipia Tillia Gi	oup	<u>*</u>	0.00	Cross receipts i outti	i Oloup	Ψ			
Base Rate Fee Third Gr	oup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00		
Base Rate Fee: Add the Enter here and in block 3	base rate	e fees for each subscripace L (page 7)	ber group a	s shown in the boxes ab	ove.	\$			

		COMPUTATION C		TE FEES FOR EAC	CH SUBSCRI	BER GROUP		
	EVENTH	SUBSCRIBER GRO		11				
COMMUNITY/ AREA			DUP	SEVE	NTY-EIGHTH	SUBSCRIBER GROU	JP	0
			0	COMMUNITY/ AREA	Α		0	9
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of
CALLE CICIT	BOL	O/ ILL STOTY	562	O/ LEE STOTA	562	OF ILLE STORY	562	Base Rate F
								and
								Syndicated
								Exclusivity
								Surcharge
								for
								Partially
								Distant
								Stations
			2.22				2.22	
otal DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gro	ир	\$	0.00	Gross Receipts Seco	ond Group	\$	0.00	
Base Rate Fee First Gro	ир	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00	
SEVENT	Y-NINTH	SUBSCRIBER GRO	UP		EIGHTIETH	SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
				-		-		
			····					
otal DSEs			0.00	Total DSEs			0.00	
	oup	¢	0.00		th Group	¢	-	
Gross Receipts Third Gr	Jup	a	0.00	Gross Receipts Four	ит Стоир	\$	0.00	
Base Rate Fee Third Group \$ 0.00			Base Rate Fee Four	th Group	\$	0.00		

LEGAL NAME OF OWNE Churchill County						S	3YSTEM ID# 062031	Name
			F BASE RA	TE FEES FOR EAC	CH SUBSCRI	BER GROUP		
EIG	HTY-FIRST	SUBSCRIBER GRO	UP	EIGH	ITY-SECOND	SUBSCRIBER GROU	JP	0
COMMUNITY/ AREA			0	COMMUNITY/ AREA	4		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	Group	\$	0.00	Gross Receipts Seco	ond Group	\$	0.00	
Base Rate Fee First G	Group	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00	
EIGH	HTY-THIRD	SUBSCRIBER GRO)UP	EIGH	TY-FOURTH	SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
						H		
		+						
	····							
			····					
						-		
Total DSEs	•		0.00	Total DSEs			0.00	
Gross Receipts Third 0	Group	\$	0.00	Gross Receipts Four	th Group	\$	0.00	
Base Rate Fee Third Group \$ 0.00				Base Rate Fee Four	th Group	\$	0.00	
				<u> </u>				
Base Rate Fee: Add the Enter here and in block			criber group a	s shown in the boxes a	above.	\$		

	L NAME OF OWNER OF CABLE SYSTEM: rchill County Telephone & Telegraph 062031									
	BLOCK A:	COMPUTATION (OF BASE RA	ATE FEES FOR EAC	CH SUBSCR	IBER GROUP				
EIG	GHTY-FIFTH	SUBSCRIBER GRO		E	GHTY-SIXTH	SUBSCRIBER GRO	JP	9		
COMMUNITY/ AREA			0	COMMUNITY/ ARE	٩		0	Computation		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of		
CALL CICIT	502	OF ILL STOTE	502	GALLE GIGIT	502	ONEE SIGIY	502	Base Rate F		
								and		
								Syndicated		
								Exclusivity		
								Surcharge		
								for		
								Partially		
						<u> </u>		Distant		
				-		-		Stations		
				-						
						-				
						1				
Total DSEs		II.	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			
EIGHT	Y-SEVENTH	SUBSCRIBER GRO	DUP	EIG	HTY-EIGHTH	SUBSCRIBER GRO	JP			
COMMUNITY/ AREA			0	COMMUNITY/ ARE	0					
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE			
							······			
		-		-		H				
						-				
		 		1						
Total DSEs	•	·-	0.00	Total DSEs			0.00			
Gross Receipts Third	l Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00			
3ase Rate Fee Third	sase Rate Fee Third Group \$ 0.00			Base Rate Fee Fou	rth Group	\$	0.00			
				<u> </u>						
			criber group a	as shown in the boxes	above.					
nter here and in blo						\$				

EGAL NAME OF OW Churchill Count							062031	Name
	BLOCK A:	COMPUTATION (OF BASE RA	TE FEES FOR EAC	CH SUBSCR	IBER GROUP		
EIG	GHTY-NINTH	SUBSCRIBER GRO	OUP		NINTIETH	SUBSCRIBER GRO	UP	•
COMMUNITY/ AREA	4		0	COMMUNITY/ ARE	٩		0	9 Commutation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of
07.22 0.0.1	202	07.122 0701.1	332	07.122 07.01.1	352	07.22 0.0.1	332	Base Rate F
								and
								Syndicated
								Exclusivity
								Surcharge
								for
								Partially
						<u> </u>		Distant
						-		Stations
				-			······	
				-		-		
				-				
		 						
otal DSEs	'	11	0.00	Total DSEs	1		0.00	
Gross Receipts First	Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
•	·				·			
sase Rate Fee First	Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
		SUBSCRIBER GRO		li		SUBSCRIBER GRO		
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
						-		
				-				
				-		-		
				-				
otal DSEs	•		0.00	Total DSEs	•		0.00	
Gross Receipts Third	d Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
Base Rate Fee Third Group \$ 0.00			Base Rate Fee Fou	rth Group	\$	0.00		
				Щ				
			criber group a	s shown in the boxes	above.	c		
iter here and in blo	ock 3, line 1, s	pace L (page 7)				\$		

BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP NINETY-THIRD SUBSCRIBER GROUP COMMUNITY/ AREA O CALL SIGN DSE SY EXAMPLE OF THE COMMUNITY AREA O COMUNITY AREA O COMMUNITY AREA O COMMUNI	NI	SYSTEM ID# 062031							LEGAL NAME OF OWNE
NINETY-FIHRD SUBSCRIBER GROUP			BER GROUP	SUBSCRI	ATE FEES FOR FACE	F BASE RA			
CALL SIGN DSE CALL SIGN									
CALL SIGN DSE CALL SIGN	0 Computatio	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
System		SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
For a DSE	Base Rate Fe		 						
Total DSEs 0.00 Gross Receipts Second Group \$ 0.00 Sase Rate Fee First Group \$ 0.00 ShinETY-FIFTH SUBSCRIBER GROUP NINETY-SIXTH SUBSCRIBER GROUP COMMUNITY/ AREA 0 COMMUNITY/	and Syndicated				-				
Fotal DSEs Gross Receipts First Group Sase Rate Fee First Group NINETY-FIFTH SUBSCRIBER GROUP COMMUNITY/ AREA O CALL SIGN DSE CALL SIGN	Exclusivity		H	<u></u>	-				
Total DSEs O.00 Total DSEs O.00 Total DSEs O.00 Base Rate Fee First Group NINETY-FIFTH SUBSCRIBER GROUP NINETY-FIFTH SUBSCRIBER GROUP COMMUNITY/ AREA O CALL SIGN DSE CALL SIGN	Surcharge								
Total DSEs O.00 Total DSEs O.00 Gross Receipts First Group Base Rate Fee First Group NINETY-FIFTH SUBSCRIBER GROUP NINETY-FIFTH SUBSCRIBER GROUP COMMUNITY/ AREA O CALL SIGN DSE CAL	for								
otal DSEs O.00 Gross Receipts First Group Sommunitry/FIFTH SUBSCRIBER GROUP COMMUNITY/ AREA OCALL SIGN DSE CALL SIGN D	Partially Distant				-				
Siross Receipts First Group \$ 0.00 Base Rate Fee First Group \$ 0.00 NINETY-FIFTH SUBSCRIBER GROUP COMMUNITY/ AREA O COMMUNITY/ AREA O CALL SIGN DSE CALL	Stations								
Stross Receipts First Group Sase Rate Fee First Group Sase Rate Fee First Group NINETY-FIFTH SUBSCRIBER GROUP COMMUNITY/ AREA O CALL SIGN DSE CALL SIG									
Gross Receipts First Group Sase Rate Fee First Group NINETY-FIFTH SUBSCRIBER GROUP COMMUNITY/ AREA O CALL SIGN DSE CALL			-						
Gross Receipts First Group Base Rate Fee First Group NINETY-FIFTH SUBSCRIBER GROUP COMMUNITY/ AREA O CALL SIGN DSE CALL									
Gross Receipts First Group Base Rate Fee First Group NINETY-FIFTH SUBSCRIBER GROUP COMMUNITY/ AREA 0 CALL SIGN DSE CALL									
Gross Receipts First Group Base Rate Fee First Group NINETY-FIFTH SUBSCRIBER GROUP COMMUNITY/ AREA O CALL SIGN DSE CALL									
Base Rate Fee First Group S	00	0.00			Total DSEs	0.00			Total DSEs
NINETY-FIFTH SUBSCRIBER GROUP COMMUNITY/ AREA O CALL SIGN DSE CALL SIGN	00	0.00	\$	d Group	Gross Receipts Secon	0.00	\$	roup	Bross Receipts First G
NINETY-FIFTH SUBSCRIBER GROUP COMMUNITY/ AREA O CALL SIGN DSE CALL SIGN	\neg								
COMMUNITY/ AREA O COMMUNITY/ AR	00								
CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE		_	SUBSCRIBER GR	ETY-SIXTH	ii -		SUBSCRIBER GRO	ETY-FIFTH	
		U		COMMUNITY/ AREA	U			COMMUNITY/ AREA	
	SE	SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Total DSEs 0.00 Total DSEs 0.00									
Total DSEs 0.00 Total DSEs 0.00									
otal DSEs 0.00 Total DSEs 0.00								····	
Total DSEs 0.00 Total DSEs 0.00									
otal DSEs 0.00 Total DSEs 0.00							H		
otal DSEs						-			
Ootal DSEs 0.00 Total DSEs 0.00					-	-			
Total DSEs 0.00 Total DSEs 0.00									
Otal DSEs 0.00 Total DSEs 0.00						<u> </u>			
Total DSEs 0.00 Total DSEs 0.00									
Fotal DSEs 0.00 Total DSEs 0.00									
Fotal DSEs 0.00 Total DSEs 0.00									
II .	00	0.00			Total DSEs	0.00			otal DSEs
Gross Receipts Third Group \$ 0.00 Gross Receipts Fourth Group \$ 0.00	.00	0.00	\$	Group	Gross Receipts Fourth	0.00	\$	Group	Gross Receipts Third G
	<u> </u>								
Base Rate Fee Third Group \$ 0.00 Base Rate Fee Fourth Group \$ 0.00	00	0.00	\$	Group	Base Rate Fee Fourth	Base Rate Fee Third Group \$ 0.00			

LEGAL NAME OF OWNE Churchill County						\$	062031	Name
E	BLOCK A:	COMPUTATION C	F BASE RA	TE FEES FOR EAC	H SUBSCR	IBER GROUP		
NINETY-	SEVENTH	SUBSCRIBER GRO	UP	NIN	ETY-EIGHTH	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	ond Group	\$	0.00	
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Seco	and Group	\$	0.00	
NINE	TY-NINTH	SUBSCRIBER GRO	UP	ONE H	IUNDREDTH	SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
						-		
	···					-	·····	
						-		
	···					-	·····	
	···						·····	
	···							
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	roup	\$	0.00	Gross Receipts Four	th Group	\$	0.00	
Base Rate Fee Third Group \$ 0.00			Base Rate Fee Four	th Group	\$	0.00		
Base Rate Fee: Add th Enter here and in block	e base rate 3, line 1, sp	e fees for each subsc pace L (page 7)	criber group a	s shown in the boxes a	above.	\$		

LEGAL NAME OF OWNER Churchill County T						\$	062031	Name
				TE FEES FOR EAC	H SUBSCR	IBER GROUP		
ONE HUNDRI	ED FIRST	SUBSCRIBER GRO	UP	ONE HUNDR	ED SECOND	SUBSCRIBER GROU	JP	0
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	9
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Base Rate Fee
						-		and
								Syndicated
								Exclusivity
								Surcharge
		-						for
								Partially
								Distant
								Stations
				-		-		
			····					
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gro	oup	\$	0.00	Gross Receipts Seco	nd Group	\$	0.00	
Base Rate Fee First Gro	oup	\$	0.00	Base Rate Fee Seco	nd Group	\$	0.00	
ONE HUNDRE	D THIRD	SUBSCRIBER GRO	UP	ONE HUNDR	ED FOURTH	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 Gr	oup	\$	0.00	Gross Receipts Four	th Group	\$	0.00	
Base Rate Fee Third Gr	oup	\$	0.00	Base Rate Fee Four	th Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block	e base rate 3, line 1, sp	e fees for each subsc pace L (page 7)	criber group a	s shown in the boxes a	bove.	\$		

LEGAL NAME OF OWNE Churchill County						S	YSTEM ID# 062031	Name
				TE FEES FOR EACH	H SUBSCR	IBER GROUP		
	RED FIFTH	SUBSCRIBER GRO		ONE HUND		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 G	roup	\$	0.00	Gross Receipts Secon	nd Group	\$	0.00	
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Secon	nd Group	\$	0.00	
ONE HUNDRED	SEVENTH	SUBSCRIBER GRO	JP	ONE HUNDR	RED EIGHTH	SUBSCRIBER GROU	IP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
	····		<u> </u>					
		-				-		
	···	 			····			
			<u> </u>					
			-					
Total DSEs		_	0.00	Total DSEs			0.00	
Gross Receipts Third G	Group	\$	0.00	Gross Receipts Fourt	h Group	\$	0.00	
Base Rate Fee Third G	Group	\$	0.00	Base Rate Fee Fourt	h Group	\$	0.00	
Base Rate Fee: Add th Enter here and in block			iber group a	s shown in the boxes a	bove.	\$		

LEGAL NAME OF OWNER Churchill County To						S	962031	Name
		COMPUTATION OF SUBSCRIBER GROU		ATE FEES FOR EACI		IBER GROUP	JP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	9 Computation
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
Total DSEs			0.00	Total DSEs	•		0.00	
Gross Receipts First Gro	oup	\$	0.00	Gross Receipts Secon	nd Group	\$	0.00	
Base Rate Fee First Gro	oup	\$	0.00	Base Rate Fee Secon	nd Group	\$	0.00	
	EVENTH	SUBSCRIBER GROU		11		SUBSCRIBER GROU	JP 0	
COMMUNITY/ AREA			0	COMMUNITY/ AREA				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
				-				
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third Gr	oup	\$	0.00	Gross Receipts Fourt	h Group	\$	0.00	
Base Rate Fee Third Gr	oup	\$	0.00	Base Rate Fee Fourt	h Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block 3			ber group a	as shown in the boxes a	bove.	\$		

LEGAL NAME OF OWN Churchill County						5	062031	Name
				ATE FEES FOR EAC				
		SUBSCRIBER GRO		11		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	Group	\$	0.00	Gross Receipts Seco	nd Group	\$	0.00	
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00	
ONE HUNDRED	FIFTEENTH	SUBSCRIBER GRO	UP	ONE HUNDRED	SIXTEENTH	I SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA	0			
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		-						
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Four	th Group	\$	0.00	
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Four	th Group	\$	0.00	
Base Rate Fee: Add Enter here and in bloo			criber group a	as shown in the boxes a	above.	\$		

LEGAL NAME OF OWN Churchill County						S	062031	Name
ONE HUNDRED SEV				ONE HUNDRED E		BER GROUP 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 0	Group	\$	0.00	Gross Receipts Seco	and Group	\$	0.00	
Base Rate Fee First 0	Group	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00	
ONE HUNDRED N	IINTEENTH	SUBSCRIBER GRO	UP	ONE HUNDRED	TWENTIETH	SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Four	th Group	\$	0.00	
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Four	th Group	\$	0.00	
Base Rate Fee: Add t Enter here and in bloc			riber group a	s shown in the boxes a	above.	\$		

LEGAL NAME OF OWNE						5	062031	Name
	BLOCK A:	COMPUTATION O	F BASE RA	ATE FEES FOR EAC	H SUBSCRI	BER GROUP		
		SUBSCRIBER GROU		TI .		SUBSCRIBER GROUP		^
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
			•	1		H		Exclusivity
								Surcharge
								for
								Partially
								Distant Stations
		<u> </u>						Stations
		±						
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	roup	\$	0.00	Gross Receipts Seco	and Group	\$	0.00	
	·	·			•			
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00	
	NTY-THIRD	SUBSCRIBER GROUP		ii e		SUBSCRIBER GROUP	_	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
	····		•					
				-				
					•••••			
				-				
		<u> </u>						
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third (Group	\$	0.00	Gross Receipts Four	th Group	\$	0.00	
Base Rate Fee Third C	Group	\$	0.00	Base Rate Fee Four	th Group	\$	0.00	
				#				
Base Rate Fee: Add the Enter here and in block			iber group a	as shown in the boxes a	above.	\$		

LEGAL NAME OF OWNER Churchill County To						S	YSTEM ID# 062031	Name
			BASE RA	ATE FEES FOR EACH				
ONE HUNDRED TWEN	NTY-FIFTH	SUBSCRIBER GROUP	0	ONE HUNDRED TW		SUBSCRIBER GROUP	0	9
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Base Rate Fee
								and
				-				Syndicated Exclusivity
								Surcharge
	-			-				for Partially
								Distant
								Stations
					<u></u>			
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gro	oup	\$	0.00	Gross Receipts Secon	nd Group	\$	0.00	
Base Rate Fee First Gro	oup	\$	0.00	Base Rate Fee Secon	nd Group	\$	0.00	
ONE HUNDRED TWENTY-	SEVENTH	SUBSCRIBER GROUP		ONE HUNDRED TWE	NTY-EIGHTH	SUBSCRIBER GROUP		
COMMUNITY/ AREA			0	COMMUNITY/ AREA				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
				-				
				-				
						-		
					<u></u>			
Total DSEs	<u> </u>		0.00	Total DSEs			0.00	
Gross Receipts Third Gr	oup	\$	0.00	Gross Receipts Fourth	h Group	\$	0.00	
Base Rate Fee Third Gr	oup	\$	0.00	Base Rate Fee Fourti	h Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block 3			ber group a	as shown in the boxes al	bove.	\$		

LEGAL NAME OF OWNER Churchill County T						S	YSTEM ID# 062031	Name
В	LOCK A:	COMPUTATION OF	BASE RA	ATE FEES FOR EACH	SUBSCRI	BER GROUP		
ONE HUNDRED TWEN	ITY-NINTH	SUBSCRIBER GROUP		li	THIRTIETH	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
					<u>.</u>			and
								Syndicated
				-				Exclusivity
					-			Surcharge for
								Partially
								Distant
								Stations
					<u>.</u>			
					<u> </u>			
					·			
Total DSEs	<u> </u>		0.00	Total DSEs			0.00	
Gross Receipts First Gro	oup	\$	0.00	Gross Receipts Second	d Group	\$	0.00	
Base Rate Fee First Gro	oup	\$	0.00	Base Rate Fee Second	d Group	\$	0.00	
ONE HUNDRED THIF	RTY-FIRST	SUBSCRIBER GROUP		ONE HUNDRED THIR	ry-second	SUBSCRIBER GROUP		
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
					<u>-</u>			
					<u> </u>			
	• • • • • • • • • • • • • • • • • • • •							
					·			
					<u>.</u>			
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third Gr	oup	\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
Base Rate Fee Third Gr	oup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block 3	base rate	refees for each subscri	ber group a	s shown in the boxes abo	ove.	\$		
	, -,	5 /						

LEGAL NAME OF OWN Churchill County						5	062031	Name
ONE HUNDRED T		COMPUTATION O SUBSCRIBER GROUF		ATE FEES FOR EAC		BER GROUP SUBSCRIBER GROUP		
COMMUNITY/ AREA			0	COMMUNITY/ AREA	A		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
								Giationo
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First	Group	\$	0.00	Gross Receipts Seco	ond Group	\$	0.00	
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00	
		SUBSCRIBER GROUP		ii .		SUBSCRIBER GROUP	_	
COMMUNITY/ AREA			0	COMMUNITY/ AREA	4		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Four	th Group	\$	0.00	
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Four	th Group	\$	0.00	
Base Rate Fee: Add Enter here and in bloo			riber group a	as shown in the boxes a	above.	\$		

LEGAL NAME OF OWNE Churchill County						\$	062031	Name
E	BLOCK A:	COMPUTATION OF	F BASE RA	ATE FEES FOR EAC	H SUBSCRI	BER GROUP		
ONE HUNDRED THIRT						SUBSCRIBER GROUP		^
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
	····		<u> </u>	-		_		Exclusivity
								Surcharge
								for
						_		Partially
								Distant
	····			-		H		Stations
	····			-				
						-		
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	roup	\$	0.00	Gross Receipts Seco	and Group	\$	0.00	
	·				Стобр	· ·		
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Seco		\$	0.00	
	IRTY-NINTH	SUBSCRIBER GROUP		II		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 C	Group	\$	0.00	Gross Receipts Four	th Group	\$	0.00	
Base Rate Fee Third G	Group	\$	0.00	Base Rate Fee Fourt	th Group	\$	0.00	
				!!				
Base Rate Fee: Add the Enter here and in block			iber group a	as shown in the boxes a	bove.	\$		

LEGAL NAME OF OWNER Churchill County T						S	YSTEM ID# 062031	Name
ВІ	OCK A:	COMPUTATION OF	BASE RA	TE FEES FOR EACH	SUBSCRI	BER GROUP		
	RTY-FIRST	SUBSCRIBER GROUP		İ	TY-SECOND	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
					<u> </u>			Syndicated
					<u> </u>			Exclusivity Surcharge
				-	-			for
								Partially
								Distant
					<u> </u>			Stations
				-	<u>-</u>			
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gro	oup	\$	0.00	Gross Receipts Secon	d Group	\$	0.00	
Base Rate Fee First Gro	oup	\$	0.00	Base Rate Fee Second	d Group	\$	0.00	
ONE HUNDRED FOR	TY-THIRD	SUBSCRIBER GROUP		ONE HUNDRED FOR	TY-FOURTH	SUBSCRIBER GROUP		
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
					<u> </u>			
					<u> </u>			
				-				
Total DSEs			0.00	Total DSEs	-		0.00	
Gross Receipts Third Gr	oup	\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
Base Rate Fee Third Gr	oup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block 3	base rate 3, line 1, sp	e fees for each subscri	ber group a	us shown in the boxes ab	ove.	\$		

LEGAL NAME OF OWN Churchill County						(062031	Name
ONE HUNDRED		COMPUTATION O		ATE FEES FOR EAC		BER GROUP SUBSCRIBER GROUP		
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
								Otations
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First	Group	\$	0.00	Gross Receipts Seco	ond Group	\$	0.00	
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00	
		SUBSCRIBER GROUP		ii .		SUBSCRIBER GROUP	_	
COMMUNITY/ AREA			0	COMMUNITY/ AREA	4		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	l Group	\$	0.00	Gross Receipts Four	th Group	\$	0.00	
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Four	th Group	\$	0.00	
				Н				
Base Rate Fee: Add Enter here and in bloo			riber group a	as shown in the boxes a	above.	\$		

LEGAL NAME OF OWN Churchill County						S	062031	Name
ONE HUNDRED FO				ATE FEES FOR EAC		BER GROUP SUBSCRIBER GROU	JP	_
COMMUNITY/ AREA			0	COMMUNITY/ AREA	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
			0.00				0.00	
Total DSEs Gross Receipts First (Group	\$	0.00	Total DSEs Gross Receipts Seco	and Group	\$	0.00	
Orosa recorpts i hat v	огоир	<u> </u>	0.00	Gross Receipts occi	ond Oroup	¥	0.00	
Base Rate Fee First (\$	0.00	Base Rate Fee Seco		\$	0.00	
ONE HUNDRED F COMMUNITY/ AREA		SUBSCRIBER GRO	UP 0	ONE HUNDRED FIF		SUBSCRIBER GROU	JP 0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Four	th Group	\$	0.00	
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Four	th Group	\$	0.00	
Page Pate Form A 11	the kees	a food for each and	ribor	a chours in the trans	ahove			
Enter here and in bloc			nner group a	s shown in the boxes a	ವು∪೪€.	\$		

LEGAL NAME OF OWNER Churchill County T						S	962031	Name
				ATE FEES FOR EAC				
ONE HUNDRED FIFT COMMUNITY/ AREA	Y-THIRD	SUBSCRIBER GROU	JP 0	ONE HUNDRED FIF		SUBSCRIBER GROU	JP 0	9
COMMUNITY AREA			U	COMMUNITY 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
				1				
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gro	oup	\$	0.00	Gross Receipts Seco	nd Group	\$	0.00	
-	·				•			
Base Rate Fee First Gro	oup	\$	0.00	Base Rate Fee Seco	nd Group	\$	0.00	
ONE HUNDRED FIF	TY-FIFTH	SUBSCRIBER GROU		11		I 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 Gr	oup	\$	0.00	Gross Receipts Fourt	h Group	\$	0.00	
Base Rate Fee Third Gr	oup	\$	0.00	Base Rate Fee Fourt	h Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block 3			ber group a	as shown in the boxes a	bove.	\$		

LEGAL NAME OF OWNER Churchill County To						SY	STEM ID# 062031	Name
Bl	OCK A:	COMPUTATION OF	BASE RA	TE FEES FOR EACH	SUBSCRI	BER GROUP		
ONE HUNDRED FIFTY-	SEVENTH	SUBSCRIBER GROUP			TY-EIGHTH	SUBSCRIBER GROUP		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
07.122.01.01.1	552	0,122 0.0.1		07.122.01.01.1	202	G/ 122 G/G/1	332	Base Rate Fee
								and
								Syndicated
								Exclusivity Surcharge
							<u> </u>	for
								Partially
								Distant
								Stations
							<u>.</u>	
							2.00	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gro	oup	\$	0.00	Gross Receipts Second	d Group	\$	0.00	
Base Rate Fee First Gro	oup	\$	0.00	Base Rate Fee Second	d Group	\$	0.00	
ONE HUNDRED FIF	TY-NINTH	SUBSCRIBER GROUP		ONE HUNDRE	D SIXTIETH	SUBSCRIBER GROUP		
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third Gr	oup	\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
Base Rate Fee Third Gr	oup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block 3			per group a	s shown in the boxes ab	ove.	\$		

LEGAL NAME OF OWNER OF CABLE SYSTEM: Churchill County Telephone & Telegraph 062031								
				ATE FEES FOR EAC				
COMMUNITY/ AREA		SUBSCRIBER GRO	OUP 0	COMMUNITY/ADD		SUBSCRIBER GROU	UP 0	9
COMMUNITY/ AREA			U	COMMUNITY/ ARE	Α		U	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fe
								and Syndicated
								Exclusivity
								Surcharge
								for
								Partially Distant
		-						Stations
			····					
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		\$	0.00	Base Rate Fee Sec		\$	0.00	
		SUBSCRIBER GRO		 		SUBSCRIBER GROU		
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	
CALL SIGN	DSE	CALL SIGN	DSE CALL SIGN DSE CALL SIGN		DSE			
5. ILL 5.5.1	202	07.22 5.5.1	302	07.122.01.01.1	202	07.22 0.0.1	332	
					<u></u>	-		
						-		
				-				
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	I Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
Base Rate Fee Third	I Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
				Щ				
3ase Rate Fee: Add	the base rate	e fees for each subs	criber group a	as shown in the boxes	above.			
Enter here and in blo			J P S	2.12 2.27.00		\$	0.00	

								Churchill County
				TE FEES FOR EACH				E
9		SUBSCRIBER GROU	SIXTH			SUBSCRIBER GRO	FIFTH	
	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
Computation of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate F	DOL	CALL SIGN	DOL	CALL SIGN	DOL	CALL SIGN	DSL	CALL SIGN
and						-		
Syndicated			-					
Exclusivity								
Surcharge								
for								
Partially								
Distant								
Stations								
			<u> </u>					
		-	<u></u>		<u></u>		····	
	0.00			Total DSEs	0.00			Total DSEs
	0.00	\$	d Group	Gross Receipts Secon	0.00	\$	iroup	Gross Receipts First G
		<u>*</u>	a Oroup	Cross resemple essent		<u> </u>	лоцр	oroco reconpilo rili de O
	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	iroup	ase Rate Fee First G
	JP	SUBSCRIBER GROU	EIGHTH		UP	SUBSCRIBER GRO	SEVENTH	
	COMMUNITY/ AREA 0			0		COMMUNITY/ AREA		
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
		-	<u></u>		<u></u>			
		-	<u></u>		<u></u>			
			<u></u>					
							····	
		-	<u></u>				····	
	0.00	I I	4	Total DSEs	0.00			Total DSEs
		•	Crour			•	Croup.	
i	0.00	\$	Group	Gross Receipts Fourth	0.00	\$	oup.	Gross Receipts Third G
				II				

.EGAL NAME OF OWNER OF Churchill County Tele						\$	062031	Name
			F BASE RA	ATE FEES FOR EAC	H SUBSCR	IBER GROUP		
N	IINTH S	UBSCRIBER GRO	JP		TENTH	I SUBSCRIBER GROU	JP	9
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	Computatio
CALL SIGN D	SE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fo
								and
			<u> </u>					Syndicated Exclusivity
								Surcharge
								for
								Partially
								Distant
			<u> </u>					Stations
			0.00	T 1 1 DOE			0.00	
Total DSEs	-		0.00	Total DSEs			0.00	
Gross Receipts First Group	<u> </u>	5	0.00	Gross Receipts Seco	nd Group	\$	0.00	
Base Rate Fee First Group			0.00	Base Rate Fee Seco		\$	0.00	
	ENTH S	SUBSCRIBER GRO				I SUBSCRIBER GROU	_	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN D	SE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
			······································					
	Щ		0.00	Total DSEs		11	0.00	
Total DSEs	-			Gross Receipts Four	th Group	\$	0.00	
		6	0.00			<u> </u>		
Fotal DSEs Gross Receipts Third Group	<u>.</u>	•	0.00					

•								
				TE FEES FOR EACH				
9		SUBSCRIBER GROU	JRTEENTH			SUBSCRIBER GRO	IIRTEENTH	
Computatio	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate F								
and								
Syndicated								
Exclusivity		-						
Surcharge for		-			<u> </u>			
Partially		-						
Distant								
Stations								
			-					
	0.00			Total DSEs	0.00			Total DSEs
	0.00	\$	d Group	Gross Receipts Secon	0.00	\$	Group	Gross Receipts First G
			·	·				·
	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	Group	Base Rate Fee First G
	IP	SUBSCRIBER GROU	IXTEENTH	5	JP	SUBSCRIBER GRO	IFTEENTH	F
	COMMUNITY/ AREA 0			0		DMMUNITY/ AREA		
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
	·····	-			•			
		-			<u>_</u>			
				T	0.00			T-4-1 DOT-
	0.00			II Lotal DSEs	0 00			LOTAL LISES
	0.00		0	Total DSEs	0.00	_	0	
	0.00	\$	Group	Gross Receipts Fourth	0.00	\$	Group	Total DSEs Gross Receipts Third 0

9	+							
				TE FEES FOR EACH				
9		SUBSCRIBER GROU	SHTEENTH			SUBSCRIBER GRO	NTEENTH	
Computation	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate F								
and								
Syndicated		-						
Exclusivity		-						
Surcharge for		-	<u></u>		<u> </u>		····	
Partially		-						
Distant								
Stations								
		-						
					-			
			<u> </u>				····	
	0.00			Total DSEs	0.00			otal DSEs
	0.00	\$	d Group	Gross Receipts Secon	0.00	\$	iroun	Gross Receipts First G
		<u>*</u>	a Oroup	Greet Receipts Geech		•	лоцр	rece recorpto r net e
	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	roup	ase Rate Fee First G
	JP	SUBSCRIBER GROU	WENTIETH	T	JP	SUBSCRIBER GRO	INTEENTH	NI
	COMMUNITY/ AREA 0			0		OMMUNITY/ AREA		
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
		-						
		-						
		-						
		-	<u> </u>				····	
	0.00	Ш		Total DSEs	0.00			otal DSEs
	0.00	•	Group		0.00	•	Group	
	0.00	\$	Gloup	Gross Receipts Fourth	0.00	\$	υισαρ	Gross Receipts Third G
	1.1	1						

LEGAL NAME OF OWNER Churchill County 1						5	062031	Name
			OF BASE RA	ATE FEES FOR EAC	CH SUBSCR	IBER GROUP		
TWEN		SUBSCRIBER GRO	UP	TWEN	ITY-SECOND	SUBSCRIBER GROU	JP	9
COMMUNITY/ AREA			0	COMMUNITY/ ARE	٩		0	Computatio
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fe
								and
	<u></u>			-				Syndicated Exclusivity
								Surcharge
								for
								Partially
				-				Distant Stations
				-				
Total DSEs		•	0.00	Total DSEs	1		0.00	
Gross Receipts First Gr	oup	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
TWEN	TY-THIRD	SUBSCRIBER GRO)UP	TWE	NTY-FOURTH	SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ ARE	٩		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 Fou	rth Group	\$	0.00	
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
				Ш				
Base Rate Fee: Add the Enter here and in block			criber group a	s shown in the boxes	above.	¢		

			8	062031	Name
chill County Telephone & Telegraph BLOCK A: COMPUTATION OF BASE RA	ATE FEES FOR EACH	SUBSCR	IBER GROUP		
TWENTY-FIFTH SUBSCRIBER GROUP	TWE		SUBSCRIBER GROU	JP	9
UNITY/ AREA 0	COMMUNITY/ AREA			0	Computatio
SIGN DSE CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
					Base Rate Fo
		<u></u>			and Syndicated
					Exclusivity
					Surcharge
					for Partially
			-		Distant
					Stations
0.00	T			0.00	
SEs <u>0.00</u>	Total DSEs			0.00	
Receipts First Group \$ 0.00	Gross Receipts Secon	d Group	\$	0.00	
tate Fee First Group \$ 0.00	Base Rate Fee Secon	d Group	\$	0.00	
TWENTY-SEVENTH SUBSCRIBER GROUP	TWEN	TY-EIGHTH	SUBSCRIBER GROU	JP	
UNITY/ AREA 0	COMMUNITY/ AREA			0	
SIGN DSE CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	
SIGN DSE CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN		
SIGN DSE CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN		
SIGN DSE CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN		
SIGN DSE CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN		
SIGN DSE CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN		
SIGN DSE CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN		
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SIGN DSE CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN		
SIGN DSE CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN		
SIGN DSE CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN		
SIGN DSE CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN		
SIGN DSE CALL SIGN DSE	Total DSEs	DSE	CALL SIGN		
			CALL SIGN	DSE	

	ABLE SYSTEM: none & Telegraph				\$	062031	Name
	A: COMPUTATION	OF BASE RA	ATE FEES FOR EAC	CH SUBSCR	IBER GROUP		
TWENTY-NIN	TH SUBSCRIBER GR	ROUP		THIRTIETH	SUBSCRIBER GROU		9
COMMUNITY/ AREA		0	COMMUNITY/ ARE	٩		0	Computatio
CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
							Base Rate F
							and Syndicated
							Exclusivity
							Surcharge
					-		for
							Partially Distant
							Stations
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	
	ST SUBSCRIBER GR		#		SUBSCRIBER GROU	_	
COMMUNITY/ AREA		0	COMMUNITY/ ARE	Α		0	
CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
				•••••	-		
Fotal DSEs		0.00	Total DSEs			0.00	
Total DSEs Gross Receipts Third Group	\$	0.00	Total DSEs Gross Receipts Fou	rth Group	\$	0.00	

Name								Churchill County
				TE FEES FOR EACH				
9		SUBSCRIBER GROU	Y-FOURTH			SUBSCRIBER GRO	RTY-THIRD	
Computatio	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate F								
and								
Syndicated								
Exclusivity								
Surcharge for			<u> </u>		<u> </u>		····	
Partially		-	<u></u>		·			
Distant								
Stations								
			<u> </u>					
								
	0.00			Total DSEs	0.00			Total DSEs
	0.00	\$	d Group	Gross Receipts Secon	0.00	\$	roun	Gross Receipts First G
	0.00	<u>*</u>	и Огоир	Gross receipts decon	0.00	•	тоир	Stood Redelpto I hat O
	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	roup	3ase Rate Fee First G
	JP	SUBSCRIBER GROU	RTY-SIXTH	THI	JP	SUBSCRIBER GRO	RTY-FIFTH	THIF
	COMMUNITY/ AREA 0			0		IUNITY/ AREA		
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
					······································			
		-			••••••••••••			
			<u></u>		<u> </u>			
	0.00	Ш	1	Total DSEs	0.00			Total DSEs
		•		Gross Receipts Fourth	0.00	•	-roup	
	0.00	¢	Group	arangaa Neceluis Fouliii	0.00	\$	Joup	Gross Receipts Third G
	0.00	\$	Group					

Name							•	Churchill County
				TE FEES FOR EACH				
9		SUBSCRIBER GROU	ΓΥ-EIGHTH			SUBSCRIBER GRO	-SEVENTH	
Computatio	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate F								
and								
Syndicated								
Exclusivity		-						
Surcharge for			-					
Partially		-	<u></u>		·			
Distant								
Stations								
	0.00			Total DSEs	0.00			Total DSEs
	0.00	\$	d Group	Gross Receipts Secon	0.00	\$	roup	Gross Receipts First G
	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	roup	Base Rate Fee First G
	JP	SUBSCRIBER GROU	FORTIETH		JP	SUBSCRIBER GRO	RTY-NINTH	THIR
	COMMUNITY/ AREA 0			0		OMMUNITY/ AREA		
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
					·			
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		-			•••••••••••••			
			<u></u>		<u> </u>			
	0.00	11		Total DSEs	0.00			Total DSEs
		_	Group	Gross Receipts Fourth	0.00	\$	Group	Gross Receipts Third G
	0.00	\$		11			r	
	0.00	\$	Oroup					

								Churchill County
				TE FEES FOR EACH				
9		SUBSCRIBER GROU	Y-SECOND			SUBSCRIBER GRO	RTY-FIRST	
Computatio	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate F								
and								
Syndicated								
Exclusivity			<u></u>					
Surcharge for			<u></u>		·		····	
Partially			-					
Distant								
Stations		 						
		-						
			<u> </u>					
		-	-		-			
	0.00			Total DSEs	0.00			Total DSEs
	0.00	\$	d Group	Gross Receipts Secon	0.00	\$	iroup	Gross Receipts First G
		·-					r	
	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	iroup	Base Rate Fee First G
	JP	SUBSCRIBER GROU	Y-FOURTH	FORT	JP	SUBSCRIBER GRO	RTY-THIRD	FOR
	COMMUNITY/ AREA 0			0		DMMUNITY/ AREA		
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
			<u></u>					
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							····	
		-	-		·			
		-			••••••••••••			
			<u></u>				····	
	0.00			Total DSEs	0.00			Total DSEs
		•	Group	Gross Receipts Fourth	0.00	\$	Group	Gross Receipts Third G
	ი იი			II C. COO I (COCIPIO I OUI II)	0.00	*	J. 54P	5.555 Rescipto Tilla C
	0.00	\$						

	062031					e & Telegraph	elepiloli	
				TE FEES FOR EACH				
9		SUBSCRIBER GROU	RTY-SIXTH	H		SUBSCRIBER GRO	RTY-FIFTH	
Computation	0.00 0.00			COMMUNITY/ AREA	0			COMMUNITY/ AREA
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	JP	I SUBSCRIBER GROU	ΓΥ-EIGHTH	FOR)UP	SUBSCRIBER GRO	SEVENTH	FORTY-
	0	COMMUNITY/ AREA			0			COMMUNITY/ AREA
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9		SUBSCRIBER GROU	FIFTIETH			SUBSCRIBER GRO	RTY-NINTH	FOF
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				ATE FEES FOR EAC				
	TY-THIRD	SUBSCRIBER GRO		II .		I SUBSCRIBER GROU		9
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otal DSEs			0.00	Total DSEs			0.00	
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ase Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
FIF	TY-FIFTH	SUBSCRIBER GRO	OUP		FIFTY-SIXTH	I SUBSCRIBER GROU	JP	
OMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	
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Gross Receipts Third G				H		I		
Gross Receipts Third G	roup	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	

Silai cilli Goulity Tolop	ABLE SYSTEM: hone & Telegraph	l			\$	062031	Name
	A: COMPUTATION		ATE FEES FOR EAG	CH SUBSCR	IBER GROUP		
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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	
FIFTY-NII	NTH SUBSCRIBER G	ROUP		SIXTIETH	SUBSCRIBER GROU	JP	
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Sioss Necelpla Tillu Gioub				•			
Gross Neceipts Tillia Group					i		

,		: SYSTEM: e & Telegraph				S	062031	Name
BLC	OCK A: (COMPUTATION C	F BASE RA	ATE FEES FOR EAC				
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COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	Computation
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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Grou	р	\$	0.00	Gross Receipts Seco	and Group	\$	0.00	
Base Rate Fee First Grou	ıp	\$	0.00	Base Rate Fee Seco	and Group	\$	0.00	
	'-THIRD	SUBSCRIBER GRO		11		SUBSCRIBER GROU	JP	
	′-THIRD	SUBSCRIBER GRO	UP 0	SIX COMMUNITY/ AREA		SUBSCRIBER GROU	JP 0	
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COMMUNITY/ AREA	DSE	CALL SIGN	0.00	CALL SIGN CALL SIGN Total DSEs	DSE The state of t	CALL SIGN	0 DSE	

LEGAL NAME OF OWNER Churchill County T						•	SYSTEM ID# 062031	Name
			F BASE RA	ATE FEES FOR EAC	CH SUBSCR	IBER GROUP		
		SUBSCRIBER GRO				SUBSCRIBER GROU	UP	0
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orosa recorpta i irat or	Jup	<u> </u>	0.00	Gross recorpts coo	ona Oroup		0.00	
Base Rate Fee First Gro	oup	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
SIXTY-S	SEVENTH	SUBSCRIBER GRO	UP	S	XTY-EIGHTH	SUBSCRIBER GROU	UP	
COMMUNITY/ AREA			0	COMMUNITY/ ARE.	Α		0	
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Total DSEs	-		0.00	Total DSEs			0.00	
Gross Receipts Third G	oup	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
Base Rate Fee Third G	oup	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
				II				
Base Rate Fee: Add the Enter here and in block			criber group a	as shown in the boxes	above.	\$		

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9		SUBSCRIBER GROU	VENTIETH			SUBSCRIBER GRO	KTY-NINTH	
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	JP	SUBSCRIBER GROU	Y-SECOND	SEVENT	JP	SUBSCRIBER GRO	NTY-FIRST	SEVEN
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		\$	Group	Gross Receipts Fourth	0.00	\$	Group	Gross Receipts Third G

Onliar Crimi Ocumby 16		: SYSTEM: e & Telegraph				\$	062031	Name
				ATE FEES FOR EAC	H SUBSCR	IBER GROUP		
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COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	Computation
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Total DSEs			0.00	Total DSEs			0.00	
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Base Rate Fee First Grou	ıp	\$	0.00	Base Rate Fee Seco		\$	0.00	
SEVENT	Y-FIFTH	SUBSCRIBER GRO	IIP	SEV	ENITY CIYTH	SUBSCRIBER GROU	ID	
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LEGAL NAME OF OWN Churchill County						\$	062031	Name
	BLOCK A:	COMPUTATION (OF BASE RA	ATE FEES FOR EA	CH SUBSCF	RIBER GROUP		
SEVENT	Y-SEVENTH	SUBSCRIBER GRO	DUP	SEVE	NTY-EIGHT	H SUBSCRIBER GROU	JP	0
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	9 Computation
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	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	
SEVE	NTY-NINTH	SUBSCRIBER GRO	DUP		EIGHTIETH	H SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		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	Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
					•			
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fou	irth Group	\$	0.00	
		e fees for each subsepace L (page 7)	criber group a	as shown in the boxes	above.			

		: SYSTEM: e & Telegraph				\$	062031	Name
	OCK A: (COMPUTATION C		ATE FEES FOR EAC	H SUBSCR	IBER GROUP		
	Y-FIRST	SUBSCRIBER GRO		11		SUBSCRIBER GROU		9
COMMUNITY/ AREA			0	COMMUNITY/ ARE	A		0	Computation
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Gross Receipts First Gro	up	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
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Base Rate Fee First Gro	up	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
EIGHT	Y-THIRD	SUBSCRIBER GRO	UP	EIGH	ITY-FOURTH	SUBSCRIBER GROU	JP	
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CALL OIGH	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
OALL OIGH	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
ONLE GIGIN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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ONLE GION	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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				TE FEES FOR EACH				
9		SUBSCRIBER GROU	HTY-SIXTH	ii —		SUBSCRIBER GRO	ITY-FIFTH	
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	JP	SUBSCRIBER GROU	Y-EIGHTH	EIGHT	UP	SUBSCRIBER GRO	SEVENTH	EIGHTY-
	COMMUNITY/ AREA 0				0			COMMUNITY/ AREA
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	IP	SUBSCRIBER GROU	Y-SECOND	NINET	JP	SUBSCRIBER GRO	ETY-FIRST	NINE
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		CALL SIGN	DSE	ii		SUBSCRIBER GROI	DSE	
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			CALL SIGN	ETY-EIGHTH	BER GROUP SUBSCRIBER GROU	062031 JP 0 DSE	Computatio of Base Rate Fe and Syndicated
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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	
	SUBSCRIBER GROU		ii .		SUBSCRIBER GROU	_	
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Gross Receipts Third Group	\$	0.00	Gross Receipts Fou	th Group	\$	0.00	
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Base Rate Fee Third Group	\$	0.00	Base Rate Fee Fou	th Group	\$	0.00	

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otal DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Group		\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
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ONE HUNDRED TWENTY-	THIRD	SUBSCRIBER GROUP)	ONE HUNDRED TW	ENTY-FOURTH	SUBSCRIBER GROUP		
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					IRTY-SIXTH			
			UP	ONE HUNDRED TH	IRTY-SIXTH		UP	
COMMUNITY/ AREA	FIFTH	SUBSCRIBER GRO	UP 0	ONE HUNDRED TH	IRTY-SIXTH	SUBSCRIBER GRO	UP 0	
COMMUNITY/ AREA	FIFTH	SUBSCRIBER GRO	UP 0	ONE HUNDRED TH	IRTY-SIXTH	SUBSCRIBER GRO	UP 0	
COMMUNITY/ AREA	FIFTH	SUBSCRIBER GRO	UP 0	ONE HUNDRED TH	IRTY-SIXTH	SUBSCRIBER GRO	UP 0	
COMMUNITY/ AREA	FIFTH	SUBSCRIBER GRO	UP 0	ONE HUNDRED TH	IRTY-SIXTH	SUBSCRIBER GRO	UP 0	
COMMUNITY/ AREA	FIFTH	SUBSCRIBER GRO	UP 0	ONE HUNDRED TH	IRTY-SIXTH	SUBSCRIBER GRO	UP 0	
COMMUNITY/ AREA	FIFTH	SUBSCRIBER GRO	UP 0	ONE HUNDRED TH	IRTY-SIXTH	SUBSCRIBER GRO	UP 0	
COMMUNITY/ AREA	FIFTH	SUBSCRIBER GRO	UP 0	ONE HUNDRED TH	IRTY-SIXTH	SUBSCRIBER GRO	UP 0	
COMMUNITY/ AREA	FIFTH	SUBSCRIBER GRO	UP 0	ONE HUNDRED TH	IRTY-SIXTH	SUBSCRIBER GRO	UP 0	
COMMUNITY/ AREA	FIFTH	SUBSCRIBER GRO	UP 0	ONE HUNDRED TH	IRTY-SIXTH	SUBSCRIBER GRO	UP 0	
COMMUNITY/ AREA	FIFTH	SUBSCRIBER GRO	UP 0	ONE HUNDRED TH	IRTY-SIXTH	SUBSCRIBER GRO	UP 0	
COMMUNITY/ AREA	FIFTH	SUBSCRIBER GRO	UP 0	ONE HUNDRED TH	IRTY-SIXTH	SUBSCRIBER GRO	UP 0	
CALL SIGN E	FIFTH	SUBSCRIBER GRO	UP 0	ONE HUNDRED TH	IRTY-SIXTH	SUBSCRIBER GRO	UP 0	
CALL SIGN C	DSE	SUBSCRIBER GRO	DSE	ONE HUNDRED TH COMMUNITY/ AREA CALL SIGN	DSE	SUBSCRIBER GRO	DSE	
COMMUNITY/ AREA	DSE O	SUBSCRIBER GRO	DSE DSE DO	ONE HUNDRED TH COMMUNITY/ AREA CALL SIGN Total DSEs	DSE h Group	CALL SIGN	DSE	

LEGAL NAME OF OWN Churchill County						\$	062031	Name
	BLOCK A:	COMPUTATION (OF BASE RA	ATE FEES FOR EA	CH SUBSCR	IBER GROUP		
ONE HUNDRED THIR	TY-SEVENTH	SUBSCRIBER GROU	Р	ONE HUNDRED T	HIRTY-EIGHTH	SUBSCRIBER GROUP		0
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	9 Computatio
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate F
								and
								Syndicated
		-						Exclusivity Surcharge
								for
				-				Partially
								Distant
								Stations
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 TH	IRTY-NINTH	SUBSCRIBER GRO)UP	ONE HUNDRE	D FORTIETH	I SUBSCRIBER GROU	JP	
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	Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
	•							
Base Rate Fee: Add Enter here and in bloo			criber group a	as shown in the boxes	above.	\$		

Name	062031						Telephon	
				TE FEES FOR EACH				
9	0	SUBSCRIBER GROUP	11-SECUND	COMMUNITY/ AREA	0	SUBSCRIBER GROU		COMMUNITY/ AREA
Computation of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate F								
Syndicated								
Exclusivity								
Surcharge for		-			····			
Partially								
Distant Stations								
	0.00			Total DSEs	0.00			Total DSEs
		\$	d Croun	Gross Receipts Secor	0.00	\$	Group	Gross Receipts First G
	0.00	<u> </u>	a Group	Gross receipts occor		<u> </u>	Sioup	oroso rescipio i il si c
	0.00	\$		Base Rate Fee Secon	0.00	\$		
	0.00		d Group	Base Rate Fee Secon	P		Group	Base Rate Fee First G
	0.00	\$	d Group	Base Rate Fee Secon		\$	Group	Base Rate Fee First G
	0.00	\$	d Group	Base Rate Fee Secon	P	\$	Group	Base Rate Fee First G
	0.00	\$ SUBSCRIBER GROUP	d Group	Base Rate Fee Secon ONE HUNDRED FOR COMMUNITY/ AREA	0	\$ SUBSCRIBER GROU	Group ORTY-THIRD	Base Rate Fee First G ONE HUNDRED FO
	0.00	\$ SUBSCRIBER GROUP	d Group	Base Rate Fee Secon ONE HUNDRED FOR COMMUNITY/ AREA	0	\$ SUBSCRIBER GROU	Group ORTY-THIRD	ONE HUNDRED FOR
	0.00	\$ SUBSCRIBER GROUP	d Group	Base Rate Fee Secon ONE HUNDRED FOR COMMUNITY/ AREA	0	\$ SUBSCRIBER GROU	Group ORTY-THIRD	Base Rate Fee First G ONE HUNDRED FO COMMUNITY/ AREA
	0.00	\$ SUBSCRIBER GROUP	d Group	Base Rate Fee Secon ONE HUNDRED FOR COMMUNITY/ AREA	0	\$ SUBSCRIBER GROU	Group ORTY-THIRD	Base Rate Fee First G ONE HUNDRED FO COMMUNITY/ AREA
	0.00	\$ SUBSCRIBER GROUP	d Group	Base Rate Fee Secon ONE HUNDRED FOR COMMUNITY/ AREA	0	\$ SUBSCRIBER GROU	Group ORTY-THIRD	Base Rate Fee First G ONE HUNDRED FO COMMUNITY/ AREA
	0.00	\$ SUBSCRIBER GROUP	d Group	Base Rate Fee Secon ONE HUNDRED FOR COMMUNITY/ AREA	0	\$ SUBSCRIBER GROU	Group ORTY-THIRD	Base Rate Fee First G ONE HUNDRED FO COMMUNITY/ AREA
	0.00	\$ SUBSCRIBER GROUP	d Group	Base Rate Fee Secon ONE HUNDRED FOR COMMUNITY/ AREA	0	\$ SUBSCRIBER GROU	Group ORTY-THIRD	Base Rate Fee First G ONE HUNDRED FO COMMUNITY/ AREA
	0.00	\$ SUBSCRIBER GROUP	d Group	Base Rate Fee Secon ONE HUNDRED FOR COMMUNITY/ AREA	0	\$ SUBSCRIBER GROU	Group ORTY-THIRD	Base Rate Fee First G ONE HUNDRED FO COMMUNITY/ AREA
	0.00	\$ SUBSCRIBER GROUP	d Group	Base Rate Fee Secon ONE HUNDRED FOR COMMUNITY/ AREA	0	\$ SUBSCRIBER GROU	Group ORTY-THIRD	Base Rate Fee First G ONE HUNDRED FO
	0.00	\$ SUBSCRIBER GROUP	d Group	Base Rate Fee Secon ONE HUNDRED FOR COMMUNITY/ AREA	0	\$ SUBSCRIBER GROU	Group ORTY-THIRD	Base Rate Fee First G ONE HUNDRED FO COMMUNITY/ AREA
	0.00	\$ SUBSCRIBER GROUP	d Group	Base Rate Fee Secon ONE HUNDRED FOR COMMUNITY/ AREA	0	\$ SUBSCRIBER GROU	Group ORTY-THIRD	ONE HUNDRED FO
	0.00 DSE	\$ SUBSCRIBER GROUP	DSE	Base Rate Fee Secon ONE HUNDRED FOR COMMUNITY/ AREA CALL SIGN	DSE	\$ SUBSCRIBER GROU	ORTY-THIRD DSE	Base Rate Fee First G ONE HUNDRED FO COMMUNITY/ AREA

Name	YSTEM ID# 062031	S						LEGAL NAME OF OWNE Churchill County
		BER GROUP	SUBSCRII	TE FEES FOR EACH	BASE RA			
0		SUBSCRIBER GROUP	RTY-SIXTH	ONE HUNDRED F		SUBSCRIBER GROU	ORTY-FIFTH	ONE HUNDRED FO
9 Computation	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate Fe								
and								
Syndicated Exclusivity					<u>.</u>			
Surcharge					<u>-</u>		···	
for								
Partially		_						
Distant								
Stations								
	0.00			Total DSEs	0.00			Total DSEs
	0.00	\$	d Group	Gross Receipts Secon	0.00	\$	roup	Gross Receipts First G
	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	roup	Base Rate Fee First G
		SUBSCRIBER GROUP	TY-EIGHTH	ONE HUNDRED FOR		SUBSCRIBER GROUI	Y-SEVENTH	ONE HUNDRED FORTY
	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
					<u></u>			
					<u></u>			
							····	
					-			
	0.00			Total DSEs	0.00			Total DSEs
	_	S	Group			\$	Group	
	0.00	\$	Group	Total DSEs Gross Receipts Fourth	0.00	\$	Group	Total DSEs Gross Receipts Third G

LEGAL NAME OF OWN Churchill County			-			(SYSTEM ID# 062031	Name
ONE HUNDRED FO				ATE FEES FOR EAC		IBER GROUP	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			0.00	
Gross Receipts First Group \$ 0			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 FIFTY-FIRST SUBSCRIBER GROUP				ONE HUNDRED FIFTY-SECOND SUBSCRIBER GROUP				
COMMUNITY/ AREA 0			0	COMMUNITY/ AREA 0				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third Group			0.00	Gross Receipts Fourth Group \$ 0.00			0.00	
Base Rate Fee Third Group \$		0.00	Base Rate Fee Fourth Group \$		\$	0.00		
Group \$	e fees		0.00	Gross Receipts Fou	rth Group		0.00	

	062031						Telephon		
				ATE FEES FOR EACH					
9		SUBSCRIBER GROU	Y-FOURTH			SUBSCRIBER GRO	TY-THIRD	ONE HUNDRED FIF	
Computation	COMMUNITY/ AREA 0				0	COMMUNITY/ AREA 0			
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	
Base Rate F									
and									
Syndicated									
Exclusivity Surcharge				-					
for			<u></u>	-	····				
Partially									
Distant									
Stations									
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			<u></u>		··· ·		···		
	0.00			Total DSEs	0.00			Total DSEs	
	0.00	Gross Receipts Second Group \$ 0.00				Gross Receipts First Group \$ 0.00			
		· ·							
	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	roup	ase Rate Fee First G	
	JP	I SUBSCRIBER GROU	FTY-SIXTH	ONE HUNDRED F	UP	SUBSCRIBER GRO	FTY-FIFTH	ONE HUNDRED FI	
	COMMUNITY/ AREA 0				COMMUNITY/ AREA 0				
			***************************************	COMMUNITY/ AREA					
	DSE	CALL SIGN	DSE	COMMUNITY/ AREA CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	
	DSE	CALL SIGN	DSE			CALL SIGN	DSE		
	DSE	CALL SIGN	DSE			CALL SIGN	DSE		
	DSE	CALL SIGN	DSE			CALL SIGN	DSE		
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	DSE	CALL SIGN	DSE			CALL SIGN	DSE		
	DSE	CALL SIGN	DSE			CALL SIGN	DSE	CALL SIGN	
	0.00			Total DSEs	DSE			CALL SIGN	
		CALL SIGN		CALL SIGN	DSE	CALL SIGN			

BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSTITUTE ONE HUNDRED FIFTY-SEVENTH SUBSCRIBER GROUP COMMUNITY/ AREA CALL SIGN DSE CALL SIGN CALL S	GHTH SUBSCRIBER GROUP	DSE DSE	Gomputation of Base Rate For And Syndicated Exclusivity Surcharge for Partially	
COMMUNITY/ AREA 0 COMMUNITY/ AREA		0	Computatio of Base Rate For and Syndicated Exclusivity Surcharge for	
	E CALL SIGN		Computatio of Base Rate For and Syndicated Exclusivity Surcharge for	
CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE	E CALL SIGN	DSE	of Base Rate Fo and Syndicated Exclusivity Surcharge for	
			and Syndicated Exclusivity Surcharge for	
			Syndicated Exclusivity Surcharge for	
			Exclusivity Surcharge for	
			Surcharge for	
			Distant	
			Stations	
	1 1			
Total DSEs Total DSEs	Total DSEs 0.00			
Gross Receipts First Group \$ 0.00 Gross Receipts Second Grou	Gross Receipts Second Group \$ 0.00			
Base Rate Fee First Group \$ 0.00 Base Rate Fee Second Grou		0.00		
	ONE HUNDRED SIXTIETH SUBSCRIBER GROUP COMMUNITY/ AREA 0			
COMMUNITY/ AREA COMMUNITY/ AREA				
CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE	E CALL SIGN	DSE		
	·····			
Total DSEs 0.00 Total DSEs		0.00		
Gross Receipts Third Group \$ 0.00 Gross Receipts Fourth Group	Gross Receipts Fourth Group \$			
Base Rate Fee Third Group \$ 0.00 Base Rate Fee Fourth Group	\$	0.00		

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LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name **Churchill County Telephone & Telegraph** 062031 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 must also 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: and 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 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. for Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge. 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 SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE 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 Fourth Group SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown

FORM SA3E. PAGE 20.

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name **Churchill County Telephone & Telegraph** 062031 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 must also 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: and 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 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. for Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge. Partially Step 4: Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this Distant schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show Stations your actual calculations on this form. FIFTH SUBSCRIBER GROUP SIXTH SUBSCRIBER GROUP Line 1: Enter the VHF DSEs Line 1: Enter the VHF DSEs Line 2: Enter the Exempt DSEs Line 2: Enter the Exempt DSEs Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE First Group SEVENTH SUBSCRIBER GROUP EIGHTH SUBSCRIBER GROUP Line 1: Enter the VHF DSEs Line 1: Enter the VHF DSEs Line 2: Enter the Exempt DSEs. . Line 2: Enter the Exempt DSEs. . Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation computation SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE Fourth Group SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown

FORM SA3E. PAGE 20.

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name **Churchill County Telephone & Telegraph** 062031 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 must also 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: and 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 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. for Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge. Partially Step 4: Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this Distant schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show Stations your actual calculations on this form. NINTH SUBSCRIBER GROUP TENTH SUBSCRIBER GROUP Line 1: Enter the VHF DSEs Line 1: Enter the VHF DSEs Line 2: Enter the Exempt DSEs Line 2: Enter the Exempt DSEs Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE First Group **ELEVENTH SUBSCRIBER GROUP** TWELVTH SUBSCRIBER GROUP Line 1: Enter the VHF DSEs Line 1: Enter the VHF DSEs Line 2: Enter the Exempt DSEs. . Line 2: Enter the Exempt DSEs. . Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation computation SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE Fourth Group SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown

FORM SA3E. PAGE 20.

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name **Churchill County Telephone & Telegraph** 062031 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 must also 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: and 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 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. for Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge. Partially Step 4: Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this Distant schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show Stations your actual calculations on this form. THIRTEENTH SUBSCRIBER GROUP FOURTEENTH SUBSCRIBER GROUP Line 1: Enter the VHF DSEs Line 1: Enter the VHF DSEs Line 2: Enter the Exempt DSEs Line 2: Enter the Exempt DSEs Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE First Group FIFTEENTH SUBSCRIBER GROUP SIXTEENTH SUBSCRIBER GROUP Line 1: Enter the VHF DSEs Line 1: Enter the VHF DSEs Line 2: Enter the Exempt DSEs. . Line 2: Enter the Exempt DSEs. . Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation computation SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE Fourth Group SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown

FORM SA3E. PAGE 20.

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name **Churchill County Telephone & Telegraph** 062031 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 must also 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: and 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 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. for Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge. Partially Step 4: Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this Distant schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show Stations your actual calculations on this form. SEVENTEENTH SUBSCRIBER GROUP EIGHTEENTH SUBSCRIBER GROUP Line 1: Enter the VHF DSEs Line 1: Enter the VHF DSEs Line 2: Enter the Exempt DSEs Line 2: Enter the Exempt DSEs Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE First Group NINEENTH SUBSCRIBER GROUP TWENTYTH SUBSCRIBER GROUP Line 1: Enter the VHF DSEs Line 1: Enter the VHF DSEs Line 2: Enter the Exempt DSEs. . Line 2: Enter the Exempt DSEs. . Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation computation SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE Fourth Group SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown

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C	Cable Worksheet	Total amount of remittance	Number of SAs re	c'd Initials
		Date of remittance	Check EFT	☐ FILING FEES
Cable ID #				Amount Initials
Examined by	Reviewed by	Date examination completed	Allocation number	
Space A Accounting		(enter four digit year and	I/1 (for Jan-Jun period) or /2 (for	Jul-Dec period) No spaces)
Period	Letter sent		Information received	va. see periou, ito spaces,
	Accepted	[Phone call/Date/Contact	
Space B Owner				
	Letter sent	[Information received	
	Accepted	[Phone call/Date/Contact	
Space D Area Served				
	Letter sent	[Information received	
	Accepted	[Phone call/Date/Contact	
Space E Secondary Transission				
Service Subscribers:	Letter sent	[Information received	
and Rates	Accepted	[Phone call/Date/Contact	
Space G Primary Transmitters:				
Television	Letter sent		Information received	
	☐ Accepted		Phone call/Date/Contact	
Space H Primary Transmitters:				
Radio	Accepted		Phone call/Date/Contact	
				Space I Substitute

Letter sent	Information received	
Accepted	Phone call/Date/Contact	
		Space J Part-time Carriage Log
Letter sent	Information received	(SA3 only)
Accepted	Phone call/Date/Contact	
		Space K Gross Receipts
Letter sent	Information received	
Accepted	Phone call/Date/Contact	
		Space L Copyright Filing and Royalty Fees
Royalty Fee should be	Refund request to fiscal	
Letter sent	Information received	
Accepted	Phoe call/Date/Contact	
		Space M Channels
Letter sent	Information received	
Accepted	Phone call/Date/Contact	
		Space O Certification
Letter sent	☐ Information received	
Accepted	Phone call/Date/Contact	
		Space P Statement of Gross Receipts
Letter sent	Information received	
Accepted	Phone call/Date/Contact	
		Space Q Interest Assessment
Letter sent	Info/add'l fee received	
Accepted	Phone call/Date/Contact	