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								
	\$							
2/27/2023	ALLOCATION NUMBER							

Return completed workbook by email to

coplicsoa@copyright.gov

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

Α	ACCOUNTING PERIOD COVERED BY THIS STATEMENT:			
Accounting Period	2022/02			
B Owner	Instructions: Give the full legal name of the owner of the cable system. If the owner is a rate title of the subsidiary, not that of the parent corporation. List any other name or names under which the owner conducts the busines If there were different owners during the accounting period, only the owner a single statement of account and royalty fee payment covering the entire accounting the the entire acc	es of the cable syste on the last day of th unting period.	m. e accounting period should subi	
	LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM			
	Heart of Iowa Communications Cooperative			
C System	PO Box 130 Union, IA 50258-0130 INSTRUCTIONS: In line 1, give any business or trade names used to inames already appear in space B. In line 2, give the mailing address of IDENTIFICATION OF CABLE SYSTEM: MAILING ADDRESS OF CABLE SYSTEM: (Number, street, rural route, apartment, or suite number) (City, town, state, zip code)	•		
D	Instructions: For complete space D instructions, see page 1b. Identify	only the first com	munity served below and re	list on page 1b
Area	with all communities.			
Served	CITY OR TOWN	STATE		
First	UNION	IOWA		
Community	Below is a sample for reporting communities if you report multiple cha	annel line-ups in S	Space G.	
	CITY OR TOWN (SAMPLE)	STATE	CH LINE UP	SUB GRP#
Sample	Alda	MD	A	1
Gampie	Alliance	MD	В	2
	Gering	MD	В	3

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

LEGAL NAME OF OWNER OF CABLE SYSTEM:			SYSTEM ID#							
Heart of Iowa Communications Cooperative			62045							
Tioure or love communications cooperative										
Instructions: List each separate community served by the cable system. A "community" in FCC rules: "a separate and distinct community or municipal entity (including unincorporareas and including single, discrete unincorporated areas." 47 C.F.R. §76.5(dd). The first	orated communiti	es within unincorp	orated	D Area						
of system identification hereafter known as the "first community." Please use it as the first community on all future filings.										
Note: Entities and properties such as hotels, apartments, condominiums, or mobile hom below the identified city or town.	e parks should b	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. I	f you report any st	ations							
When reporting the carriage of television broadcast stations on a community-by-comm	a subscriber grou	ate each commun up designated by a	ity with a a number							
CITY OR TOWN	STATE	CH LINE UP	SUB GRP#							
UNION	IOWA			First						
ALBION	IOWA			Community						
LISCOMB	IOWA									
NEW PROVIDENCE	IOWA									
HAVERHILL	IOWA									
FERGUSON	IOWA			See instructions for						
CONRAD	IOWA			additional information						
BEAMAN	IOWA			on alphabetization.						
ELDORA	IOWA									
LAUREL	IOWA									
STEAMBOAT ROCK	IOWA			Add rows as necessary.						
UNICORPORATED AREAS:				rad rows as necessary.						
HARDIN COUNTY	IOWA									
MARSHALL COUNTY	IOWA									
GRUNDY COUNTY	IOWA									
			•••••							

1	·· T ······	1		1
			l	
				1

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 62045

Heart of Iowa Communications Cooperative

Ε

SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

ıble

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

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

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

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

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

BL	OCK 1		BLOC	CK 2		
	NO. OF				NO. OF	
CATEGORY OF SERVICE	SUBSCRIBERS		RATE	CATEGORY OF SERVICE	SUBSCRIBERS	RATE
Residential:						
Service to first set	803	\$	108.00	Residential Local Channels Only	94	\$ 39.00
 Service to additional set(s) 		[Commercial Local Channels Onl	6	\$ 39.00
 FM radio (if separate rate) 		[Commercial	2	\$ 205.18
Motel, hotel		[Commercial	1	\$ 200.00
Commercial	35	\$	108.00	Commercial	1	\$ 248.00
Converter				Franchise Obiligation 1st Set	16	\$ -
Residential				Employee serv 1st Set	10	\$ 54.00
Non-residential						
	L			T	T	

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	F	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	I	RATE
Continuing Services:			Installation: Non-residential				
• Pay cable			Motel, hotel		HBO PLEX	\$	16.95
 Pay cable—add'l channel 			Commercial		CINEMAX PLEX	\$	13.95
Fire protection			Pay cable		HBO/CINEMAX COMBO P	\$	27.95
•Burglar protection			Pay cable-add'l channel		SHOWTIME/THE MOVIE O	\$	10.99
Installation: Residential			Fire protection		STARZ PLEX	\$	13.99
• First set	\$	70.00	Burglar protection		EMPLOYEE MOVIE PACK	\$	26.45
 Additional set(s) 	\$		Other services:				
 FM radio (if separate rate) 			Reconnect				
Converter			Disconnect				
			Outlet relocation				
			Move to new address			l	

FORM SA3E. PAGE 3. LEGAL NAME OF OWN	ER OF CARLE SY	/STEM·			SYSTEM ID#	!
Heart of Iowa C			erative		62045	Name
PRIMARY TRANSMITTE						
In General: In space G carried by your cable s FCC rules and regulati 76.59(d)(2) and (4), 76 substitute program bas	6, identify every ystem during the ons in effect or .61(e)(2) and (is, as explaine	television stance accounting In June 24, 19 4), or 76.63 (red in the next	period, except 81, permitting the eferring to 76.6 paragraph.	(1) stations carrience carriage of cert 1(e)(2) and (4))]; a	s and low power television stations) and only on a part-time basis under ain network programs [sections and (2) certain stations carried on a	G Primary Transmitters: Television
basis under specific 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 servic 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 Column 6: Give the	CC rules, regul- here in space only on a subs and also in spa formation cond- rm. In station's call associated with -2". Simulcast the channel numbers the channel num	ations, or autions, or autions, or autions, or aution—but do listitute basis. ace I, if the state aring substitute sign. Do not the station action action action action action action action action. Whether the station action	norizations: It it in space I (the ation was carried tute basis station report origination cording to its ov the be reported in assassigned to annel 4 in Wash cation is a networ etwork), "N-M" (the I educational), or e general instruct 4, you must cor accounting period ause of lack of a earn that is not seen t	de Special Statemed both on a substins, see page (v) of an program service er-the-air designate column 1 (list each the television statington, D.C. This bork station, an indefor network multicor "E-M" (for noncotions located in the distant"), enter "Yeions located in the mplete column 5, and. Indicate by enactivated channel subject to a royalty steem a cable systeming the prima channel on any of instructions located list the community with	ent and Program Log)—if the tute basis and also on some other of the general instructions located as such as HBO, ESPN, etc. Identify stion. For example, report multi- th stream separately; for example cion for broadcasting over-the-air in may be different from the channel expendent station, or a noncommercial cast), "I" (for independent), "I-M" commercial educational multicast). The paper SA3 form. The paper SA3 form. The paper SA3 form. The stating the basis on which your tering "LAC" if your cable system capacity. The paper SA3 form. The	Television
		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	
KGAN CBS	2	N	No		CEDAR RAPIDS, IA	
KPXR ION	4	I	No		CEDAR RAPIDS, IA	See instructions for
KWWL NBC	7	N	No		WATERLOO	additional information
KCCI CBS	8	N	No		DES MOINES, IA	on alphabetization.
KCRG ABC	9	N	No		CEDAR RAPIDS, IA	
KDIN IPTV	11	Е	No		DES MOINES, IA	
KGAN DT2 FOX	14	N	No		CEDAR RAPIDS, IA	ï
KCRG DT3 THE C	515	N	No		CEDAR RAPIDS, IA	
KWWL DT2 H&I	18	N	No		CEDAR RAPIDS, IA	
KPXR DT2 GRIT	27	N	No		CEDAR RAPIDS, IA	
KPXR DT3 BOUNG		N	No		CEDAR RAPIDS, IA	••
KWKB TCT	30	N	No		WATERLOO	••
KWWL DT3 METV	31	N	No		WATERLOO	
KCRG DT9.2	34	N	No		CEDAR RAPIDS, IA	
KDIN DT2 KIDS	35	E	No		DES MOINES, IA	
KDIN DT3 WORLD		E	No		DES MOINES, IA	
		E				
KDIN DT3 @CREA			No No		DES MOINES, IA	
KFXA DT2 CHARC	38	E	No		DES MOINES, IA	

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 62045 **Heart of Iowa Communications Cooperative** PRIMARY TRANSMITTERS: TELEVISION In General: In space G. identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a Primary substitute program basis, as explained in the next paragraph. Transmitters: Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program Television basis under specifc FCC rules, regulations, or authorizations: • Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AB 2. B'CAST 3. TYPE 4. DISTANT? 5. BASIS OF 6. LOCATION OF STATION 1. CALL CHANNEL CARRIAGE SIGN OF (Yes or No) NUMBER STATION (If Distant) **KGAN DT3 QUES** 41 Ν No CEDAR RAPIDS, IA N KFXA DT5 COME 45 No CEDAR RAPIDS, IA **KFXA DT3 TBD** 46 Τ No CEDAR RAPIDS, IA KFXA DT4 STADIL 48 ı No CEDAR RAPIDS, IA **IHSSN** 105 ı No DES MOINES, IA IHSSN2 106 i No DES MOINES, IA JEWELRY TV 144 N No KNOXVILLE, TN SHOPHQ 146 Ν No EDEN PRAIRIE, MN **HSN** 147 N No ST PETERSBURG, FL QVC 148 N No WEST CHESTER, PA **EWTN** N 197 No IRONDALE, AL TBN 198 N FORT WORTH, TX No **KWWL.4 COURTT** 215 Ν No WATERLOO **KFXA DT1 DABL** 244 N No DES MOINES, IA **KGAN HD CBS** 502 N No CEDAR RAPIDS, IA Ī **KPXR HD ION** 504 No CEDAR RAPIDS, IA **KWWL HD NBC** 507 N CEDAR RAPIDS, IA No KCCI HD CBS 508 N No **DES MOINES, IA**

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 62045 **Heart of Iowa Communications Cooperative** PRIMARY TRANSMITTERS: TELEVISION In General: In space G. identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a Primary substitute program basis, as explained in the next paragraph. Transmitters: Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program Television basis under specifc FCC rules, regulations, or authorizations: • Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AC 2. B'CAST 3. TYPE 4. DISTANT? 5. BASIS OF 6. LOCATION OF STATION 1. CALL CHANNEL CARRIAGE SIGN OF (Yes or No) NUMBER STATION (If Distant) KCRG HD ABC 509 Ν No CEDAR RAPIDS, IA Ε **KDIN IPTV HD** 511 No DES MOINES, IA **KGAN DT2 FOX H** 514 Ν No CEDAR RAPIDS, IA **KWKB TCT HD** 530 ı No CEDAR RAPIDS, IA KDIN IPTV HD DT 535 Ε No DES MOINES, IA **IHSSN HD** 605 ī No DES MOINES, IA **IHSSN 2 HD** 606 Τ No DES MOINES, IA N JEWELRY TV HD 644 No KNOXVILLE, TN N FORT WORTH, TX TBN HD 698 No

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 62045 **Heart of Iowa Communications Cooperative** PRIMARY TRANSMITTERS: TELEVISION In General: In space G. identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a Primary substitute program basis, as explained in the next paragraph. Transmitters: Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program Television basis under specifc FCC rules, regulations, or authorizations: • Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AD 2. B'CAST 3. TYPE 4. DISTANT? 5. BASIS OF 1. CALL 6. LOCATION OF STATION CHANNEL CARRIAGE SIGN OF (Yes or No) NUMBER STATION (If Distant) **WOI ABC** 5 Ν No DES MOINES, IA 8 N KCCI CBS No DES MOINES, IA KFPX ION 10 Ī No DES MOINES, IA **KDIN IPTV** 11 Ε No DES MOINES, IA **KCWI IOWA THE** 12 Ε No DES MOINES, IA Ν WHO NBC 13 No DES MOINES, IA **KDMI TCT** 16 Ī No DES MOINES, IA **KDSM FOX** 17 ı No DES MOINES, IA **KCWI DT3 BOUNG** 21 Ε No DES MOINES, IA **KCWI DT4 QUEST** 22 Ε No DES MOINES, IA WHO DT2 REWIN N 23 No DES MOINES, IA WHO DT3 ANTEN N 24 No DES MOINES, IA WHO DT4 COURT 25 Ν No DES MOINES, IA **WOI DT4 COZI TV** 26 N No DES MOINES, IA **WOI.2 TRUE CRIM** 29 No DES MOINES, IA N Ν **KCCI DT2 METV** 32 No DES MOINES, IA 33 N DES MOINES, IA KCCI DT3 H & I No 35 Ε **KDIN DT2 KIDS** No DES MOINES, IA

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 62045 **Heart of Iowa Communications Cooperative** PRIMARY TRANSMITTERS: TELEVISION In General: In space G. identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a Primary substitute program basis, as explained in the next paragraph. Transmitters: Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program Television basis under specifc FCC rules, regulations, or authorizations: • Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AE 2. B'CAST 3. TYPE 4. DISTANT? 5. BASIS OF 1. CALL 6. LOCATION OF STATION CHANNEL CARRIAGE SIGN OF (Yes or No) NUMBER STATION (If Distant) KDIN DT3 WORLD 36 Ε No DES MOINES, IA 37 Ε KDIN DT3 @CREA No DES MOINES, IA KFPX DT2 COURT 39 Τ No CEDAR RAPIDS, IA KFPX DT3 LAFF 40 ı No DES MOINES, IA **KDSM DT2 COME** 42 ı No DES MOINES, IA ī **KDSM DT3 CHAR** 43 No DES MOINES, IA **KDSM DT4 TBD** 47 Τ No DES MOINES, IA **WOI DT3 GRIT** 49 N No DES MOINES, IA **IHSSN** 105 ı No DES MOINES, IA IHSSN2 106 i No DES MOINES, IA 144 N JEWELRY TV No KNOXVILLE, TN SHOPHQ 146 N No EDEN PRAIRIE, MN **HSN** 147 Ν No ST PETERSBURG, FL QVC 148 N No WEST CHESTER, PA **EWTN** 197 No IRONDALE, AL N Ν TBN 198 No FORT WORTH, TX **WOI ABC HD** 505 N DES MOINES, IA No KCCI HD CBS 508 N No DES MOINES, IA

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LEGAL NAME OF OWN	IER OF CABLE SY	STEM:			SYSTEM ID#	
Heart of Iowa C	ommunicat	ions Coop	erative		62045	Name
PRIMARY TRANSMITTE	RS: TELEVISIO	N				
carried by your cable s	system during th	ne accounting	g period, except	(1) stations carried	and low power television stations) d only on a part-time basis under ain network programs [sections	G
76.59(d)(2) and (4), 76 substitute program bas	6.61(e)(2) and (esis, as explaine	4), or 76.63 (i d in the next	referring to 76.6 paragraph.	1(e)(2) and (4))]; a	nd (2) certain stations carried on a able system on a substitute program	Primary Transmitters: Television
basis under specifc FC Do not list the station				e Special Stateme	ent and Program Log)—if the	
basis. For further in in the paper SA3 fo	and also in spa formation cond rm.	ice I, if the sta erning substi	tute basis statio	ns, see page (v) o	ute basis and also on some other f the general instructions located	
		-			s such as HBO, ESPN, etc. Identify tion. For example, report multi-	
WETA-simulcast).			·	•	n stream separately; for example on for broadcasting over-the-air in	
on which your cable sy	stem carried th	e station.			may be different from the channel	
	•	•	,. ,		ast), "I" (for independent), "I-M" mmercial educational multicast).	
For the meaning of the	ese terms, see l	page (v) of th	e general instru	ctions located in th	,	
planation of local servi	ce area, see pa	age (v) of the	general instruct	ions located in the		
cable system carried the	he distant statio	on during the	accounting perio	od. Indicate by ent	ering "LAC" if your cable system	
carried the distant stat For the retransmiss	•				capacity. payment because it is the subject	
_				•	tem or an association representing y transmitter, enter the designa-	
tion "E" (exempt). For	simulcasts, also	enter "E". If	you carried the	channel on any otl	her basis, enter "O." For a further d in the paper SA3 form.	
Column 6: Give the	e location of ea	ch station. Fo	or U.S. stations,	list the community	to which the station is licensed by the	
Note: If you are utilizing				•	which the station is identifed. channel line-up.	
		CHANN	EL LINE-UP	AG		
1. CALL	2. B'CAST	3. TYPE	4. DISTANT?	5. BASIS OF	6. LOCATION OF STATION	
SIGN	CHANNEL NUMBER	OF STATION	(Yes or No)	CARRIAGE (If Distant)		

LEGAL NAME OF OWN	IER OF CABLE SY	STEM:			SYSTEM ID#	
Heart of Iowa C	ommunicat	ions Coop	erative		62045	Name
PRIMARY TRANSMITTE	RS: TELEVISIO	N				
carried by your cable s	system during th	ne accountino	g period, except	(1) stations carried	and low power television stations) d only on a part-time basis under ain network programs [sections	G
76.59(d)(2) and (4), 76 substitute program bas	6.61(e)(2) and (esis, as explaine	4), or 76.63 (i d in the next	referring to 76.6 paragraph.	1(e)(2) and (4))]; a	nd (2) certain stations carried on a able system on a substitute program	Primary Transmitters: Television
basis under specifc FC Do not list the station				e Special Stateme	ent and Program Log)—if the	
basis. For further in in the paper SA3 fo	and also in spa formation cond rm.	ice I, if the sta erning substi	tute basis statio	ns, see page (v) o	ute basis and also on some other f the general instructions located	
		-			s such as HBO, ESPN, etc. Identify tion. For example, report multi-	
WETA-simulcast).			·	•	n stream separately; for example on for broadcasting over-the-air in	
on which your cable sy	stem carried th	e station.			may be different from the channel	
	•	•	,. ,		ast), "I" (for independent), "I-M" mmercial educational multicast).	
For the meaning of the	ese terms, see l	page (v) of th	e general instru	ctions located in th	,	
planation of local servi	ce area, see pa	age (v) of the	general instruct	ions located in the	paper SA3 form.	
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tion "E" (exempt). For	simulcasts, also	enter "E". If	you carried the	channel on any otl	her basis, enter "O." For a further	
					d in the paper SA3 form. to which the station is licensed by the	
FCC. For Mexican or (Note: If you are utilizing				•	which the station is identifed. channel line-up.	
,		• •	EL LINE-UP	•	<u>.</u>	
1. CALL	2. B'CAST	3. TYPE	4. DISTANT?	5. BASIS OF	6. LOCATION OF STATION	
SIGN	CHANNEL NUMBER	OF STATION	(Yes or No)	CARRIAGE (If Distant)		

LEGAL NAME OF OWN	IER OF CABLE SY	STEM:			SYSTEM ID#	
Heart of Iowa C	ommunicat	ions Coop	erative		62045	Name
PRIMARY TRANSMITTE	RS: TELEVISIO	N				
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	system during the cons in effect or in effec	ne accounting n June 24, 19 4), or 76.63 (r d in the next respect to any ations, or auth G—but do lis	y period, except 81, permitting the referring to 76.6 paragraph. y distant stations porizations:	(1) stations carrie ae carriage of certa 1(e)(2) and (4))]; a s carried by your c	and low power television stations) d only on a part-time basis under ain network programs [sections nd (2) certain stations carried on a able system on a substitute program ent and Program Log)—if the	G Primary Transmitters: Television
basis. 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 multiper the meaning of the Column 4: If the st planation of local served Column 5: If you heable system carried the carried the distant state For the retransmiss of a written agreement the cable system and tion "E" (exempt). For explanation of these the Column 6: Give the	and also in spa formation conc rm. th station's call associated with -2". Simulcast e channel numbles. For example stem carried the in each case we rentering the le cast), "E" (for no see terms, see pa ation is outside ce area, see pa ave entered "Ye ne distant station ion on a partation ion of a distant entered into on a primary transi simulcasts, also aree categories e location of ea	ace I, if the state erning substitution as station acts treams must be the FCC Inc. Whether the station. Whether the station and the local service (v) of the local service	tute basis station report origination cording to its own to be reported in the	ns, see page (v) on program service er-the-air designal column 1 (list each the television statistington, D.C. This bork station, an indefor network multicater "E-M" (for noncontroll controlled in the mplete column 5, so d. Indicate by entity tween a cable systement on any of instructions located in the study of the primary of the pri	s". If not, enter "No". For an ex- e paper SA3 form. stating the basis on which your ering "LAC" if your cable system	
Note: If you are utilizing	g multiple char	•	use a separate		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	

LEGAL NAME OF OWNER OF CABLE SY	STEM:			SYSTEM ID#	
Heart of Iowa Communicat	ions Coope	rative		62045	Name
PRIMARY TRANSMITTERS: TELEVISIO	N				
In General: In space G, identify every carried by your cable system during the	ne accounting p	period, except	(1) stations carried	d only on a part-time basis under	G
FCC rules and regulations in effect or 76.59(d)(2) and (4), 76.61(e)(2) and (4) substitute program basis, as explaine Substitute Basis Stations: With r	4), or 76.63 (red d in the next pa	ferring to 76.61 aragraph.	1(e)(2) and (4))]; a		Primary Transmitters: Television
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its community of license. For example on which your cable system carried the	e, WRC is Char e station.	nnel 4 in Wash	ington, D.C. This		
educational station, by entering the le (for independent multicast), "E" (for no For the meaning of these terms, see p Column 4: If the station is outside planation of local service area, see pa Column 5: If you have entered "Ye	oncommercial e page (v) of the the local serving age (v) of the g	educational), o general instruc ce area, (i.e. "c eneral instructi	r "E-M" (for noncol ctions located in th distant"), enter "Ye ions located in the	mmercial educational multicast). le paper SA3 form. s". If not, enter "No". For an ex- paper SA3 form.	
cable system carried the distant static carried the distant station on a part-tin For the retransmission of a distant of a written agreement entered into or	on during the ac ne basis becau multicast strea	ccounting periouse of lack of a	od. Indicate by ento activated channel of subject to a royalty	ering "LAC" if your cable system capacity. payment because it is the subject	
the cable system and a primary transition "E" (exempt). For simulcasts, also explanation of these three categories.	mitter or an ass o enter "E". If yo see page (v) o	sociation represous carried the of the general i	senting the primar channel on any oth nstructions located	y transmitter, enter the designa- ner basis, enter "O." For a further	
FCC. For Mexican or Canadian statio Note: If you are utilizing multiple char			•		
	CHANNE	L LINE-UP	AJ		
1. CALL 2. B'CAST CHANNEL NUMBER	3. TYPE 4 OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION	

FURIVI SASE, PAGE 3.					OVOTEM ID#	
Heart of Iowa C			erative		SYSTEM ID# 62045	Name
PRIMARY TRANSMITTE	RS: TELEVISIO	N				
carried by your cable s FCC rules and regulat	system during the	ne accounting n June 24, 19	g period, except 81, permitting th	(1) stations carried ne carriage of certa	and low power television stations) d only on a part-time basis under ain network programs [sections	G
substitute program bas	sis, as explaine	d in the next	paragraph.		nd (2) certain stations carried on a able system on a substitute program	Primary Transmitters: Television
basis under specifc F0 • Do not list the station	CC rules, regula here in space	itions, or auth G—but do lis	norizations:		ent and Program Log)—if the	
1	and also in spa formation cond	ice I, if the sta			ute basis and also on some other f the general instructions located	
Column 1: List each multicast stream	ch station's call associated witl	n a station ac	cording to its ov	er-the-air designa	s such as HBO, ESPN, etc. Identify tion. For example, report multi- n stream separately; for example	
Column 2: Give the	se. For example	e, WRC is Ch	•		on for broadcasting over-the-air in may be different from the channel	
educational station, by (for independent multion For the meaning of the	entering the lecast), "E" (for no ese terms, see l	tter "N" (for noncommercia coage (v) of the	etwork), "N-M" (ll educational), o e general instruc	for network multica or "E-M" (for nonco ctions located in th	· ·	
Column 4: If the standard planation of local servi				,	s". If not, enter "No". For an ex- paper SA3 form.	
					ering the basis on which your ering "LAC" if your cable system	
carried the distant stat	ion on a part-tir	ne basis bec	ause of lack of a	ectivated channel	capacity.	
					payment because it is the subject tem or an association representing	
			•	• .	y transmitter, enter the designa- her basis, enter "O." For a further	
explanation of these th	ree categories	, see page (v) of the general i	instructions locate	d in the paper SA3 form.	
	Canadian statio	ns, if any, giv	e the name of th	ne community with	v to which the station is licensed by the which the station is identifed. channel line-up.	
,			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	
				,		
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LEGAL NAME OF OWN	IER OF CABLE SY	STEM:			SYSTEM ID#		
Heart of Iowa C	ommunicat	ions Coop	erative		62045	Name	
PRIMARY TRANSMITTE	RS: TELEVISIO	N					
carried by your cable s FCC rules and regulat 76.59(d)(2) and (4), 76 substitute program bas Substitute Basis S	system during the cons in effect or 6.61(e)(2) and (4 sis, as explaine constants: With r	ne accounting n June 24, 19 4), or 76.63 (r d in the next respect to any	g period, except 181, permitting th referring to 76.6 paragraph. y distant stations	(1) stations carrience carriage of certal (4))]; and (4))]; and	and low power television stations) d only on a part-time basis under ain network programs [sections nd (2) certain stations carried on a able system on a substitute program	G Primary Transmitters: Television	
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	1	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		
					I .	ļ	

LEGAL NAME OF OWN	IER OF CABLE SY	STEM:			SYSTEM ID#			
Heart of Iowa C	ommunicat	ions Coop	erative		62045	Name		
PRIMARY TRANSMITTE	RS: TELEVISIO	N						
carried by your cable s	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 substitute program bas	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							
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		-			s such as HBO, ESPN, etc. Identify tion. For example, report multi-			
WETA-simulcast).			·	•	n stream separately; for example on for broadcasting over-the-air in			
on which your cable sy	stem carried th	e station.			may be different from the channel			
	•	•	,. ,		ast), "I" (for independent), "I-M" mmercial educational multicast).			
For the meaning of the	ese terms, see l	page (v) of th	e general instru	ctions located in th	,			
planation of local servi	ce area, see pa	age (v) of the	general instruct	ions located in the				
cable system carried the	he distant statio	on during the	accounting perio	od. Indicate by ent	ering "LAC" if your cable system			
carried the distant stat For the retransmiss	•				capacity. payment because it is the subject			
_				•	tem or an association representing y transmitter, enter the designa-			
tion "E" (exempt). For	simulcasts, also	enter "E". If	you carried the	channel on any otl	her basis, enter "O." For a further d in the paper SA3 form.			
Column 6: Give the	e location of ea	ch station. Fo	or U.S. stations,	list the community	to which the station is licensed by the			
Note: If you are utilizing				•	which the station is identifed. channel line-up.			
		CHANN	EL LINE-UP	AM				
1. CALL	2. B'CAST	3. TYPE	4. DISTANT?	5. BASIS OF	6. LOCATION OF STATION			
SIGN	CHANNEL NUMBER	OF STATION	(Yes or No)	CARRIAGE (If Distant)				

LEGAL NAME OF OWN	IER OF CABLE SY	STEM:			SYSTEM ID#			
Heart of Iowa C	ommunicat	ions Coop	erative		62045	Name		
PRIMARY TRANSMITTE	RS: TELEVISIO	N						
carried by your cable s	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 substitute program bas	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							
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basis. For further in in the paper SA3 fo	and also in spa formation cond rm.	ice I, if the sta erning substi	tute basis statio	ns, see page (v) o	ute basis and also on some other f the general instructions located			
		-			s such as HBO, ESPN, etc. Identify tion. For example, report multi-			
WETA-simulcast).			·	•	n stream separately; for example on for broadcasting over-the-air in			
on which your cable sy	stem carried th	e station.			may be different from the channel			
	•	•	,. ,		ast), "I" (for independent), "I-M" mmercial educational multicast).			
For the meaning of the	ese terms, see l	page (v) of th	e general instru	ctions located in th	ne paper SA3 form.			
planation of local servi	ce area, see pa	age (v) of the	general instruct	ions located in the				
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tion "E" (exempt). For	simulcasts, also	enter "E". If	you carried the	channel on any ot	her basis, enter "O." For a further			
					d in the paper SA3 form. to which the station is licensed by the			
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1. CALL	2. B'CAST	3. TYPE	4. DISTANT?	5. BASIS OF	6. LOCATION OF STATION			
SIGN	CHANNEL NUMBER	OF STATION	(Yes or No)	CARRIAGE (If Distant)				

LEGAL NAME OF OWN	IER OF CABLE SY	STEM:			SYSTEM ID#	
Heart of Iowa C	ommunicat	ions Coop	erative		62045	Name
PRIMARY TRANSMITTE	RS: TELEVISIO	N				
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	system during the cons in effect or 6.61(e)(2) and (6.61), as explaine constants. With reconstructions, regular	ne accounting n June 24, 19 4), or 76.63 (r d in the next respect to any ations, or auth	g period, except 181, permitting the referring to 76.6 paragraph. y distant stations norizations:	(1) stations carrie the carriage of certa 1(e)(2) and (4))]; a s carried by your c	and low power television stations) d only on a part-time basis under ain network programs [sections nd (2) certain stations carried on a able system on a substitute program	G Primary Transmitters: Television
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Note: If you are utilizing	g muluple char		IEL LINE-UP	•	cnannei iine-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	

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 program basis, as explained in the next paragraph. Substitute program basis, as explained in the next paragraph. Substitute program basis stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations: Do not list the station here, and also in space I, if the station was carried both on a substitute basis 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, were considered to the television station for broadcasting over-the-air in its community of license. For example, were considered to the color service area, 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	
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Carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), or 76.61 (e)(2) and (4), permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations: Do not list the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "" (for independent), "I-M" (for independent multicast). "E" (for noncommercial educational), or "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	
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the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified.	
Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AP	
1. CALL 2. B'CAST 3. TYPE 4. DISTANT? 5. BASIS OF 6. LOCATION OF STATION CHANNEL OF (Yes or No) CARRIAGE (If Distant)	

LEGAL NAME OF OWN	IER OF CABLE SY	STEM:			SYSTEM ID#			
Heart of Iowa C	ommunicat	ions Coop	erative		62045	Name		
PRIMARY TRANSMITTE	RS: TELEVISIO	N						
carried by your cable s	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 substitute program bas	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							
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For the meaning of the	ese terms, see	page (v) of th	e general instru	ctions located in th	ne paper SA3 form.			
planation of local servi	ce area, see pa	age (v) of the	general instruct	ions located in the				
1			-	="	stating the basis on which your ering "LAC" if your cable system			
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Note: If you are utilizing								
		CHANN	EL LINE-UP	AQ				
1. CALL	2. B'CAST	3. TYPE	4. DISTANT?	5. BASIS OF	6. LOCATION OF STATION			
SIGN	CHANNEL NUMBER	OF STATION	(Yes or No)	CARRIAGE (If Distant)				
					•			

LEGAL NAME OF OWN	ER OF CABLE SY	STEM:			SYSTEM ID#	
Heart of Iowa C	ommunicat	ions Coop	erative		62045	Name
PRIMARY TRANSMITTE	RS: TELEVISIO	N				
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	Canadian statio	ns, if any, giv nnel line-ups,	e the name of th	ne community with space G for each	to which the station is licensed by the which the station is identifed. 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	

LEGAL NAME OF OWN	IER OF CABLE SY	STEM:			SYSTEM ID#	
Heart of Iowa C	ommunicat	ions Coop	erative		62045	Name
PRIMARY TRANSMITTE	RS: TELEVISIO	N				
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	system during the cons in effect or 6.61(e)(2) and (6.61), as explaine constants. With reconstructions, regular	ne accounting n June 24, 19 4), or 76.63 (r d in the next respect to any tions, or auth	g period, except 81, permitting th referring to 76.6' paragraph. y distant stations norizations:	(1) stations carried ne carriage of certa 1(e)(2) and (4))]; a s carried by your c	and low power television stations) d only on a part-time basis under ain network programs [sections nd (2) certain stations carried on a able system on a substitute program	G Primary Transmitters: Television
station was carried List the station here, basis. For further in in the paper SA3 fo Column 1: List eac each multicast stream cast stream as "WETA WETA-simulcast). Column 2: Give the its community of licens on which your cable sy Column 3: Indicate educational station, by (for independent multic For the meaning of the Column 4: If the st planation of local servi Column 5: If you to cable system carried the cable system carried the cable system and at tion "E" (exempt). For se explanation of these th Column 6: Give the	only on a subsigned and also in spa formation concurred. In station's call associated with associated with a subsideration of the control of	titute basis. Ince I, if the state erning substitute sign. Do not in a station action	ation was carried tute basis station report origination according to its over the reported in the station as assigned to annel 4 in Wash tation is a network), "N-M" (in a leducational), one general instruct 4, you must correct accounting period ause of lack of a seam that is not some 30, 2009, be ssociation repreyou carried the in the correct of the general in the	d both on a substitus, see page (v) on program service er-the-air designate column 1 (list each the television statington, D.C. This bork station, an indefor network multicator "E-M" (for noncoctions located in the interest of the column 5, so d. Indicate by entactivated channel of subject to a royalty stween a cable system a cable system and the primar channel on any of instructions locate list the community with	es". If not, enter "No". For an expaper SA3 form. It stating the basis on which your ering "LAC" if your cable system capacity. It payment because it is the subject stem or an association representing y transmitter, enter the designation has been basis, enter "O." For a further d in the paper SA3 form. It to which the station is licensed by the which the station is identifed.	
		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	

LEGAL NAME OF OWN	IER OF CABLE SY	STEM:			SYSTEM ID#			
Heart of Iowa C	ommunicat	ions Coop	erative		62045	Name		
PRIMARY TRANSMITTE	RS: TELEVISIO	N						
carried by your cable s	system during th	ne accountino	g period, except	(1) stations carried	and low power television stations) d only on a part-time basis under ain network programs [sections	G		
76.59(d)(2) and (4), 76 substitute program bas	76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program							
·	basis under specifc FCC rules, regulations, or authorizations: • Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the							
basis. For further in in the paper SA3 fo	and also in spa formation cond rm.	ice I, if the sta erning substi	tute basis statio	ns, see page (v) o	ute basis and also on some other f the general instructions located			
		-			s such as HBO, ESPN, etc. Identify tion. For example, report multi-			
WETA-simulcast).			·	•	n stream separately; for example on for broadcasting over-the-air in			
on which your cable sy	stem carried th	e station.			may be different from the channel			
	•	•	,. ,		ast), "I" (for independent), "I-M" mmercial educational multicast).			
For the meaning of the	ese terms, see l	page (v) of th	e general instru	ctions located in th	,			
planation of local servi	ce area, see pa	age (v) of the	general instruct	ions located in the				
1	he distant statio	on during the	accounting perio	od. Indicate by ent	ering "LAC" if your cable system			
For the retransmiss	ion of a distant	multicast str	eam that is not s	subject to a royalty	payment because it is the subject tem or an association representing			
the cable system and	a primary trans	mitter or an a	ssociation repre	senting the primar	y transmitter, enter the designa-			
explanation of these th	ree categories	, see page (v) of the general	instructions locate	her basis, enter "O." For a further d in the paper SA3 form.			
FCC. For Mexican or 0	Canadian statio	ns, if any, giv	e the name of th	ne community with	which the station is licensed by the which the station is identifed.			
Note: If you are utilizing	ig muitiple char	• •	EL LINE-UP	•	cnannei iine-up.			
4.041	O DIOACT				a LOCATION OF STATION			
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			

LEGAL NAME OF OWN	ER OF CABLE SY	STEM:			SYSTEM ID#	
Heart of Iowa C	ommunicat	ions Coop	erative		62045	Name
PRIMARY TRANSMITTE	RS: TELEVISIO	N				
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	ystem during the ons in effect or .61(e)(2) and (-61) as explaine stations: With r CC rules, regular here in space	ne accounting in June 24, 19 4), or 76.63 (r d in the next respect to any ations, or auth G—but do lis	g period, except 81, permitting th referring to 76.61 paragraph. y distant stations norizations:	(1) stations carried ne carriage of certa 1(e)(2) and (4))]; a s carried by your ca	and low power television stations) d only on a part-time basis under ain network programs [sections and (2) certain stations carried on a able system on a substitute program ent and Program Log)—if the	G Primary Transmitters: Television
basis. 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 stiplanation of local servi Column 5: If you have cable system carried the carried the distant stat For the retransmiss of a written agreement the cable system and attion "E" (exempt). For explanation of these the Column 6: Give the	and also in spa formation conc rm. h station's call associated with -2". Simulcast e channel numb se. For example stem carried the in each case w entering the le cast), "E" (for no se terms, see pa ave entered "Ye ne distant station ion on a part-tir ion of a distant entered into or a primary transi simulcasts, also are categories, e location of ea	sign. Do not in a station ac streams musioner the FCC has the station. Whether the station ac streams musioner the for incommercial coage (v) of the local seriage (v) ac t	tute basis station report origination cording to its own to be reported in own as assigned to hannel 4 in Wash tation is a netwo etwork), "N-M" (fill educational), one general instructivice area, (i.e. "or general instructivice area, of lack of a seam that is not some sociation repreyou carried the or U.S. stations,	ns, see page (v) on program service: er-the-air designal column 1 (list each the television statinington, D.C. This park station, an indefor network multicator "E-M" (for noncoctions located in the distant"), enter "Ye ions located in the mplete column 5, so d. Indicate by entactivated channel couplet to a royalty stween a cable system senting the primar channel on any otinistructions locate list the community	s". If not, enter "No". For an ex- paper SA3 form. stating the basis on which your ering "LAC" if your cable system	
Note: If you are utilizing		nnel line-ups,	use a separate	space G for each		
		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	
	I	1				

LEGAL NAME OF OWN	IER OF CABLE SY	STEM:			SYSTEM ID#	
Heart of Iowa C	ommunicat	ions Coop	erative		62045	Name
PRIMARY TRANSMITTE	RS: TELEVISIO	N				
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	system during the cons in effect or i.61(e)(2) and (e) is, as explaine stations: With recovery the constant of	ne accounting In June 24, 19 In June	p period, except 81, permitting th referring to 76.6' paragraph. v distant stations norizations:	(1) stations carried ne carriage of certa 1(e)(2) and (4))]; a s carried by your ca	and low power television stations) d only on a part-time basis under ain network programs [sections and (2) certain stations carried on a able system on a substitute program ent and Program Log)—if the	Primary Transmitters: Television
List the station here, basis. For further in 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 multiper the meaning of the Column 4: If the staplanation of local servi	and also in spa formation conc rm. th station's call associated with -2". Simulcast e channel numble se. For example to in each case we entering the le cast), "E" (for no ese terms, see pation is outside ce area, see pa	ce I, if the staterning substitution is sign. Do not a station active as the FCC has a station. The station is the estation whether the station whether the station is a specific as a	report origination cording to its ow to be reported in origination as assigned to has assigned to have assigned to have assigned to have assigned to have a new original formation as a network), "N-M" (if it is a network), "N-M	ns, see page (v) on program service: er-the-air designat column 1 (list each the television statinington, D.C. This ork station, an indefor network multicator "E-M" (for noncoctions located in the distant"), enter "Yeions located in the	s". If not, enter "No". For an ex-	
cable system carried the carried the distant stat. For the retransmiss of a written agreement the cable system and a tion "E" (exempt). For explanation of these the Column 6: Give the	ne distant staticion on a part-tirion of a distant entered into or a primary transisimulcasts, also also e location of ea Canadian statio	on during the me basis becamulticast strand or before Jumitter or an acceptance of enter "E". If see page (vich station, Fons, if any, givense basis became the basis of the station of the basis of the	accounting perion accounting perion accounting the account acc	od. Indicate by entactivated channel of subject to a royalty stween a cable syssenting the primar channel on any other than the community with ecommunity with	ering "LAC" if your cable system capacity. payment because it is the subject tem or an association representing y transmitter, enter the designancer basis, enter "O." For a further d in the paper SA3 form. To which the station is licensed by the which the station is identifed.	
		CHANN	EL LINE-UP	AV		
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	

LEGAL NAME OF OWN	ER OF CABLE SY	STEM:			SYSTEM ID#	
Heart of Iowa C	ommunicat	ions Coop	erative		62045	Name
PRIMARY TRANSMITTE	RS: TELEVISIO	N				
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	ystem during the ons in effect or .61(e)(2) and (4 sis, as explaine stations: With records regular here in space	ne accounting In June 24, 199	g period, except 81, permitting th referring to 76.61 paragraph. y distant stations norizations:	(1) stations carried ne carriage of certa 1(e)(2) and (4))]; a s carried by your c	and low power television stations) d only on a part-time basis under ain network programs [sections nd (2) certain stations carried on a able system on a substitute program ent and Program Log)—if the	G Primary Transmitters: Television
basis. For further in in the paper SA3 fo Column 1: List each each multicast stream cast stream as "WETA-Simulcast). Column 2: Give the its community of licens	formation conc rm. h station's call associated with 2". Simulcast e channel numb se. For example	sign. Do not rent a station accepted as station accepted as station accepted as the station accepted as the station accepted as the station accepted as the station as the station accepted accepted accepted accepted accepted a	tute basis station report origination cording to its oven t be reported in one	ns, see page (v) o n program service er-the-air designa column 1 (list each the television stati	ute basis and also on some other f the general instructions located s such as HBO, ESPN, etc. Identify tion. For example, report multin stream separately; for example on for broadcasting over-the-air in may be different from the channel	
educational station, by (for independent multion For the meaning of the Column 4: If the state planation of local service Column 5: If you have cable system carried the carried the distant state For the retransmiss of a written agreement the cable system and a stion "E" (exempt). For explanation of these the Column 6: Give the	in each case verification of each case verification is outside the distant static ion on a part-tirion of a distant entered into or a primary transpanding transpanding to the categories, a location of each canadian station.	whether the stater "N" (for no concommercial page (v) of the the local servage (v) of the es" in column on during the same basis becamulticast streen or before Jumitter or an aspect of the end of th	etwork), "N-M" (I educational), o e general instruct vice area, (i.e. "c general instruct 4, you must con accounting pericause of lack of a eam that is not sune 30, 2009, be ssociation repreyou carried the color U.S. stations, e the name of the	for network multica or "E-M" (for nonco ctions located in the distant"), enter "Ye ions located in the mplete column 5, s od. Indicate by ent activated channel of subject to a royalty stween a cable sys senting the primar channel on any of instructions locate list the community me community with	es". If not, enter "No". For an ex- expaper SA3 form. estating the basis on which your ering "LAC" if your cable system capacity. expaper because it is the subject estem or an association representing ey transmitter, enter the designa- her basis, enter "O." For a further d in the paper SA3 form. et to which the station is licensed by the which the station is identifed.	
		CHANN	EL LINE-UP	AW		
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION	

ACCOUNTING PERIOD: 2022/02 FORM SA3E. PAGE 4.

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 62045 **Heart of Iowa Communications Cooperative** PRIMARY TRANSMITTERS: RADIO Н In General: List every radio station carried on a separate and discrete basis and list those FM stations carried on an all-band basis whose signals were "generally receivable" by your cable system during the accounting period. **Primary** Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally Transmitters: receivable if (1) it is carried by the system whenever it is received at the system's headend, and (2) it can be expected, Radio on the basis of monitoring, to be received at the headend, with the system's FM antenna, during certain stated intervals. For detailed information about the the Copyright Office regulations on this point, see page (vi) of the general instructions located in the paper SA3 form. Column 1: Identify the call sign of each station carried. Column 2: State whether the station is AM or FM. Column 3: If the radio station's signal was electronically processed by the cable system as a separate and discrete signal, indicate this by placing a check mark in the "S/D" column. Column 4: Give the station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified). CALL SIGN AM or FM LOCATION OF STATION CALL SIGN LOCATION OF STATION S/D AM or FM S/D

FORM SA3E. PAGE 5.						ACCOUNTING I	PERIOD: 2022/02		
LEGAL NAME OF OWNER OF					S	YSTEM ID#	Name		
Heart of Iowa Commur	ications	Cooperative				62045			
SUBSTITUTE CARRIAGE	: SPECIAI	STATEMEN	T AND PROGRAM LOG						
In General: In space I, ident substitute basis during the ad explanation of the programm	ccounting pe	riod, under spe	ecific present and former FC	C rules, regul	lations, or authorizations.	For a further	▮ Substitute		
1. SPECIAL STATEMENT	CONCER	NING SUBST	ITUTE CARRIAGE				Carriage: Special		
• During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program									
Note: If your answer is "No,	" leave the	rest of this pag	ge blank. If your answer is "	Yes," you mu	•	•	Program Log		
log in block 2. 2. LOG OF SUBSTITUTE									
In General: List each subst clear. If you need more spa				wherever pos	ssible, if their meaning is	•			
Column 1: Give the title period, was broadcast by a	of every nor distant stati	nnetwork televi on and that yo	sion program (substitute p ur cable system substituted	d for the prog	ramming of another stat				
under certain FCC rules, re SA3 form for futher informa									
	n was broad	cast live, enter	r "Yes." Otherwise enter "N						
Column 4: Give the broa	dcast statio	n's location (th	sting the substitute progra e community to which the	station is lice					
the case of Mexican or Can Column 5: Give the mon			community with which the stem carried the substitute p			th			
first. Example: for May 7 giv Column 6: State the time		substitute pro	gram was carried by your c	able system.	List the times accuratel	у			
to the nearest five minutes. stated as "6:00–6:30 p.m."	Example: a	program carri	ed by a system from 6:01:1	5 p.m. to 6:2	28:30 p.m. should be				
			was substituted for progra			d			
gram was substituted for preffect on October 19, 1976.	ogramming								
effect on October 19, 1976.				1		T			
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			
					_				
					_				
			l						
					_				
					_				
					_				
					_				
					_				

ACCOUNTING PERIOD: 2022/02 FORM SA3E. PAGE 6.

Name	LEGAL NAME OF C		sysтем: cations Coopera	ative					SY	*STEM ID 62045
J Part-Time Carriage Log	ige Column 2 (Dates and hours of carriage): For each station, list the dates and hours when part-time carriage oc-									
			DATE	S AND HOURS	OF F	PART-TIME CAR	RIAGE			
		WHEN	N CARRIAGE OCC	JRRED			WHE	N CARRIAGE OC	CURF	RED
	CALL SIGN		HOU	RS		CALL SIGN		HC	URS	
		DATE	FROM	ТО			DATE	FROM		ТО
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	AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	Name							
Hea	art of Iowa Communications Cooperative	62045								
GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Enter the total of all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission service (as identified in space E) during the accounting period. For a further explanation of how to compute this amount, see page (vii) of the general instructions. Gross receipts from subscribers for secondary transmission service(s)										
IMP	Gross receipts from subscribers for secondary transmission service(s) during the accounting period. PORTANT: You must complete a statement in space P concerning gross receipts.	\$ 558,899.85 (Amount of gross receipts)								
COPYRIGHT ROYALTY FEE Instructions: Use the blocks in this space L to determine the royalty fee you owe: Complete block 1, showing your minimum fee. Complete block 2, showing whether your system carried any distant television stations. If your system did not carry any distant television stations, leave block 3 blank. Enter the amount of the minimum fee from block 1 on line 1 of block 4, and calculate the total royalty fee. If your system did carry any distant television stations, you must complete the applicable parts of the DSE Schedule accompanying this form and attach the schedule to your statement of account.										
	art 8 or part 9, block A, of the DSE schedule was completed, the base rate fee should be entere ck 3 below.	ed on line 1 of								
	art 6 of the DSE schedule was completed, the amount from line 7 of block C should be entered elow.	on line 2 in block								
	art 7 or part 9, block B, of the DSE schedule was completed, the surcharge amount should be en block 4 below.	entered on line								
Block 1	MINIMUM FEE: All cable systems with semiannual gross receipts of \$527,600 or more are receipts the minimum fee, regardless of whether they carried any distant stations. This fee is 1.06 system's gross receipts for the accounting period.									
	Line 1. Enter the amount of gross receipts from space K. Line 2. Multiply the amount in line 1 by 0.01064.	\$ 558,899.85								
	Enter the result here. This is your minimum fee. \$	5,946.69								
Block 2	 DISTANT TELEVISION STATIONS CARRIED: Your answer here must agree with the informal space G. If, in space G, you identified any stations as "distant" by stating "Yes" in column 4, you "Yes" in this block. Did your cable system carry any distant television stations during the accounting period? Yes—Complete the DSE schedule. No—Leave block 3 below blank and complete the DSE schedule. 	ou must check								
Block	Line 1. BASE RATE FEE: Enter the base rate fee from either part 8, section 3 or 4, or part 9, block A of the DSE schedule. If none, enter zero.	\$ -								
3	Line 2. 3.75 Fee: Enter the total fee from line 7, block C, part 6 of the DSE schedule. If none, enter zero.	0.00								
	Line 3. Add lines 1 and 2 and enter here.	-								
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.	\$ 5,946.69	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							
	Line 4. FILING FEE	\$ 725.00	the Licensing additional fees. Division for the							
	TOTAL ROYALTY AND FILING FEES DUE FOR ACCOUNTING PERIOD. Add Lines 1, 2 and 3 of block 4 and enter total here	6,671.69	appropriate form for submitting the additional fees.							
	EFT Trace # or TRANSACTION ID #		addidollar lees.							
	Remit this amount via <i>electronic payment</i> payable to Register of Copyrights. (See page general instructions located in the paper SA3 form and the Excel instructions tab for many contents to the paper SA3 form and the Excel instructions tab for many contents.	• ()								

ACCOUNTING PERIOD: 2022/02

FORM SA3E PAGE 8

		FURIN SAJE. PAGE 8.								
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Heart of Iowa Communications Cooperative	SYSTEM ID# 62045								
M Channels	CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television broadcast s to its subscribers and (2) the cable system's total number of activated channels, during the accounting period.	tations								
	1. Enter the total number of channels on which the cable system carried television broadcast stations									
	Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services	421								
N Individual to	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED: (Identify an individual we can contact about this statement of account.)									
Be Contacted for Further Information	Name Bryan Amundson Telephone 6	41-486-2211								
	Address PO Box 130 (Number, street, rural route, apartment, or suite number)									
	Union, IA 50258-0130 (City, town, state, zip)									
	Email bamundson@heartofiowa.coop Fax (optional)									
0	CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regula	ations.)								
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 sys in line 1 of space B and that the owner is not a corporation or partnership; or	tem as identified								
	(Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owne in line 1 of space B.	r of the cable system								
	I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained he 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)]	erein								
	/s/ Bryan Amundson									
	Enter an electronic signature on the line above using an "/s/" signature to certify this statement. (e.g., /s/ John Smith). Before entering the first forward slash of the /s/ signature, place your cursor in the button, then type /s/ and your name. Pressing the "F2" button will avoid enabling Excel's Lotus compatibi									
	Typed or printed name: Bryan Amundson									
	Title: General Manager (Title of official position held in corporation or partnership)									
	Date: February 9, 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.

	SYSTEM ID# 62045	Name					
Heart of Iowa Communications Cooperative	02045						
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the lowing sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the bas service of providing secondary transmissions of primary broadcast transmitters, the system shall not includ scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 11	ic e sub-	P Special Statement					
For more information on when to exclude these amounts, see the note on page (vii) of the general instructions in the paper SA3 form.							
During the accounting period did the cable system exclude any amounts of gross receipts for secondary transmiss made by satellite carriers to satellite dish owners?	ions						
X NO							
YES. Enter the total here and list the satellite carrier(s) below							
Name Mailing Address Name Mailing Address							
INTEREST ASSESSMENTS							
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpay For an explanation of interest assessment, see page (viii) of the general instructions in the paper SA3 form.	ment.	Q					
Line 1 Enter the amount of late payment or underpayment		Interest Assessment					
x		71000001110111					
Line 2 Multiply line 1 by the interest rate* and enter the sum here	-						
x	days						
Line 3 Multiply line 2 by the number of days late and enter the sum here							
x 0.000	274						
Line 4 Multiply line 3 by 0.00274** enter here and on line 3, block 4,							
space L (page 7)	harge)						
* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf . For further assistance properties the Licensing Division at (202) 707-8150 or licensing@copyright.gov.	• ,						
** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.							
NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Office, please list below the owner, address, first community served, accounting period, and ID number as given in the ori filing.	ginal						
Owner Address							
First community corred							
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: 2022/02

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
N	

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

 The fifth and each additional DSE
 0.330% of gross receipts

PARTIALLY DISTANT STATIONS—PART 9 OF THE DSE SCHEDULE

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

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

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

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

- Calculate a separate base rate fee for each subscriber group, using
 (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:

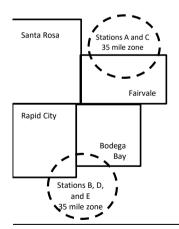
- When the fourth decimal point is 1, 2, 3, or 4, the third decimal remains unchanged (example: .34647 is rounded to .346).
- When the fourth decimal point is 5, 6, 7, 8, or 9, the third decimal is rounded up (example: .34651 is rounded to .347).

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 Car	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

\$0,384.00							
First Subscriber Group		Second Subscriber Group		Third Subscriber Group			
(Santa Rosa)		(Rapid City and Bodega Bay)		(Fairvale)			
Gross receipts	\$310.000.00	Gross receipts	\$170,000.00	Gross receipts	\$120,000.00		
DSEs	2.472	DSEs	1.083	DSEs	1.389		
DOES	2.412	DSES	1.003	DSES	1.309		
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: 2022/02

DSE SCHEDULE. PAGE					01	YSTEM ID#			
1									
•	Heart of Iowa Communications Cooperative								
	SUM OF DSEs OF CATEGORY "O" STATIONS:								
	 Add the DSEs of each station 								
	Enter the sum here and in line		0.00						
_	Instructions:					•			
2	In the column headed "Call S	ign": list the cal	signs of all distant stations i	dentified by the	e letter "O" in column 5				
	of space G (page 3).								
	In the column headed "DSE": for each independent station, give the DSE as "1.0"; for each network or noncommercial educational station, give the DSE as ".25."								
Category "O"	Thercial educational station, give	e lile DSE as .2	CATEGORY "O" STATION	IS: DSEc					
Stations	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE			
Otations	CALE GION	DOL	OALL GIGIT	DOL	OALL GIGIT	DOL			
									
									
Add rows as									
necessary.									
Remember to copy all									
formula into new									
rows.									
				†					
				†		·····			
				†					
									
				†					
1	L	4		L	L-J	L			

7	 	5	· · · · · · · · · · · · · · · · · · ·	

Name		ra Communications C	Cooperative				S	62045		
Computation of DSEs for Stations Carried Part Time Due to Lack of Activated Channel	Column 2 figure should Column 3 Column 4 be carried ou Column 5 give the type- Column 6	st the call sign of all dista 2: For each station, give to correspond with the infor 3: For each station, give to the station, give to the station, give to the station, give to the station to the stati	he number of mation given he total numb umn 2 by the f mal point. This station, give the lumn 4 by the	hours your cable syster in space J. Calculate or er of hours that the stati igure in column 3, and g is the "basis of carriagone "type-value" as "1.0."	n carried the stati ly one DSE for ea on broadcast ove live the result in c e value" for the st For each network	on during the accounting ach station. In the air during the accoullecimals in column 4. This	inting period. In figure must ational station, The sess than the			
Capacity	CATEGORY LAC STATIONS: COMPUTATION OF DSEs									
	1. CALL SIGN	2. NUMBE OF HOI CARRIE SYSTE	ER URS ED BY	3. NUMBER OF HOURS STATION ON AIR	4. BASIS OF CARRIAG VALUE	5. TYPE	6. DS	E		
			÷		=	x	=			
			÷		=	x x				
			÷			x	=			
			÷		=	x	=			
			÷		=	x x	=			
			÷			x	=			
	Add the DSEs	s OF CATEGORY LAC S of each station. um here and in line 2 of p		chedule,		0.00				
Computation of DSEs for Substitute-Basis Stations	Was carried tions in effet Broadcast of space I). Column 2: at your option. Column 3: Column 4:	ect on October 19, 1976 (one or more live, nonnetw For each station give the This figure should corres Enter the number of days Divide the figure in colum	itution for a pricas shown by took programs of number of lives spond with the sin the calendar 2 by the figure.	rogram that your system the letter "P" in column a during that optional carrie, nonnetwork programs information in space I. lar year: 365, except in a ure in column 3, and given.	was permitted to or of space I); and age (as shown by the carried in substitute I); a leap year. The the result in column is t	ograms) if that station: I delete under FCC rules in the word "Yes" in column 2 in the word "Tes" in column 2 in the word "All the word "Yes" in column 4 in the word "All the word "Yes" in the	of vere deleted than the third	n).		
		Sl	JBSTITUTE	E-BASIS STATION	S: COMPUTA	TION OF DSEs				
	1. CALL SIGN	2. NUMBER OF PROGRAMS	3. NUMB OF DA IN YEA	YS	1. CALL SIGN	2. NUMBER OF PROGRAMS	3. NUMBER OF DAYS IN YEAR	4. DSE		
			:	=		÷		=		
			÷ ÷	=		÷		=		
		-	÷	=		÷		=		
			÷ ÷			÷		=		
	Add the DSEs	s OF SUBSTITUTE-BASI of each station. um here and in line 3 of p	IS STATIONS	:	▶	0.00		-		
5		ER OF DSEs: Give the am s applicable to your systen		boxes in parts 2, 3, and	4 of this schedule	and add them to provide t	he total			
Total Number	1. Number	of DSEs from part 2 ●				-	0.00			
of DSEs	2. Number	of DSEs from part 3 ●			إ	<u> </u>	0.00			
	3. Number	of DSEs from part 4 ●				-	0.00			
	TOTAL NUMBE	ER OF DSEs						0.00		

DSE SCHEDULE. PAGE 13. ACCOUNTING PERIOD: 2022/02

LEGAL NAME OF O			rative				S	YSTEM ID# 62045	Name	
schedule.	"Yes," leave the re	mainder of pa	•	of the DSE schedu	ule blank and	complete part 8	3, (page 16) of the		6	
If your answer if '	"No," complete bloo	cks B and C l		TELEVISION M.	ΔRKETS				Computation of	
	•	schedule—D	najor and smalle	er markets as defin	ed under sect		C rules and regula	tions in	3.75 Fee	
		BLO	CK B: CARR	IAGE OF PERI	MITTED DS	Es				
Column 1: CALL SIGN List the call signs of distant stations listed in part 2, 3, and 4 of this schedule that your system was permitted to carry under FCC rules and regulations prior to June 25, 1981. For further explanation of permitted stations, see the instructions for the DSE Schedule. (Note: The letter M below refers to an exempt multicast stream as set forth in the Satellite Television Extension and Localism Act of 2010.)										
Column 2: Enter the appropriate letter indicating the basis on which you carried a permitted station. (Note the FCC rules and regulations cited below pertain to those in effect on June 24, 1981.) PERMITTED A Stations carried pursuant to the FCC market quota rules [76.57, 76.59(b), 76.61(b)(c), 76.63(a) referring to 76.61(b)(c)] B Specialty station as defined in 76.5(kk) (76.59(d)(1), 76.61(e)(1), 76.63(a) referring to 76.61(e)(1) C Noncommerical educational station [76.59(c), 76.61(d), 76.63(a) referring to 76.61(d)] D Grandfathered station (76.65) (see paragraph regarding substitution of grandfathered stations in the instructions for DSE schedule). E Carried pursuant to individual waiver of FCC rules (76.7) *F A station previously carried on a part-time or substitute basis prior to June 25, 1981 G Commercial UHF station within grade-B contour, [76.59(d)(5), 76.61(e)(5), 76.63(a) referring to 76.61(e)(5)] M Retransmission of a distant multicast stream.										
Column 3:		e stations ide	ntified by the le	parts 2, 3, and 4 o			ksheet on page 14	4 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		
	1		1	1		11		0.00		
		ŀ	BLOCK C: CC	MPUTATION OF	3.75 FEE					
Line 1: Enter the	total number of	DSEs from	part 5 of this s	chedule				-		
Line 2: Enter the	sum of permitted	d DSEs fron	n block B abo	ve				-		
	line 2 from line 1 eave lines 4–7 bl			•		ate.		0.00		
Ello 1: Ellor gross resolpts from space 17								Do any of the DSEs represent partially		
Line 5: Multiply li	ine 4 by 0.0375 a	and enter su	m here				x		permited/ partially nonpermitted carriage?	
Line 6: Enter tota	al number of DSE	Es from line	3					<u> </u>	If yes, see part 9 instructions.	
Line 7: Multiply li	ine 6 by line 5 an	d enter here	e and on line 2	2, block 3, space	L (page 7)			0.00		

	WNER OF CABLE S		rative				S	YSTEM ID# 62045	Name
		BLOCK	(A: TELEVIS	SION MARKETS	S (CONTIN	UED)			
1. C.	2. PERMITTED BASIS		1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	6
									Computation o
									3.75 Fee
	 		<u> </u>						
	 								
	 †								
					<u> </u>				
					l				
	 				l				
	 		<u> </u>						
									
					<u> </u>				
					<u> </u>				
					<u> </u>				
***	 1	<u> </u>	<u> </u>	1	<u> </u>	<u> </u>	<u> </u>		†

ACCOUNTING PERIOD: 2022/02

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name **Heart of Iowa Communications Cooperative** 62045 Instructions: You must complete this worksheet for those stations identifed by the letter "F" in column 2 of block B. part 6 (i.e., those Worksheet for stations carried prior to June 25, 1981, under former FCC rules governing part-time and substitute carriage.) Column 1: List the call sign for each distant station identifed by the letter "F" in column 2 of part 6 of the DSE schedule. Computating the DSE Column 2: Indicate the DSE for this station for a single accounting period, occurring between January 1, 1978 and June 30, 1981. Schedule for Column 3: Indicate the accounting period and year in which the carriage and DSE occurred (e.g., 1981/1). Permitted Column 4: Indicate the basis of carriage on which the station was carried by listing one of the following letters: Part-Time and (Note that the FCC rules and regulations cited below pertain to those in effect on June 24, 1981.) Substitute A—Part-time specialty programming: Carriage, on a part-time basis, of specialty programming under FCC rules, sections Carriage 76.59(d)(1),76.61(e)(1), or 76.63 (referring to 76.61(e)(1)). B—Late-night programming: Carriage under FCC rules, sections 76.59(d)(3), 76.61(e)(3), or 76.63 (referring to 76.61(e)(3)). S-Substitute carriage under certain FCC rules, regulations, or authorizations. For further explanation, see page (vi) of the general instructions in the paper SA3 form. Column 5: Indicate the station's DSE for the current accounting period as computed in parts 2, 3, and 4 of this schedule. Column 6: Compare the DSE figures listed in columns 2 and 5 and list the smaller of the two figures here. This figure should be entered in block B, column 3 of part 6 for this station. IMPORTANT: The information you give in columns 2, 3, and 4 must be accurate and is subject to verification from the designated statement of account on fle in the Licensing Division. PERMITTED DSE FOR STATIONS CARRIED ON A PART-TIME AND SUBSTITUTE BASIS 1. CALL 2. PRIOR 3. ACCOUNTING 4. BASIS OF 5. PRESENT 6. PERMITTED SIGN DSE PERIOD CARRIAGE DSE Instructions: Block A must be completed. 7 Computation If your answer is "Yes." complete blocks B and C. below. of the If your answer is "No," leave blocks B and C blank and complete part 8 of the DSE schedule. **Syndicated BLOCK A: MAJOR TELEVISION MARKET Exclusivity** Surcharge Is any portion of the cable system within a top 100 major television market as defined by section 76.5 of FCC rules in effect June 24, 1981? Yes—Complete blocks B and C . No—Proceed to part 8 BLOCK B: Carriage of VHF/Grade B Contour Stations **BLOCK C: Computation of Exempt DSEs** Is any station listed in block B of part 6 the primary stream of a Was any station listed in block B of part 7 carried in any commucommercial VHF station that places a grade B contour, in whole nity served by the cable system prior to March 31, 1972? (refer to former FCC rule 76.159) or in part, over the cable system? Yes—List each station below with its appropriate permitted DSE Yes—List each station below with its appropriate permitted DSE X No—Enter zero and proceed to part 8. X No—Enter zero and proceed to part 8. CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE 0.00 0.00 **TOTAL DSEs** TOTAL DSEs

LEGAL NA	ME OF OWNER OF CABLE SYSTEM: Heart of lowa Communications Cooperative	SYSTEM ID# 62045	Name
	BLOCK D: COMPUTATION OF THE SYNDICATED EXCLUSIVITY SURCHARGE		
Section 1	Enter the amount of gross receipts from space K (page 7)	558,899.85	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 any	y portion of the cable system within a top 50 television market as defined by the FCC? Yes—Complete section 3 below.		
	SECTION 3: TOP 50 TELEVISION MARKET		
Section 3a	Did your cable system retransmit the signals of any partially distant television stations during the accounting period? 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)		
	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	LEGAL NAM	ME OF OWNER OF CABLE SYSTEM: SYSTEM:							
Name	l	Heart of Iowa Communications Cooperative 62	2045						
7	Section 4b	If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 4a blank.							
Computation		A. Enter 0.00300 of gross receipts (the amount in section 1)							
of the Syndicated		B. Enter 0.00189 of gross receipts (the amount in section 1) ▶ _\$							
Exclusivity Surcharge		C. Multiply line B by 3.000 and enter here. ▶ \$							
		D. Enter 0.00089 of gross receipts (the amount in section 1) ▶ _\$							
		E. Subtract 4.000 from the total DSEs (the figure on line C in section 2) and enter here.							
		F. Multiply line D by line E and enter here							
		G. Add lines A, C, and F. This is your surcharge. Enter here and on line 2, block 4, space L (page 7)							
		Syndicated Exclusivity Surcharge	<u></u>].						
	Instru	ctions:							
8		ust complete this part of the DSE schedule for the SUM OF PERMITTED DSEs in part 6, block B; however, if block A of part checked "Yes," use the total number of DSEs from part 5.							
		cock A, indicate, by checking "Yes" or "No," whether your system carried any partially distant stations.							
Computation	-	ur answer is "No," compute your system's base rate fee in block B. Leave part 9 blank.							
of Base Rate Fee	 If you blank 	ır answer is "Yes" (that is, if you carried one or more partially distant stations), you must complete part 9. Leave block B below							
Duod Hato I do		is a partially distant station? A station is "partially distant" if, at the time your system carried it, some of your subscribers							
	were lo	ocated within that station's local service area and others were located outside that area. For the definition of a station's "local							
	service	e area," see page (v) of the general instructions.							
	BLOCK A: CARRIAGE OF PARTIALLY DISTANT STATIONS								
	• Did y	our cable system retransmit the signals of any partially distant television stations during the accounting period?							
		X Yes—Complete part 9 of this schedule. No—Complete the following sections.							
		BLOCK B: NO PARTIALLY DISTANT STATIONS—COMPUTATION OF BASE RATE FEE							
	Section 1	Enter the amount of gross receipts from space K (page 7)							
	Section	Enter the total number of permitted DSEs from block B, part 6 of this schedule.							
	2 (If block A of part 6 was checked "Yes," use the total number of DSEs from part 5.)								
	Section								
	3	If the figure in section 2 is 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)	00						
		Base Rate Fee							

DSE SCHEDULE. PAGE 17. ACCOUNTING PERIOD: 2022/02

LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	
Heart of Iowa Communications Cooperative	62045	Name
Section If the figure in section 2 is more than 4.000, compute your base rate fee here and leave section 3 blank.		
A. Enter 0.01064 of gross receipts		8
(the amount in section 1)		
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 ▶		
D. Enter 0.00330 of gross receipts (the amount in costion 1)		
(the amount in section 1) \$		
E. Subtract 4.000 from total DSEs		
(the figure in section 2) and enter here▶		
F. Multiply line D by line E and enter here		
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 S	0.00	
Base Rate Fee ▶ \$	0.00	
IMPORTANT: It is no longer necessary to report television signals on a system-wide basis. Carriage of television broa	dcast signals shall	
instead be reported on a community-by-community basis (subscriber groups) if the cable system reported multiple cha	nnel line-ups in	9
In General: If any of the stations you carried were partially distant, the statute allows you, in computing your base rate	fee to exclude	_
receipts from subscribers located within the station's local service area, from your system's total gross receipts. To take		Computation of
exclusion, you must:		Base Rate Fee
First: Divide all of your subscribers into subscriber groups, each group consisting entirely of subscribers that are dista		and Syndicated
station or the same group of stations. Next: Treat each subscriber group as if it were a separate cable system. Determ DSEs and the portion of your system's gross receipts attributable to that group, and calculate a separate base rate fee		Exclusivity
Finally: Add up the separate base rate fees for each subscriber group. That total is the base rate fee for your system.	g	Surcharge for
NOTE: If any portion of your cable system is located within the top 100 television market and the station is not exempt		Partially
also compute a Syndicated Exclusivity Surcharge for each subscriber group. In this case, complete both block A and E your cable system is wholly located outside all major television markets, complete block A only.	below. However, if	Distant Stations, and
How to Identify a Subscriber Group for Partially Distant Stations		for Partially
Step 1: For each community served, determine the local service area of each wholly distant and each partially distant	station you	Permitted Stations
carried to that community.	,	
Step 2: For each wholly distant and each partially distant station you carried, determine which of your subscribers were outside the station's local service area. A subscriber located outside the local service area of a station is distant to that 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 to expect the complement of stations to which they are distant to expect the complement of stations. Not		
subscriber group must consist entirely of subscribers who are distant to exactly the same complement of stations. Not will have only one subscriber group when the distant stations it carried have local service areas that coincide.	s triat a cable system	
Computing the base rate fee for each subscriber group: Block A contains separate sections, one for each of your groups.	system's subscriber	
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 subscribers in the group. 	all of the	
• lf:		
 your system is located wholly outside all major and smaller television markets, give each station's DSE as you gave of this schedule; or, 	it in parts 2, 3, and 4	
2) any portion of your system is located in a major or smaller television market, give each station's DSE as you gave it part 6 of this schedule.	in block B,	
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 gene in the paper SA3 form.	ral instructions	
Compute a base rate fee for each subscriber group using the formula outline in block B of part 8 of this schedule on the subscriber group using the formula outline in block B. Of part 8 of this schedule on the subscriber group using the formula outline in block B. Of part 8 of this schedule on the subscriber group using the formula outline in block B. Of part 8 of this schedule on the subscriber group using the formula outline in block B. Of part 8 of this schedule on the subscriber group using the formula outline in block B. Of part 8 of this schedule on the subscriber group using the formula outline in block B. Of part 8 of this schedule on the subscriber group using the formula outline in block B. Of part 8 of this schedule on the subscriber group using the formula outline in block B. Of part 8 of this schedule on the subscriber group using the subscriber group usi		
page. In making this computation, use the DSE and gross receipts figure applicable to the particular subscriber group DSEs for that group's complement of stations and total gross receipts from the subscribers in that group). You do not actual calculations on the form.	,	

	LEGAL NAME OF OWNER OF CABLE SYSTEM: SYS	TEM ID#
Name	Heart of Iowa Communications Cooperative	62045
	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 dis	stant
	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.	
	transmitter of an association representing the primary transmitter.	

LEGAL NAME OF OWNER Heart of Iowa Comi					·	SY	STEM ID# 62045	Name
В	LOCK A:	COMPUTATION OF	BASE RA	TE FEES FOR EACH	SUBSCRI	BER GROUP		
		SUBSCRIBER GROU				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
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Total DSEs 0.00		0.00	Total DSEs			0.00		
Gross Receipts First Gro	Gross Receipts First Group \$ 0.00		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	
	THIRD	SUBSCRIBER GROU)		FOURTH	SUBSCRIBER GROUP)	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third 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	
Proceedings of the second	h			1				
Enter here and in block 3			oer group a	s shown in the boxes abo	ove.	\$	0.00	

LEGAL NAME OF OWNER Heart of Iowa Comi						SY	STEM ID# 62045	Name
В	LOCK A:	COMPUTATION OF	BASE RA	TE FEES FOR EACH	SUBSCRI	BER GROUP		
	FIFTH	SUBSCRIBER GROU	Р		SIXTH	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
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						=		Partially
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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Group \$ 0.00		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	
S	SEVENTH	SUBSCRIBER GROU	Р		EIGHTH	SUBSCRIBER GROUP		
COMMUNITY/ AREA			0	COMMUNITY/ AREA 0				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third 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			ber group a	as shown in the boxes ab	ove.	\$		

LEGAL NAME OF OWNER OF CABLE SYSTEM: Heart of Iowa Communications Cooperative SYSTEM ID# 62045									
В		COMPUTATION OF SUBSCRIBER GROU		ATE FEES FOR EACH		BER GROUP SUBSCRIBER GROUF	,		
COMMUNITY/ AREA	IVIIVIII	SOBOCKIBER GROO	0	COMMUNITY/ AREA	LINIII	OUDGOTTIBLIT ORGOT	0	9 Computation	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of	
								Base Rate Fee	
								and	
								Syndicated Exclusivity	
					•			Surcharge	
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Total DSEs			0.00	Total DSEs			0.00		
Gross Receipts First Gro	oup	\$	0.00	Gross Receipts Secon	d Group	\$	0.00		
Base Rate Fee First Gro	oup	\$	0.00	Base Rate Fee Secon	d Group	\$	0.00		
El	.EVENTH	SUBSCRIBER GROU	Р		TWELVTH	SUBSCRIBER GROUP)		
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE		
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Total DSEs			0.00	Total DSEs			0.00		
Gross Receipts Third Gr	Gross Receipts Third Group \$ 0.00		0.00	Gross Receipts Fourth	Group	\$	0.00		
Base Rate Fee Third Gr	Base Rate Fee Third Group \$ 0.00		0.00	Base Rate Fee Fourth	Group	\$	0.00		
Base Rate Fee: Add the Enter here and in block 3			ber group a	as shown in the boxes ab	ove.	\$			

LEGAL NAME OF OWNER Heart of Iowa Comi						SYS	62045	Name
В	LOCK A:	COMPUTATION OF	BASE RA	TE FEES FOR EACH	SUBSCRI	BER GROUP		
		SUBSCRIBER GROU		III		SUBSCRIBER GROUP		
COMMUNITY/ AREA			0	COMMUNITY/ AREA	0	9 Computation		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
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Total DSEs 0.00		0.00	Total DSEs			0.00		
Gross Receipts First Group \$ 0.00		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	
FIF	TEENTH	SUBSCRIBER GROU	Р	S	IXTEENTH	SUBSCRIBER GROUP		
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 Fourth	Group	\$	0.00	
Base Rate Fee Third Gr	oup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
Page Bate Face Add II	hace	food for each	hor gra	on about in the barrens.	010			
Base Rate Fee: Add the Enter here and in block 3			uei group a	as Shown in the doxes ad	ove.	\$		

LEGAL NAME OF OWNER Heart of Iowa Comi						SY	62045	Name
В	LOCK A:	COMPUTATION OF	BASE RA	TE FEES FOR EACH	SUBSCRI	BER GROUP		
		SUBSCRIBER GROU				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
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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	
NIN	ITEENTH	SUBSCRIBER GROU	Р	TV	VENTIETH	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	
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Base Rate Fee: Add the Enter here and in block 3			per group a	is shown in the doxes abo	ove.	\$		

LEGAL NAME OF OWNER Heart of Iowa Comr						SY	62045	Name
BI	OCK A:	COMPUTATION OF	BASE RA	TE FEES FOR EACH	SUBSCRI	BER GROUP		
		SUBSCRIBER GROU		III		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
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Total DSEs	<u> </u>		0.00	Total DSEs	Ų		0.00	
Gross Receipts First Gro	up	\$	0.00	Gross Receipts Second	d Group	\$	0.00	
Base Rate Fee First Gro	up	\$	0.00	Base Rate Fee Second	d Group	\$	0.00	
TWENT	Y-THIRD	SUBSCRIBER GROU	Р	TWENT	/-FOURTH	SUBSCRIBER GROUP		
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third Gro	oup	\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
Base Rate Fee Third Gre	oup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
	_							
Base Rate Fee: Add the Enter here and in block 3			ber group a	as shown in the boxes ab	ove.	\$		

LEGAL NAME OF OWNER Heart of Iowa Comi						SY	STEM ID# 62045	Name
В	LOCK A:	COMPUTATION OF	BASE RA	TE FEES FOR EACH	SUBSCRI	BER GROUP		
TWEN	TY-FIFTH	SUBSCRIBER GROU	Р	TWEN	NTY-SIXTH	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
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	
TWENTY-S	SEVENTH	SUBSCRIBER GROU	Р	TWENT	Y-EIGHTH	SUBSCRIBER GROUP		
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third 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			ber group a	s shown in the boxes abo	ove.	\$		

LEGAL NAME OF OWNER Heart of Iowa Com						S	YSTEM ID# 62045	Name
В	LOCK A:	COMPUTATION OF	BASE RA	ATE FEES FOR EACH	SUBSCRI	BER GROUP		
	TY-NINTH	SUBSCRIBER GROU	Р	ii e	THIRTIETH	SUBSCRIBER GROU	Р	Ω
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
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								Surcharge for
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Total DSEs	•	•	0.00	Total DSEs	-	•	0.00	
					-1.0			
Gross Receipts First Gro	oup	\$	0.00	Gross Receipts Secon	ia Group	\$	0.00	
Base Rate Fee First Gro	oup	\$	0.00	Base Rate Fee Secon	d Group	\$	0.00	
THIR	TY-FIRST	SUBSCRIBER GROU		ii .	Y-SECOND	SUBSCRIBER GROUP	Р	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
					···	-		
								
								
Total DST-			0.00	Total DOS-			0.00	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third Gr	roup	\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
Base Rate Fee Third Gi	roup	\$	0.00	Base Rate Fee Fourth	ı Group	\$	0.00	
				Ш				
Base Rate Fee: Add the Enter here and in block			ber group a	as shown in the boxes ab	oove.	\$		
	. ,-,	0 ,						

LEGAL NAME OF OWNER Heart of Iowa Comi						SY	STEM ID# 62045	Name
В	LOCK A:	COMPUTATION OF	BASE RA	TE FEES FOR EACH	SUBSCRI	BER GROUP		
		SUBSCRIBER GROU		III		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
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						=		Distant
								Stations
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Total DSEs	ļ		0.00	Total DSEs	!		0.00	
Gross Receipts First Gro	oup	\$	0.00	Gross Receipts Second	d Group	\$	0.00	
Base Rate Fee First Gro		\$	0.00	Base Rate Fee Second		\$	0.00	
THIR	TY-FIFTH	SUBSCRIBER GROU	Р	THIF	RTY-SIXTH	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>		<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	
				II				
Base Rate Fee: Add the Enter here and in block 3			ber group a	as shown in the boxes ab	ove.	\$		
		(1·=·3- · /						

LEGAL NAME OF OWNER Heart of Iowa Comi						SYS	62045	Name
В	LOCK A:	COMPUTATION OF	BASE RA	TE FEES FOR EACH	SUBSCRI	BER GROUP		
		SUBSCRIBER GROU		TI CONTRACTOR OF THE PROPERTY		SUBSCRIBER GROUP		
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
CALL CICIY	DOL	OTTLE STOTA	DOL	CALL GIGIT	DOL	OF ILLE OF OTHER	BOL	Base Rate Fee
								and
								Syndicated
	 							Exclusivity
	 							
								Surcharge for
	 							
	ł							Partially
								Distant
								Stations
	 							
						-		
								
	 							
	.							
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gro	oup	\$	0.00	Gross Receipts Second	l Group	\$	0.00	
Base Rate Fee First Gro	oup	\$	0.00	Base Rate Fee Second	l Group	\$	0.00	
THIRT	Y-NINTH	SUBSCRIBER GROU	Р	I	FORTIETH	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	haso rota	foos for each subseri	her group a	us shown in the haves sh	ove.			
Enter here and in block 3			oei gioup a	o onown in the boxes abt	JVG.	\$		

LEGAL NAME OF OWNER Heart of Iowa Comi						S'	YSTEM ID# 62045	Name
		COMPUTATION OF SUBSCRIBER GROU		ATE FEES FOR EACH		BER GROUP SUBSCRIBER GROUI	P	0
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and Syndicated
								Exclusivity
								Surcharge
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T D.O.F.]	0.00	T		Щ	0.00	
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	
	Y-THIRD	SUBSCRIBER GROU		ii e	Y-FOURTH	SUBSCRIBER GROUI	_	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third 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	
Page Data Face A 110	hace	food for seal and	ibor	an about the last				
Base Rate Fee: Add the Enter here and in block 3			ivei group a	as shown in the doxes an	ove.	\$		

LEGAL NAME OF OWNER Heart of Iowa Com						S'	YSTEM ID# 62045	Name
В	LOCK A:	COMPUTATION OF	BASE RA	ATE FEES FOR EACH	SUBSCRI	BER GROUP		
FOR	TY-FIFTH	SUBSCRIBER GROU	Р	FOI	RTY-SIXTH	SUBSCRIBER GROUP	Р	•
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of
CALL CICIT	BOL	G/ILE GIGIT	DOL	OF REE STORY	562	O'NEE STOTY	502	Base Rate Fee
								and
								Syndicated
								Exclusivity
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	T							
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Group \$ 0.00				Gross Receipts Second Group \$ 0.00				
Gross Receipts First Gro	Jup	4	0.00	Cross Receipts Gecom	а Огоир	Ψ	0.00	
Base Rate Fee First Gro	oup	\$	0.00	Base Rate Fee Second	d Group	\$	0.00	
FORTY-S	SEVENTH	SUBSCRIBER GROU	P	FOR	ΓΥ-EIGHTH	SUBSCRIBER GROUP	Р	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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Total DSEs			0.00	Total DSEs	•		0.00	
Gross Receipts Third G	oup	\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
·	•				•			
Base Rate Fee Third Gr	oup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block			ber group	as shown in the boxes ab	ove.	s		
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LEGAL NAME OF OWNER Heart of Iowa Com						S	YSTEM ID# 62045	Name
				ATE FEES FOR EACH				
FOR COMMUNITY/ AREA	TY-NINTH	SUBSCRIBER GROU	JP 0	COMMUNITY/ AREA	FIFTIETH	SUBSCRIBER GROU	P 0	9
CALL SIGN	Dec	CALL SIGN	Dec	CALL SIGN	DOE	II CALL SICN	Dec	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of Base Rate Fee
								and
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Total DSEs			0.00	Total DSEs		Ц	0.00	
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Gross Receipts First Gr	oup	<u>\$</u>	0.00	Gross Receipts Secon	d Group	\$	0.00	
Base Rate Fee First Gr		\$	0.00	Base Rate Fee Secon		\$	0.00	
FIF COMMUNITY/ AREA	TY-FIRST	SUBSCRIBER GROU	JP 0	COMMUNITY/ AREA	Y-SECOND	SUBSCRIBER GROU	P 0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
					<u></u>		<u></u>	
								
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T-4-1 D05-			0.00	T-4-1 DOE-			0.00	
Total DSEs			0.00	Total DSEs	_		0.00	
Gross Receipts Third G	roup	\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block			iber group a	as shown in the boxes at	oove.	\$		

LEGAL NAME OF OWNER Heart of Iowa Comi						SY	STEM ID# 62045	Name
В	LOCK A:	COMPUTATION OF	BASE RA	TE FEES FOR EACH	SUBSCRI	BER GROUP		
		SUBSCRIBER GROU		III		SUBSCRIBER GROUP		_
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
O/ LEE GIGIT	DOL	O/ LE OIOIV	DOL	O/ LE GIGIT	DOL	O/ILL GIGIT	DOL	Base Rate Fee
						H		and
								Syndicated
								
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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	
FIF	TY-FIFTH	SUBSCRIBER GROU	Р	FIF	TY-SIXTH	SUBSCRIBER GROUP		
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third 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			ber group a	as shown in the boxes ab	ove.	\$		

LEGAL NAME OF OWNER Heart of Iowa Comi						SY	STEM ID# 62045	Name
В	LOCK A:	COMPUTATION OF	BASE RA	TE FEES FOR EACH	SUBSCRI	BER GROUP		
		SUBSCRIBER GROU				SUBSCRIBER GROUP		_
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
CALL GIGIN	DOL	CALL SIGN	DOL	OALL GIOIN	DOL	OALL GIGIN	DOL	Base Rate Fee
						H		and
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Total DSEs			0.00	Total DSEs		!!	0.00	
Gross Receipts First Gro	oup	\$	0.00	Gross Receipts Second	d Group	\$	0.00	
			1					
Base Rate Fee First Gro	oup	\$	0.00	Base Rate Fee Second	d Group	\$	0.00	
FIF1	TY-NINTH	SUBSCRIBER GROU	Р		SIXTIETH	SUBSCRIBER GROUP		
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third 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			ber group a	s shown in the boxes ab	ove.	\$		
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LEGAL NAME OF OWNER Heart of Iowa Com						S	62045	Name
				ATE FEES FOR EACH				
SIX' COMMUNITY/ AREA	TY-FIRST	SUBSCRIBER GROU	P 0	SIXTY COMMUNITY/ AREA	Y-SECOND	SUBSCRIBER GROUP	0	9
CALL CION	DOE	CALL CION	DOE	CALL CICAL	DOE	I CALL CION	DOE	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of Base Rate Fee
								and
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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	
	ry-THIRD	SUBSCRIBER GROU		ii .	Y-FOURTH	SUBSCRIBER GROUP		
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
							<u></u>	
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T-+-1 D05			0.00	T-t-I DOS			0.00	
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	hase rate	e fees for each subscri	ber group	as shown in the hoves ah	ove.			
Enter here and in block			_ 2. g.oup			\$		

LEGAL NAME OF OWNER Heart of Iowa Comi						SY	62045	Name
В	LOCK A:	COMPUTATION OF	BASE RA	TE FEES FOR EACH	SUBSCRI	BER GROUP		
		SUBSCRIBER GROU		H		SUBSCRIBER GROUP		
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
CALL CICIY	DOL	O/ LEE GIGIT	BGE	O' LEE GIGIT	BOL	CALL GIGIT	BOL	Base Rate Fee
								and
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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	l Group	\$	0.00	
SIXTY-S	EVENTH	SUBSCRIBER GROU	Р	SIXT	Y-EIGHTH	SUBSCRIBER GROUP		
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
	[
Total DSEs			0.00	Total DSEs			0.00	
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	hase ret	foos for each subseri	hor group a	as shown in the boyes sh	040			
Enter here and in block 3			ooi gioup a	SHOWITHI HIE DOVES AD	OVG.	\$		

LEGAL NAME OF OWNER Heart of Iowa Comi						SY	62045	Name
В	LOCK A:	COMPUTATION OF	BASE RA	TE FEES FOR EACH	SUBSCRI	BER GROUP		
		SUBSCRIBER GROU		III		SUBSCRIBER GROUP		_
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
OF ALL STORY	DOL	O/ ILL SIGIT	BOL	OF ILLE OF OTT	DOL	O/ ILL GIGIT	BOL	Base Rate Fee
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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	
SEVEN ⁻	TY-FIRST	SUBSCRIBER GROU	Р	SEVENTY	'-SECOND	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 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	hase rate	foos for each subseri	her group o	es shown in the hoves ab	ove			
Enter here and in block 3			-oi gioup e	as shown in the boxes ab	- · · · ·	\$		

LEGAL NAME OF OWNER Heart of Iowa Comi						SY	62045	Name
В	LOCK A:	COMPUTATION OF	BASE RA	TE FEES FOR EACH	SUBSCRI	BER GROUP		
		SUBSCRIBER GROU		H		SUBSCRIBER GROUP		
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
07.122 0.0.1	202	07.22 0.0.1		0,122 0.0.1	332	57 LL 2 97 67 7	302	Base Rate Fee
								and
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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	
SEVEN ⁻	TY-FIFTH	SUBSCRIBER GROU	Р	SEVEN	NTY-SIXTH	SUBSCRIBER GROUP		
COMMUNITY/ AREA			0	COMMUNITY/ AREA	0			
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third 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	
Page Pate Foet Add 41-	hace set	foot for each subs	hor grove	os shown in the haves	040			
Base Rate Fee: Add the Enter here and in block 3			oei gioup a	as shown in the boxes abo	٥٧ ٥ .	\$		

LEGAL NAME OF OWNER Heart of Iowa Comi						SY	STEM ID# 62045	Name
В	LOCK A:	COMPUTATION OF	BASE RA	TE FEES FOR EACH	SUBSCRI	BER GROUP		
		SUBSCRIBER GROU				SUBSCRIBER GROUP		
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
CALL CICIY	DOL	CALL CICIT	DOL	CALL GIGIT	DOL	O' LEE GIGIT	BOL	Base Rate Fee
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Total DSEs	<u> </u>		0.00	Total DSEs	·	!!	0.00	
			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	
SEVENT	Y-NINTH	SUBSCRIBER GROU	Р	E	IGHTIETH	SUBSCRIBER GROUP		
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third 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			ber group a	s shown in the boxes abo	ove.	\$		
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LEGAL NAME OF OWNER Heart of Iowa Comr						SY	62045	Name
BI	LOCK A:	COMPUTATION OF	BASE RA	TE FEES FOR EACH	SUBSCRI	BER GROUP		
		SUBSCRIBER GROU				SUBSCRIBER GROUP		
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
07.122 0.011	302	07.22 0.0.1		57 LL 2 978.1	332	0,122 0,011	302	Base Rate Fee
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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	
EIGHT	Y-THIRD	SUBSCRIBER GROU	Р	EIGHT	/-FOURTH	SUBSCRIBER GROUP		
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third Gr	oup	\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
Base Rate Fee Third Group \$ 0.00		Base Rate Fee Fourth	Group	\$	0.00			
Base Rate Fee: Add the	hase rate	foos for each subseri	her aroup o	us shown in the haves abo	ove			
Enter here and in block 3			oei gioup a	o onown in the boxes abt	OVG.	\$		

LEGAL NAME OF OWNER Heart of Iowa Com						S	YSTEM ID# 62045	Name	
В	LOCK A:	COMPUTATION OF	BASE RA	ATE FEES FOR EACH	SUBSCRI	BER GROUP			
		SUBSCRIBER GROU				SUBSCRIBER GROUP	D	9	
COMMUNITY/ AREA			0	COMMUNITY/ AREA	COMMUNITY/ AREA 0				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of	
CALL CICIT	DOL	GALLE GIGIT	BOL	O/ LEE GIGIT	BOL	O'NEE GIGIT	BOL	Base Rate Fee	
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Total DSEs	!	!	0.00	Total DSEs	•	'	0.00		
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Gross Receipts First Gro	oup	\$	0.00	Gross Receipts Secon	ia Group	\$	0.00		
Base Rate Fee First Gro	oup	\$	0.00	Base Rate Fee Secon	d Group	\$	0.00		
EIGHTY-S	SEVENTH	SUBSCRIBER GROU	Р	EIGH ⁻	TY-EIGHTH	SUBSCRIBER GROUP	ס		
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE		
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Total DSEs			0.00	Total DSEs			0.00		
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Base Rate Fee Third Gr	Base Rate Fee Third Group \$ 0.00		0.00	Base Rate Fee Fourth	ı Group	\$	0.00		
Base Rate Fee: Add the Enter here and in block :			ber group a	as shown in the boxes ab	oove.	s			
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LEGAL NAME OF OWNER Heart of Iowa Comi						SY	(STEM ID# 62045	Name
		COMPUTATION OF SUBSCRIBER GROU		ATE FEES FOR EACH		BER GROUP SUBSCRIBER GROUF)	•
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
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T-4-1 DOE-	<u> </u>		0.00	T-4-1 DOE-		Ц	0.00	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gro	oup	<u>\$</u>	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	
	TY-FIRST	SUBSCRIBER GROU		ii e	Y-SECOND	SUBSCRIBER GROUP		
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
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Total DSEs	1		0.00	Total DSEs	1		0.00	
Gross Receipts Third Gr	oup	\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
Base Rate Fee Third Gr	Base Rate Fee Third Group \$ 0.00			Base Rate Fee Fourth	Group	\$	0.00	
Page Bate Fee Addition	hac: 1			II				
Base Rate Fee: Add the Enter here and in block 3			bei group a	as shown in the doxes an	ove.	\$		

LEGAL NAME OF OWNER Heart of Iowa Comi						SY	62045	Name
В	LOCK A:	COMPUTATION OF	BASE RA	TE FEES FOR EACH	SUBSCRI	BER GROUP		
		SUBSCRIBER GROU				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
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Total DSEs	<u> </u>		0.00	Total DSEs	Ų		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	
NINE	TY-FIFTH	SUBSCRIBER GROU	P	NINE	TY-SIXTH	SUBSCRIBER GROUP		
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third 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	
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Base Rate Fee: Add the Enter here and in block 3			ber group a	s shown in the boxes abo	ove.	\$		
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LEGAL NAME OF OWNER Heart of Iowa Comi						SY	STEM ID# 62045	Name
В	LOCK A:	COMPUTATION OF	BASE RA	TE FEES FOR EACH	SUBSCRI	BER GROUP		
		SUBSCRIBER GROU		III		SUBSCRIBER GROUP		_
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
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Total DSEs	<u> </u>		0.00	Total DSEs		! !	0.00	
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Base Rate Fee First Gro		\$	0.00	Base Rate Fee Second		\$	0.00	
NINET	Y-NINTH	SUBSCRIBER GROU	Р	ONE HU	NDREDTH	SUBSCRIBER GROUP		
COMMUNITY/ AREA			0	COMMUNITY/ AREA	0			
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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Total DSEs			0.00	Total DSEs		-	0.00	
Gross Receipts Third 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			ber group a	as shown in the boxes ab	ove.	\$		

LEGAL NAME OF OWNER Heart of Iowa Comr						SYS	62045	Name
BI	LOCK A:	COMPUTATION OF	BASE RA	TE FEES FOR EACH	SUBSCRI	BER GROUP		
ONE HUNDRE	ED FIRST	SUBSCRIBER GROU	Р	ONE HUNDRED	SECOND	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
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Total DSEs		-	0.00	Total DSEs			0.00	
Gross Receipts First Gro	oup	\$	0.00	Gross Receipts Second	l Group	\$	0.00	
Base Rate Fee First Gro	oup	\$	0.00	Base Rate Fee Second	l Group	\$	0.00	
ONE HUNDRE	D THIRD	SUBSCRIBER GROU	Р	ONE HUNDRED	FOURTH	SUBSCRIBER GROUP		
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third 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	
Paca Pata Fac. Add 41-	hace ==t=	foos for each subs	hor grove =	ne chown in the bayes	200			
Base Rate Fee: Add the Enter here and in block 3			oei gioup a	is shown in the poxes and	JVE.	\$		

LEGAL NAME OF OWNER Heart of Iowa Comr						SY	62045	Name
BI	LOCK A:	COMPUTATION OF	BASE RA	TE FEES FOR EACH	SUBSCRI	BER GROUP		
		SUBSCRIBER GROU		H		SUBSCRIBER GROUP		
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
OF ILLE CICIT	DOL	O/ LEE GIGIT	DOL	O' LEE GIGIT	BOL	CALLE GIGIT	BOL	Base Rate Fee
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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 S	SEVENTH	SUBSCRIBER GROU	Р	ONE HUNDRE	D EIGHTH	SUBSCRIBER GROUP		
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third Gr	oup	\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
Base Rate Fee Third Group \$ 0.00		Base Rate Fee Fourth	Group	\$	0.00			
Page Bate Fee: Add #	hace ===	food for each	hor gra	on about in the barren	010			
Enter here and in block 3			uer group a	as shown in the boxes abo	ove.	\$		

LEGAL NAME OF OWNER Heart of Iowa Comr						SYS	62045	Name
BI	LOCK A:	COMPUTATION OF	BASE RA	TE FEES FOR EACH	SUBSCRI	BER GROUP		
ONE HUNDRE	D NINTH	SUBSCRIBER GROU	Р	ONE HUNDRE	ED TENTH	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
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Total DSEs		-	0.00	Total DSEs			0.00	
Gross Receipts First Gro	oup	\$	0.00	Gross Receipts Second	l Group	\$	0.00	
Base Rate Fee First Gro	oup	\$	0.00	Base Rate Fee Second	l Group	\$	0.00	
ONE HUNDRED EL	EVENTH	SUBSCRIBER GROU	Р	ONE HUNDRED	TWELVTH	SUBSCRIBER GROUP		
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third 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			ber group a	s shown in the boxes abo	ove.	\$		

LEGAL NAME OF OWNER Heart of Iowa Com						SY	STEM ID# 62045	Name
B ONE HUNDRED THIF COMMUNITY/ AREA				ONE HUNDRED FOU		BER GROUP SUBSCRIBER GROUF	0	9
								Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of Base Rate Fee
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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gro	oup	\$	0.00	Gross Receipts Secon	d Group	\$	0.00	
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Base Rate Fee First Gro	oup	\$	0.00	Base Rate Fee Secon	d Group	\$	0.00	
	TEENTH	SUBSCRIBER GROU		ii e	SIXTEENTH	SUBSCRIBER GROUP	0	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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Total DSEs			0.00	Total DSEs	•		0.00	
Gross Receipts Third 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			ber group a	as shown in the boxes ab	oove.			
Enter here and in block	3, line 1, sp	pace L (page 7)				\$		

LEGAL NAME OF OWNER Heart of Iowa Comi						SY	STEM ID# 62045	Name
B ONE HUNDRED SEVEN COMMUNITY/ AREA				ONE HUNDRED EIG		BER GROUP SUBSCRIBER GROUP	0	9
								Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of Base Rate Fee
								and
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								Exclusivity
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Total DSEs		ч	0.00	Total DSEs	-	• •	0.00	
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Gross Receipts First Gro	oup	\$	0.00	Gross Receipts Secon	d Group	\$	0.00	
Base Rate Fee First Gro		\$	0.00	Base Rate Fee Second		\$	0.00	
	ITEENTH	SUBSCRIBER GROU		ii .	WENTIETH	SUBSCRIBER GROUP		
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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Total DSEs			0.00	Total DSEs	1		0.00	
	OUD	e	0.00		Group	<u> </u>	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 (per group a	as snown in the boxes ab	ove.	\$		

LEGAL NAME OF OWNER Heart of lowa Com						S	62045	Name
В	LOCK A:	COMPUTATION OF	BASE RA	ATE FEES FOR EACH	SUBSCRI	BER GROUP		
ONE HUNDRED TWEN	ITY-FIRST	SUBSCRIBER GROU	Р	ONE HUNDRED TWEN	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
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Total DSEs	!	•	0.00	Total DSEs		' '	0.00	
Gross Receipts First Gro	oup	<u>\$</u>	0.00	Gross Receipts Secon	d Group	\$	0.00	
Base Rate Fee First Gro	oup	\$	0.00	Base Rate Fee Second	d Group	\$	0.00	
ONE HUNDRED TWEN	TY-THIRD	SUBSCRIBER GROUP		ONE HUNDRED TWEN	TY-FOURTH	SUBSCRIBER GROUP		
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third 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	
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Base Rate Fee: Add the Enter here and in block :			ber group a	as shown in the boxes ab	ove.	\$		

LEGAL NAME OF OWNER Heart of Iowa Com						SY	STEM ID# 62045	Name
		COMPUTATION OF SUBSCRIBER GROUP	BASE RA	ONE HUNDRED TWE		BER GROUP SUBSCRIBER GROUP	0	9
								Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of Base Rate Fee
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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 TWENTY-	SEVENTH	SUBSCRIBER GROUP		Ti .	ITY-EIGHTH	SUBSCRIBER GROUP		
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third 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	
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	LEGAL NAME OF OWNER OF CABLE SYSTEM: Heart of lowa Communications Cooperative 62045									
		COMPUTATION OF SUBSCRIBER GROUP	BASE RA	ONE HUNDRED		BER GROUP SUBSCRIBER GROUP	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 Gr	oun	•	0.00	Gross Receipts Secon	d Croup	•	0.00			
Gross Receipts First Gr	oup	\$	0.00	Gross Receipts Secon	ia Group	\$	0.00			
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Secon	d Group	\$	0.00			
ONE HUNDRED THII	RTY-FIRST	SUBSCRIBER GROUP		ONE HUNDRED THIR	TY-SECOND	SUBSCRIBER GROUP				
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0			
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE			
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Total DSEs			0.00	Total DSEs	-		0.00			
Gross Receipts Third G	roup	\$	0.00	Gross Receipts Fourth	Group	\$	0.00			
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Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourth	ı Group	\$	0.00			
Base Rate Fee: Add the Enter here and in block			ber group a	as shown in the boxes ab	oove.	s				
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LEGAL NAME OF OWNER Heart of Iowa Com						S	7STEM ID# 62045	Name
		COMPUTATION OF SUBSCRIBER GROUP	BASE RA	ONE HUNDRED THIR		BER GROUP SUBSCRIBER GROUP	0	9
								Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee and
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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 THIS	RTY-FIFTH	SUBSCRIBER GROUP		ONE HUNDRED TH	IRTY-SIXTH	SUBSCRIBER GROUP		
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
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Base Rate Fee Third Gr	oup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
Base Rate Fee: Add the	hase rote	fees for each subseri	her aroup a	as shown in the hoves ab	iove			
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LEGAL NAME OF OWNER Heart of Iowa Comi						SY	STEM ID# 62045	Name
B ONE HUNDRED THIRTY- COMMUNITY/ AREA			BASE RA	ONE HUNDRED THIS		BER GROUP SUBSCRIBER GROUP	0	9
	T = -=				T = -=			Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of Base Rate Fee
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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 THIR	TY-NINTH	SUBSCRIBER GROUP		ONE HUNDRED	FORTIETH	SUBSCRIBER GROUP)	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
				-			···	
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Total DSEs	•		0.00	Total DSEs			0.00	
Gross Receipts Third 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	haco rote	fees for each subseri	her aroun	as shown in the haves sh	ove			
Enter here and in block			ooi gioup a	20 SHOWN III LIE DUXES AD		\$		

LEGAL NAME OF OWNER Heart of Iowa Comi						SY	STEM ID# 62045	Name
		COMPUTATION OF SUBSCRIBER GROUP	BASE RA	ONE HUNDRED FOR COMMUNITY/ AREA		BER GROUP SUBSCRIBER GROUP	0	9
								Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee and
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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 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	
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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	
Page Pate Free Add 0	haac	food for oash subset	har ar	an about in the base.				
Base Rate Fee: Add the Enter here and in block (oei group a	as shown in the doxes ad	ove.	\$		

LEGAL NAME OF OWNER Heart of Iowa Comi						SY	STEM ID# 62045	Name
В	LOCK A:	COMPUTATION OF	BASE RA	TE FEES FOR EACH	SUBSCRI	BER GROUP		
		SUBSCRIBER 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
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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gro	oup	\$	0.00	Gross Receipts Second	l Group	\$	0.00	
Base Rate Fee First Gro		\$	0.00	Base Rate Fee Second		\$	0.00	
ONE HUNDRED FORTY-	SEVENTH	SUBSCRIBER GROUP		ONE HUNDRED FOR	TY-EIGHTH	SUBSCRIBER GROUP		
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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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	
				II				
Base Rate Fee: Add the Enter here and in block 3			ber group a	s shown in the boxes abo	ove.	\$		
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LEGAL NAME OF OWNER Heart of Iowa Comi						SY	STEM ID# 62045	Name
BI ONE HUNDRED FORT COMMUNITY/ AREA				ONE HUNDRED		BER GROUP SUBSCRIBER GROUP	0	9
								Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
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								Partially
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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-FIRST	SUBSCRIBER GROU	Р	ONE HUNDRED FIFT	/-SECOND	SUBSCRIBER GROUP	1	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third 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	
Date But E				1				
Base Rate Fee: Add the Enter here and in block 3			per group a	as snown in the boxes ab	ove.	\$		

LEGAL NAME OF OWNER Heart of Iowa Com						S	YSTEM ID# 62045	Name
		COMPUTATION OF SUBSCRIBER GROU		TE FEES FOR EACH ONE HUNDRED FIFT COMMUNITY/ AREA		BER GROUP SUBSCRIBER GROU	0	9
								Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of Base Rate Fee
								and
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Total DSEs	•		0.00	Total DSEs		•	0.00	
		•	0.00		d Craun	•	0.00	
Gross Receipts First Gro	oup	\$	0.00	Gross Receipts Secon	a Group	\$	0.00	
Base Rate Fee First Gro	oup	\$	0.00	Base Rate Fee Secon	d Group	\$	0.00	
ONE HUNDRED FIF	TY-FIFTH	SUBSCRIBER GROU	Р	ONE HUNDRED FI	FTY-SIXTH	SUBSCRIBER GROUI	P	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third Gr	oup	\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
	- ~P	-			p			
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			ber group a	as shown in the boxes ab	oove.	\$		
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LEGAL NAME OF OWNER Heart of Iowa Comi						SY	STEM ID# 62045	Name
В	LOCK A:	COMPUTATION OF	BASE RA	TE FEES FOR EACH	SUBSCRI	BER GROUP		
ONE HUNDRED FIFTY-						SUBSCRIBER GROUP		_
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
CALL GIGIN	DOL	OALL GIGIT	DOL	OALL GIGIN	DOL	OALE GIGIT	DOL	Base Rate Fee
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								Surcharge
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								Partially
								Distant
						_		Stations
Total DSEs		Ц	0.00	Total DSEs		I I	0.00	
Gross Receipts First Gro	oup	\$	0.00	Gross Receipts Second	d Group	\$	0.00	
Base Rate Fee First Gro		\$	0.00	Base Rate Fee Second		\$	0.00	
ONE HUNDRED FIF	TY-NINTH	SUBSCRIBER GROUP		ONE HUNDREI	D SIXTIETH	SUBSCRIBER GROUP		
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third 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			ber group a	as shown in the boxes abo	ove.	\$		
						<u> </u>		

LEGAL NAME OF OW Heart of Iowa Co		E SYSTEM: cions Cooperativ	e			\$	62045	Name
				ATE FEES FOR EAG				
		SUBSCRIBER GRO		COMMUNITY/ADD		SUBSCRIBER GROU	JP 0	9
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α			Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fe
					······			and Syndicated
		<u> </u>	••••					Exclusivity
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Total DSEs	<u>-</u>	•	0.00	Total DSEs	•	•	0.00	
Gross Receipts First	·		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 GRO				SUBSCRIBER GROU	_	
COMMUNITY/ AREA	A		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 Thire	d Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
Base Rate Fee Thir	d Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
				II				
Base Rate Fee: Add Enter here and in blo			criber group a	as shown in the boxes	above.	•	0.00	
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LEGAL NAME OF OWNER						S	SYSTEM ID#	Name
Heart of Iowa Com	municati	ions Cooperative					62045	
В	BLOCK A:	COMPUTATION O	F BASE RA	TE FEES FOR EACH	SUBSCRI	BER GROUP		
	FIFTH	SUBSCRIBER GRO	UP		SIXTH	SUBSCRIBER GROU	JP	0
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	9
CALL SIGN	DOE	CALLEICN	Dec	CALLEICN	Dec	II CALL SIGN	DOE	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of Base Rate Fee
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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gr	oup	\$	0.00	Gross Receipts Secon	d Group	\$	0.00	
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Secon	d Group	\$	0.00	
,	SEVENTH	SUBSCRIBER GRO	UP		EIGHTH	SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	roup	\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
								
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
			riber group a	as shown in the boxes at	oove.			
Enter here and in block	ა, iine 1, sp	pace ∟ (page 7)				\$		

	62045	S			;		IER OF CABLE mmunicat	Heart of Iowa Con
	5_5	BER GROUP	SUBSCRI	TE FEES FOR EACH				
•	IP	SUBSCRIBER GROU				SUBSCRIBER GRO		'
9 Computatio	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
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	0.00		•	Total DSEs	0.00		•	Total DSEs
	0.00	\$	l Group	Gross Receipts Second	0.00	\$	Group	Gross Receipts First G
	0.00	\$	l Group	Base Rate Fee Second	0.00	\$	Group	Base Rate Fee First G
	IP	SUBSCRIBER GROU	TWELVTH		UP	SUBSCRIBER GRO	ELEVENTH	E
	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
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	0.00			Total DSEs	0.00			Fotal DSEs
	0.00	\$	Group	Total DSEs Gross Receipts Fourth	0.00	\$	Group	Total DSEs Gross Receipts Third C

LEGAL NAME OF OWNER Heart of lowa Com						S	62045	Name
				ATE FEES FOR FACIL	CLIDCODI	DED COOLD	02040	
		SUBSCRIBER GROU		ATE FEES FOR EACH		SUBSCRIBER GROUP	IP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
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Total DSEs	4		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	
FII	TEENTH	SUBSCRIBER GROU		T I	IXTEENTH	SUBSCRIBER GROU	IP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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Total DSEs			0.00	Total DSEs			0.00	
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Gross Receipts Third G	oup	\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
Base Rate Fee Third Gr	oup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
		e fees for each subsci	riber group a	as shown in the boxes ab	ove.	\$		

LEGAL NAME OF OWNER						\$	SYSTEM ID#	Name
Heart of Iowa Com	municati	ions Cooperative	•				62045	- Trainio
Е	BLOCK A:	COMPUTATION O	F BASE RA	TE FEES FOR EACH	SUBSCRI	BER GROUP		
	NTEENTH	SUBSCRIBER GRO	UP	EI	GHTEENTH	SUBSCRIBER GROU	JP	0
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	9
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CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of Base Rate Fee
	 				····	-		and
	 			-		-		Syndicated
			•••		••••••••••	-		Exclusivity
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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gr	oup	\$	0.00	Gross Receipts Secon	nd Group	\$	0.00	
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Dana Bata Fan First On			0.00	Bass Bats Fac Consu	d 0		0.00	
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Secon	ia Group	\$	0.00	
NI	NTEENTH	SUBSCRIBER GRO	UP	Т	WENTIETH	SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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Total DSEs			0.00	Total DSEs			0.00	
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Gross Receipts Third G	roup	\$	0.00	Gross Receipts Fourth	n Group	\$	0.00	
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
			riber group a	as shown in the boxes al	oove.			
Enter here and in block	3, line 1, sp	pace L (page 7)				\$		

LEGAL NAME OF OWI Heart of Iowa Co			e			;	62045	Name
				TE FEES FOR EAC				
COMMUNITY/ AREA		SUBSCRIBER GRO	0 0	COMMUNITY/ ARE		SUBSCRIBER GRO	UP 0	9
CALL SIGN	Der	CALLEICN	Dec	CALLSION	Dec	II CALL SIGN	Dec	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of Base Rate Fee
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								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	
		SUBSCRIBER GRO		ii e		SUBSCRIBER GRO		
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	d Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
Base Rate Fee Third	d Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
Base Rate Fee: Add Enter here and in blo			criber group a	II	above.	\$		

LEGAL NAME OF OWNER Heart of Iowa Com			•			S	62045	Name
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		SUBSCRIBER GRO		ATE FEES FOR EACH		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
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Total DSEs	•		0.00	Total DSEs	•		0.00	
Gross Receipts First Gr	oup	\$	0.00	Gross Receipts Secon	d Group	\$	0.00	
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Second	d Group	\$	0.00	
	SEVENTH	SUBSCRIBER GRO		ii e	ry-eighth	SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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Total DSEs			0.00	Total DSEs			0.00	
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Gross Receipts Third G	roup	\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
		e fees for each subso	riber group a	as shown in the boxes ab	ove.	\$		

LEGAL NAME OF OWNER						S	YSTEM ID#	Name
Heart of Iowa Com	municati	ons Cooperative					62045	
				TE FEES FOR EACH				
	TY-NINTH	SUBSCRIBER GROU		TI .	HIRTIETH	SUBSCRIBER GROU		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
		0.122.1.0.1						Base Rate Fee
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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gro	oup	\$	0.00	Gross Receipts Second	l Group	\$	0.00	
Base Rate Fee First Gro	oup	s	0.00	Base Rate Fee Second	l Group	\$	0.00	
THIR	TY-FIRST	SUBSCRIBER GROU	JP	THIRTY	-SECOND	SUBSCRIBER GROU	Р	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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Total DSEs	<u> </u>		0.00	Total DSEs	<u> </u>		0.00	
Gross Receipts Third Gr	oup	\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
C. 200 Proceipto Trind Of	~~P			S. SSS TROCOIPES T SUITE	-,oup	<u>*</u>		
Base Rate Fee Third Gr	oup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block			riber group a	as shown in the boxes abo	ove.	\$		

LEGAL NAME OF OWI Heart of Iowa Co			e			•	62045	Name
				TE FEES FOR EAC				
COMMUNITY/ AREA		SUBSCRIBER GRO	0 0	COMMUNITY/ ARE		SUBSCRIBER GROU	JP 0	9
CALL SIGN	Dec	CALL SIGN	Dec	CALL SIGN	l per	I CALL SIGN	Dec	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	Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First		\$	0.00	Base Rate Fee Sec	ond Group	\$	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	d Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
Base Rate Fee Third	d Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
Base Rate Fee: Add Enter here and in blo			criber group a	II as shown in the boxes	above.	\$		

LEGAL NAME OF OWNER						S	YSTEM ID#	Name
Heart of Iowa Comi	municati	ons Cooperative					62045	
				TE FEES FOR EACH				
	SEVENTH	SUBSCRIBER GROU		TI .	Y-EIGHTH	SUBSCRIBER GROU		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
0.1223.0		0.122.2.0.1						Base Rate Fee
								and
								Syndicated
						_		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 Second	d Group	\$	0.00	
Base Rate Fee First Gro	oup	s	0.00	Base Rate Fee Second	d Group	\$	0.00	
THIRT	Y-NINTH	SUBSCRIBER GROU	JP		FORTIETH	SUBSCRIBER GROU	Р	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
			<u></u>				·····	
						H		
	ļ							
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third Gr	oup	\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
C. 200 Proscipio Trind Of	~~P			S. 333 Proceipto Fourth	Cioab	<u>•</u>	3.00	
Base Rate Fee Third Gr	oup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block (riber group a	as shown in the boxes ab	ove.	\$		

Name	YSTEM ID# 62045	_						LEGAL NAME OF OWNER Heart of lowa Comr
		BER GROUP	SUBSCRIE	TE FEES FOR EACH	BASE RA	COMPUTATION OF	LOCK A:	BI
^	IP	SUBSCRIBER GROU				SUBSCRIBER GROU		
9 Computatio	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate Fo								
and								
Syndicated								
Exclusivity								
Surcharge for								
Partially								
Distant								
Stations								
							ļ	
					ļ		 	
								
	0.00			Total DSEs	0.00			Total DSEs
	0.00	\$	l Group	Gross Receipts Second	0.00	\$	oup	Gross Receipts First Gro
	0.00	\$	l Group	Base Rate Fee Second	0.00	\$	oup	Base Rate Fee First Gro
	IP	SUBSCRIBER GROU	-FOURTH			SUBSCRIBER GROU	Y-THIRD	FORT
	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
			·····				 	
	·····							
							†	
	0.00			Total DSEs	0.00			Total DSEs
	•		Group		_		oup	
	0.00	\$	Group	Total DSEs Gross Receipts Fourth	0.00	\$	oup	Total DSEs Gross Receipts Third Gr

LEGAL NAME OF OWNER						S	YSTEM ID#	Name
Heart of Iowa Comr	nunicati	ons Cooperative					62045	- Namo
Bl	OCK A:	COMPUTATION O	BASE RA	TE FEES FOR EACH	SUBSCRI	BER GROUP		
FOR	Y-FIFTH	SUBSCRIBER GROU	JP	FOR	RTY-SIXTH	SUBSCRIBER GROU	IP	0
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	9
	DOE	I OALL OLON	T 505	0411 01011	T por	II OALL OLON	DOE	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
					ļ	-		
					_			
Total DSEs			0.00	Total DSEs	ļ	Ц	0.00	
Gross Receipts First Group \$ 0.00				Gross Receipts Second	d Croup	•		
Gross Receipts First Group			0.00	Gross Receipts Second	a Group	\$	0.00	
Base Rate Fee First Gro	up	\$	0.00	Base Rate Fee Second	d Group	\$	0.00	
FORTY-S	EVENTH	SUBSCRIBER GROU	JP	FOR1	Y-EIGHTH	SUBSCRIBER GROU	IP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
						-		
						-		
						-		
			<u> </u>					
			······································					
						-		
			•					
			0.00				0.00	
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	
Rate Fee: Add the			riber group a	s shown in the boxes ab	ove.	\$		

LEGAL NAME OF OWI Heart of Iowa Co			e			(62045	Name
				TE FEES FOR EAC				
COMMUNITY/ AREA		SUBSCRIBER GRO	0	COMMUNITY/ AREA 0				9
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		Ш	0.00	Total DSEs		ļ.ļ	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	0 0	T .		SUBSCRIBER GRO	JP 0	
COMMUNITY/ AREA				COMMUNITY/ ARE	Α			
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
						-		
						-		
						-		
						-		
Total 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	d Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
Base Rate Fee: Add Enter here and in blo			criber group a	II as shown in the boxes	above.	\$		

LEGAL NAME OF OWNER						S	YSTEM ID#	Name
Heart of Iowa Comi	nunicati	ions Cooperative	•				62045	
				TE FEES FOR EACH				
FIFT COMMUNITY/ AREA	Y-THIRD	SUBSCRIBER GRO	UP 0	COMMUNITY/ AREA	/-FOURTH	SUBSCRIBER GROU	0	9
								Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
			<u></u>					Base Rate Fee
								and
								Syndicated Exclusivity
								Surcharge
			<u></u>					for
								Partially
								Distant
								Stations
						_		
			<u></u>					
			<u></u>					
								
Total DSEs	<u> </u>		0.00	Total DSEs			0.00	
Gross Receipts First Group \$ 0.00			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	
FIF	TY-FIFTH	SUBSCRIBER GRO	UP	FII	TY-SIXTH	SUBSCRIBER GROU	IP	
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 (riber group a	as shown in the boxes ab	ove.	\$		

Name	YSTEM ID# 62045	_						LEGAL NAME OF OWNER Heart of lowa Com
	02070		CLIBOOD!	TE EEEO EOD EAO::				
	IP	BER GROUP SUBSCRIBER GROU		TE FEES FOR EACH		COMPUTATION O SUBSCRIBER GRO		
9 Computatio	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate F	202	5/122 5/5/1	202	07.22 0.0.V	202	07.22 0.011	302	0,122 0.011
and								
Syndicated								
Exclusivity								
Surcharge								
for								
Partially Distant					······································			
Stations		H						
	0.00			Total DSEs	0.00			Total DSEs
	0.00	\$	d Group	Gross Receipts Second	0.00	Gross Receipts First Group \$ 0.00		
	0.00	\$	d Group	Base Rate Fee Second	0.00	\$	oup	Base Rate Fee First Gro
	IP	SUBSCRIBER GROU	SIXTIETH		JP	FIFTY-NINTH SUBSCRIBER GROUP		
	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
					······································			
					•			
	····						1	
	0.00			Total DSEs	0.00			Total DSEs
	0.00	\$	Group	Total DSEs Gross Receipts Fourth	0.00	\$	roup	Total DSEs Gross Receipts Third Gr

LEGAL NAME OF OWNER						S	YSTEM ID#	Name
Heart of Iowa Com	municati	ons Cooperative	!				62045	
				TE FEES FOR EACH				
	TY-FIRST	SUBSCRIBER GROU		ii e	/-SECOND	SUBSCRIBER GROU		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
0.122.5.0.0						0.122.21311		Base Rate Fee
								and
								Syndicated
								Exclusivity
								Surcharge
								for
						<u> </u>		Partially Distant
								Stations
								
	<u> </u>							
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Group \$ 0.00			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	
SIX	ry-third	SUBSCRIBER GROI	JP	SIXT	Y-FOURTH	SUBSCRIBER GROU	Р	
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 G	roup.	•	0.00	Gross Receipts Fourth	Group	\$	0.00	
Cross Necelpts Tillid Gi	oup	<u>\$</u>	<u> </u>	Oross Receipts Fourth	Огоир	•	3.00	
Base Rate Fee Third G	oup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block			riber group a	us shown in the boxes ab	ove.	\$		

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Heart of lowa Communications Cooperative 62045									
	02040		CLIDCODI	TE FEED FOR FACIL						
	P	SUBSCRIBER GROUI		TE FEES FOR EACH		SUBSCRIBER GRO				
9 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							.			
Partially							-			
Distant										
Stations							<u> </u>			
							<u>.</u>			
							-			
	 				ļ		 			
	····						-			
	0.00			Total DSEs	0.00			Total DSEs		
	0.00	\$	Group	Gross Receipts Second	0.00	Gross Receipts First Group \$ 0.00				
	0.00	\$	Group	Base Rate Fee Second	0.00	\$	oup	3ase Rate Fee First Gro		
	P	SUBSCRIBER GROU	Y-EIGHTH	SIXT	JP	SUBSCRIBER GRO	SEVENTH	SIXTY-S		
	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA		
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN		
							<u> </u>			
							<u>.</u>			
	····									
							 			
							<u> </u>			
							-			
							ļ			
							i l			
	0.00			Total DSF a	0.00			Total DSEs		
	0.00			Total DSEs	0.00					
	0.00	\$	Group	Total DSEs Gross Receipts Fourth	0.00	\$	oup	Total DSEs Gross Receipts Third Gr		

LEGAL NAME OF OWNER						s	YSTEM ID#	Name
Heart of Iowa Comi	nunicati	ons Cooperative					62045	
				TE FEES FOR EACH				
	Y-NINTH	SUBSCRIBER GROU		TI .	VENTIETH	SUBSCRIBER GROU		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
0.1223.0		0.122.1.0.1						Base Rate Fee
								and
								Syndicated
								Exclusivity
								Surcharge
								for Partially
								Distant
								Stations
								
							·····	
Total DSEs			0.00	Total DSEs		11	0.00	
Gross Receipts First Group \$ 0.00					d Croup	•		
Gross Receipts First Group \$ 0.00			0.00	Gross Receipts Second	i Group	\$	0.00	
Base Rate Fee First Gro	oup	\$	0.00	Base Rate Fee Second	d Group	\$	0.00	
SEVEN	ΓY-FIRST	SUBSCRIBER GROU	JP	SEVENTY	-SECOND	SUBSCRIBER GROU	Р	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
						-		
Total DSEs			0.00	Total DSEs			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			iber group a	as shown in the boxes ab	ove.	\$		

LEGAL NAME OF OWNER						S	YSTEM ID#	Name
Heart of Iowa Com	municati	ions Cooperative					62045	
				TE FEES FOR EACH				
	ry-third	SUBSCRIBER GROU		TI .	/-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
						<u> </u>		Stations
	<u> </u>							
					ļ			
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Group \$ 0.00			0.00	Gross Receipts Second	l Group	\$	0.00	
Base Rate Fee First Gro	oup	\$	0.00	Base Rate Fee Second	l Group	\$	0.00	
SEVEN	TY-FIFTH	SUBSCRIBER GROU	JP	SEVEN	ITY-SIXTH	SUBSCRIBER GROU	Р	
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 G	าดเมท	\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
Cross Necelpts Tillid Gi	oup		0.00	O.033 Neocipts i ouitii	Cioup	•	3.00	
Base Rate Fee Third Gr	oup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block			riber group a	as shown in the boxes abo	ove.	\$		

LEGAL NAME OF OWNER						S	SYSTEM ID#	Name
Heart of Iowa Com	municati	ions Cooperative	•				62045	
				TE FEES FOR EACH	SUBSCRI	BER GROUP		
SEVENTY-	SEVENTH	SUBSCRIBER GRO	UP	SEVENT	Y-EIGHTH	SUBSCRIBER GROU	JP	0
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	9
CALL CICAL	DOE	CALL CICAL	DOE	CALL CICAL	DOE	II CALL CICAL	DOE	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>		<u> </u>					
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Group \$ 0.00			0.00	Gross Receipts Second	d Group	\$	0.00	
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Second	d Group	\$	0.00	
SEVEN	SEVENTY-NINTH SUBSCRIBER GROUP			E	EIGHTIETH	SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
						-		
			<u></u>					
	<u> </u>							
	 		<u></u>					
								
	 							
	-		-		-			
	·		<u></u>					
Total DSEs			0.00	Total DSEs	•		0.00	
Gross Receipts Third G	roup	\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
2.555 . ISSOIPES TIME O	1	Ť		S. 555 . 1000 pto 1 out til	2.2 u p	·		
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block			riber group a	as shown in the boxes ab	ove.	\$		

LEGAL NAME OF OWNER OF CABLE SYSTEM: Heart of lowa Communications Cooperative 62045									
		<u>-</u>		ATE FEES FOR EACH	SUBSCR	BER GROUP	0_0 10		
EIG		SUBSCRIBER GRO				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 Fe	
								and	
								Syndicated	
								Exclusivity	
								Surcharge for	
						-		Partially	
								Distant	
								Stations	
		<u> </u>							
				-	<u> </u>				
Total DSEs		Ш	0.00	Total DSEs		Į.	0.00		
Gross Receipts First Group \$ 0.00				Gross Receipts Secon	d Group	\$	0.00		
Base Rate Fee First Group \$ 0.00				Base Rate Fee Secon	d Group	\$	0.00		
EIGHTY-THIRD SUBSCRIBER GROUP			UP	EIGHT	Y-FOURTH	SUBSCRIBER GROU	JP		
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE		
						 			
		 	••••		···	-			
					<u> </u>	-			
		 							
		 				H			
Γotal DSEs			0.00	Total DSEs			0.00		
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fourth	Group	\$	0.00		
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00		
				<u>II</u>					
Base Rate Fee: Add Enter here and in bloo			criber group a	as shown in the boxes at	oove.	s			
inter riere and in blo	uk a, IINė 1, S	pace ∟ (page /)				a .			

LEGAL NAME OF OWNER						S	YSTEM ID#	Name
Heart of Iowa Com	municati	ons Cooperative					62045	
				TE FEES FOR EACH				
	TY-FIFTH	SUBSCRIBER GRO		TI .	HTY-SIXTH	SUBSCRIBER GROU		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
		0.1223.00						Base Rate Fee
								and
								Syndicated
						-		Exclusivity
						_		Surcharge
								for
								Partially Distant
			<u></u>					Stations
			<u></u>					
	<u> </u>							
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Group \$ 0.00			0.00	Gross Receipts Second	d Group	\$	0.00	
Base Rate Fee First Gro	oup	s	0.00	Base Rate Fee Second	d Group	\$	0.00	
EIGHTY-S	SEVENTH	SUBSCRIBER GROI	JP	EIGHT	Y-EIGHTH	SUBSCRIBER GROU	IP	
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 G	oup	\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
	1-	·		S. T. T. T. C. C. S. P. C. T. C. G. T.	ala	·		
Base Rate Fee Third Gr	oup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block			riber group a	as shown in the boxes ab	ove.	\$		

LEGAL NAME OF OWNER						s	YSTEM ID#	Name
Heart of Iowa Com	municati	ons Cooperative					62045	
				TE FEES FOR EACH				
	TY-NINTH	SUBSCRIBER GROU			NINTIETH	SUBSCRIBER GROU		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
		0.122.1.0.1						Base Rate Fee
								and
								Syndicated
								Exclusivity
								Surcharge
								for
								Partially Distant
								Stations
	ļ				<u></u>			
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Group \$ 0.00			0.00	Gross Receipts Second	d Group	\$	0.00	
Base Rate Fee First Gro	oup	s	0.00	Base Rate Fee Second	d Group	\$	0.00	
NINE	TY-FIRST	SUBSCRIBER GROU	JP	NINETY	-SECOND	SUBSCRIBER GROU	Р	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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						H		
						_		
								
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third Gr	oup	\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
	=: =	<u>·</u>		S. T. T. Coo.p.to 1 out til	mlm	·		
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			iber group a	as shown in the boxes ab	ove.	\$		

LEGAL NAME OF OWNER OF CABLE SYSTEM: Heart of Iowa Communications Cooperative 62045								Name
neart or lowa Com	municati	ions Cooperative	•				62045	
				TE FEES FOR EACH				
NINE COMMUNITY/ AREA	TY-THIRD	SUBSCRIBER GRO	UP 0	COMMUNITY/ AREA	/-FOURTH	SUBSCRIBER GROU	0	9
								Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
			<u></u>					Base Rate Fee
			<u></u>					and
								Syndicated Exclusivity
			 					Surcharge
	•		<u></u>					for
								Partially
								Distant
								Stations
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Total DSEs	<u> </u>		0.00	Total DSEs			0.00	
Gross Receipts First Gr	Gross Receipts First Group \$ 0.00				d Group	\$	0.00	
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Second	d Group	\$	0.00	
NINE	TY-FIFTH	SUBSCRIBER GRO	UP	NINE	ETY-SIXTH	SUBSCRIBER GROU	IP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
			<u> </u>			_		
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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	roup	\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
Oloss Necelhis Illiid A	юир	\$	0.00	Oross izeoeibis Lonifii	Огоир	<u>*</u>	3.00	
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block			riber group a	as shown in the boxes ab	ove.	\$		

Name	62045	•	LEGAL NAME OF OWNER OF CABLE SYSTEM: Heart of Iowa Communications Cooperative 62045								
	02073		OLIDOOD.	TE EEEO EOD EAO::	- DAOE - DA						
	JP	SUBSCRIBER GROUP		TE FEES FOR EACH		SUBSCRIBER GROU					
9 Computation	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA			
Computatio of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN			
Base Rate Fe	302	S. ILL STORY	552	07.22 0.0.V	202	07.122 0.011	202	0,122 0.011			
and											
Syndicated											
Exclusivity											
Surcharge											
for Partially											
Distant											
Stations											
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	0.00			Total DSEs	0.00			Total DSEs			
	0.00	\$	l Group	Gross Receipts Second	0.00	\$	oup	Gross Receipts First Gro			
	0.00	\$	l Group	Base Rate Fee Second	0.00	\$	oup	Base Rate Fee First Gro			
	IP	SUBSCRIBER GROU	NDREDTH	ONE HU	IP	SUBSCRIBER GROU	Y-NINTH	NINET			
	0		COMMUNITY/ AREA	0			COMMUNITY/ AREA				
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN			
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	0.00			Total DSEs	0.00		-	Total DSEs			
	0.00			D	0.00	_					
	0.00	\$	Group	Gross Receipts Fourth	0.00	\$	oup	Gross Receipts Third Gr			

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID#								Name
Heart of Iowa Com	municati	ions Cooperative	!				62045	Name
В	LOCK A:	COMPUTATION O	F BASE RA	TE FEES FOR EACH	SUBSCRI	BER GROUP		
ONE HUNDR	ED FIRST	SUBSCRIBER GROU	JP	ONE HUNDRED	SECOND	SUBSCRIBER GROU	IP	•
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
OF REE CHOIN	DOL	CALL SIGIA	502	O' LEE GIGIT	DOL	O/ALL SIGIV	BOL	Base Rate Fee
								and
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								Distant
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Total DSEs	_	<u> </u>	0.00	Total DSEs	Ļ		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 HUNDRE	ED THIRD	SUBSCRIBER GROU	JP	ONE HUNDREI) FOURTH	SUBSCRIBER GROU	IP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
CALL SIGN	DSL	CALL SIGN	DSL	CALL SIGN	DSL	CALL SIGN	DSL	
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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	roup	\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
C.000 Neocipio IIIII Gi	. Эчр	•	0.00	Oross Receipts Foultif	Эгоир	<u>*</u>	<u> </u>	
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block			riber group a	us shown in the boxes ab	ove.	\$		

LEGAL NAME OF OWN Heart of Iowa Co			e			(62045	Name
				TE FEES FOR EAC	CH SUBSCRI	BER GROUP		
	RED FIFTH	SUBSCRIBER GRO				SUBSCRIBER GROU		9
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		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 Sec	ond Group	\$	0.00	
Base Rate Fee First (Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
) SEVENTH	SUBSCRIBER GRO				SUBSCRIBER GROU	UP 0	
COMMUNITY/ AREA			0	COMMUNITY/ ARE				
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	rth Group	\$	0.00	
Base Rate Fee: Add to Enter here and in blood			criber group a	is shown in the boxes	above.	\$		

LEGAL NAME OF OWNER OF CABLE SYSTEM: Heart of Iowa Communications Cooperative 62045								Name
Heart of Iowa Com	municati	ons Cooperative	!				62045	- Tullio
				TE FEES FOR EACH	SUBSCRI	BER GROUP		
ONE HUNDRI	ED NINTH	SUBSCRIBER GROI	JP	ONE HUNDR	ED TENTH	SUBSCRIBER GROU	IP	0
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	9
CALL SIGN	Dec	CALLSION	Dec	CALL SIGN	Dec	CALLSION	DOE	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of Base Rate Fee
								and
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								Exclusivity
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								for
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Total DSEs	_	!	0.00	Total DSEs	1	! !	0.00	
Gross Receipts First Gr	iross Receipts First Group \$ 0.00				d Group	\$	0.00	
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Second	d Group	\$	0.00	
ONE HUNDRED E	LEVENTH	SUBSCRIBER GRO	JP	ONE HUNDRED	TWELVTH	SUBSCRIBER GROU	IP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
						-		
	<u> </u>		<u></u>		<u></u>			
	<u> </u>		<u></u>					
					<u> </u>			
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	roup	\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
				II.				
			riber group a	as shown in the boxes ab	ove.			
Enter here and in block	პ, line 1, sp	pace L (page 7)				\$		

LEGAL NAME OF OWNER OF CABLE SYSTEM: Heart of Iowa Communications Cooperative 62045								Name
		•					02045	
ONE HUNDRED THIF				TE FEES FOR EACH				
COMMUNITY/ AREA		SUBSCRIBER GROU	0	COMMUNITY/ AREA	KIEENIA	SUBSCRIBER GROUP	0	9
	l BOE	I OALL SION		041.004	LBOE	I call clos	T DOE	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of Base Rate Fee
								and
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							<u></u>	Exclusivity
								Surcharge
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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 FI	TEENTH	SUBSCRIBER GROU	IP	ONE HUNDRED S	IXTEENTH	SUBSCRIBER GROUP)	
COMMUNITY/ AREA			0	COMMUNITY/ AREA				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
			ļ		-		<u></u>	
								
								
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third Gr	oun	\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
Cross Necelpts Tillid Gi	Jup	<u>Ψ</u>	0.00	Orosa Medelpts i durtii	Огоир	•	<u> </u>	
Base Rate Fee Third Gr	oup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block			iber group a	ns shown in the boxes ab	ove.	\$		

LEGAL NAME OF OWNE Heart of Iowa Con			e				62045	Name
				TE FEES FOR EAC	CH SUBSCR	IBER GROUP		
ONE HUNDRED SEV	ENTEENTH	SUBSCRIBER GROU	Р	ONE HUNDRED	EIGHTEENTH	H SUBSCRIBER GROUP)	•
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
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								Syndicated
								Exclusivity Surcharge
								for
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								Stations
DOE		Ш	0.00	T-4-LDCE-		<u> </u>	0.00	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	roup	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
ONE HUNDRED N	INTEENTH	SUBSCRIBER GRO)UP	ONE HUNDRED	TWENTIETH	H SUBSCRIBER GRO	UP	
COMMUNITY/ AREA			0	COMMUNITY/ ARE				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
			••••					
otal DSEs	1	11	0.00	Total DSEs		11	0.00	
Gross Receipts Third (σιουρ	\$	0.00	Gross Receipts Fou	ıın Group	\$	0.00	
Base Rate Fee Third (Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block			criber group a	ns shown in the boxes	above.	\$		

NI a ma a	62045	S						LEGAL NAME OF OWNER Heart of lowa Comi
				TE FEES FOR EACH				
9		SUBSCRIBER GROUP	Y-SECOND			SUBSCRIBER GROUP	ITY-FIRST	ONE HUNDRED TWEN
Computat	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate						-		
and							•	
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	0.00	-		Total DSEs	0.00			Total DSEs
				Gross Receipts Secon	0.00	\$	up	Gross Receipts First Gro
	0.00	\$	Group	·				
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	0.00	\$	l Group	Base Rate Fee Secon	<u>_</u>			
	0.00		l Group	Base Rate Fee Secon	<u>_</u>			ONE HUNDRED TWEN
	0.00	\$	l Group	Base Rate Fee Secon				ONE HUNDRED TWEN
	0.00	\$ SUBSCRIBER GROUP	I Group	Base Rate Fee Secon ONE HUNDRED TWEN COMMUNITY/ AREA	0	SUBSCRIBER GROUP	TY-THIRD	ONE HUNDRED TWEN
-	0.00	\$ SUBSCRIBER GROUP	I Group	Base Rate Fee Secon ONE HUNDRED TWEN COMMUNITY/ AREA	0	SUBSCRIBER GROUP	TY-THIRD	ONE HUNDRED TWEN
	0.00	\$ SUBSCRIBER GROUP	I Group	Base Rate Fee Secon ONE HUNDRED TWEN COMMUNITY/ AREA	0	SUBSCRIBER GROUP	TY-THIRD	ONE HUNDRED TWEN
	0.00	\$ SUBSCRIBER GROUP	I Group	Base Rate Fee Secon ONE HUNDRED TWEN COMMUNITY/ AREA	0	SUBSCRIBER GROUP	TY-THIRD	ONE HUNDRED TWEN
	0.00	\$ SUBSCRIBER GROUP	I Group	Base Rate Fee Secon ONE HUNDRED TWEN COMMUNITY/ AREA	0	SUBSCRIBER GROUP	TY-THIRD	ONE HUNDRED TWEN
	0.00	\$ SUBSCRIBER GROUP	I Group	Base Rate Fee Secon ONE HUNDRED TWEN COMMUNITY/ AREA	0	SUBSCRIBER GROUP	TY-THIRD	ONE HUNDRED TWEN
	0.00	\$ SUBSCRIBER GROUP	I Group	Base Rate Fee Secon ONE HUNDRED TWEN COMMUNITY/ AREA	0	SUBSCRIBER GROUP	TY-THIRD	ONE HUNDRED TWEN
	0.00	\$ SUBSCRIBER GROUP	I Group	Base Rate Fee Secon ONE HUNDRED TWEN COMMUNITY/ AREA	0	SUBSCRIBER GROUP	TY-THIRD	ONE HUNDRED TWEN
	0.00	\$ SUBSCRIBER GROUP	I Group	Base Rate Fee Secon ONE HUNDRED TWEN COMMUNITY/ AREA	0	SUBSCRIBER GROUP	TY-THIRD	ONE HUNDRED TWEN
	0.00	\$ SUBSCRIBER GROUP	I Group	Base Rate Fee Secon ONE HUNDRED TWEN COMMUNITY/ AREA	0	SUBSCRIBER GROUP	TY-THIRD	ONE HUNDRED TWEN
	0.00	\$ SUBSCRIBER GROUP	I Group	Base Rate Fee Secon ONE HUNDRED TWEN COMMUNITY/ AREA	0	SUBSCRIBER GROUP	TY-THIRD	ONE HUNDRED TWEN
	0.00	\$ SUBSCRIBER GROUP	I Group	Base Rate Fee Secon ONE HUNDRED TWEN COMMUNITY/ AREA	0	SUBSCRIBER GROUP	TY-THIRD	ONE HUNDRED TWEN
	0.00	\$ SUBSCRIBER GROUP	I Group	Base Rate Fee Secon ONE HUNDRED TWEN COMMUNITY/ AREA CALL SIGN	DSE	SUBSCRIBER GROUP	TY-THIRD	ONE HUNDRED TWEN COMMUNITY/ AREA CALL SIGN
	0.00	SUBSCRIBER GROUP CALL SIGN	DSE	Base Rate Fee Secon ONE HUNDRED TWEN COMMUNITY/ AREA CALL SIGN Total DSEs	0 DSE	CALL SIGN	DSE	ONE HUNDRED TWEN COMMUNITY/ AREA CALL SIGN Total DSEs
	0.00	\$ SUBSCRIBER GROUP	DSE	Base Rate Fee Secon ONE HUNDRED TWEN COMMUNITY/ AREA CALL SIGN	DSE	SUBSCRIBER GROUP	DSE	COMMUNITY/ AREA

LEGAL NAME OF OWNER						S	YSTEM ID#	Name
Heart of Iowa Com	municati	ons Cooperative					62045	Name
В	BLOCK A:	COMPUTATION OF	BASE RA	TE FEES FOR EACH	SUBSCRI	BER GROUP		
ONE HUNDRED TWE	NTY-FIFTH	SUBSCRIBER GROUP		ONE HUNDRED TWE	NTY-SIXTH	SUBSCRIBER GROUP		•
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
Of IEE OF OTT	DOL	O/ IEE GIGIT	DOL	O' LEE GIGIT	DOL	OFFICE STORY	DOL	Base Rate Fee
								and
								Syndicated
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								Surcharge
								for
								Partially
								Distant
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Total DSEs	-		0.00	Total DSEs	Ļ		0.00	
Gross Receipts First Gr	oup	\$	0.00	Gross Receipts Second	d Group	\$	0.00	
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Second	d Group	\$	0.00	
ONE HUNDRED TWENTY	-SEVENTH	SUBSCRIBER GROUP		ONE HUNDRED TWEN	ITY-EIGHTH	SUBSCRIBER GROUP		
COMMUNITY/ AREA			0	COMMUNITY/ AREA				
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 G	roup	\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
•							 	
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block			iber group a	as shown in the boxes ab	ove.	\$		

LEGAL NAME OF OWN Heart of Iowa Co			9			•	62045	Name
	BLOCK A:	COMPUTATION C	F BASE RA	TE FEES FOR EAC	CH SUBSCRI	BER GROUP		
		SUBSCRIBER GROUP		ii –		SUBSCRIBER GROUP		9
COMMUNITY/ AREA			0	COMMUNITY/ ARE	٩		0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
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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	
ONE HUNDRED T	HIRTY-FIRST	SUBSCRIBER GROUP)	ONE HUNDRED TH	IRTY-SECOND	SUBSCRIBER GROUP)	
COMMUNITY/ AREA			0	COMMUNITY/ ARE				
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 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.	\$		

LEGAL NAME OF OWNER						S'	YSTEM ID#	Name
Heart of Iowa Com	municati	ons Cooperative					62045	
В	LOCK A:	COMPUTATION OF	BASE RA	TE FEES FOR EACH	SUBSCRI	BER GROUP		
	RTY-THIRD	SUBSCRIBER GROUP		11	ry-fourth	SUBSCRIBER GROUP		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL CICN	Dec	CALLSION	Dec	CALL SIGN	Dec	CALLSION	DOE	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of Base Rate Fee
								and
						-	····	Syndicated
							···	Exclusivity
								Surcharge
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								Partially
								Distant
								Stations
								
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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 THIR	TY-FIFTH	SUBSCRIBER GROU	IP	ONE HUNDRED THIS	RTY-SIXTH	SUBSCRIBER GROUP	Р	
COMMUNITY/ AREA			0	COMMUNITY/ AREA				
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 Gr	auo	\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
1.500ipto 11iiid Oi		· -		S. 222 . (Coolpto i cultil	2.24P	·		
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			iber group a	as shown in the boxes ab	ove.	\$		

LEGAL NAME OF OWNER Heart of Iowa Com						S	YSTEM ID# 62045	Name
				ATE FEES FOR EACH	SUBSCRI	BER GROUP	02070	
ONE HUNDRED THIRTY			DAGE NA	II		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
	••••					H		for
								Partially
								Distant
								Stations
			-		 	H	·····	
								
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gr	roup	\$	0.00	Gross Receipts Second	d Group	\$	0.00	
Base Rate Fee First Gr	roup	\$	0.00	Base Rate Fee Second	d Group	\$	0.00	
ONE HUNDRED THIR	TY-NINTH	SUBSCRIBER GROU	JP	ONE HUNDRED	FORTIETH	SUBSCRIBER GROU	IP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
					<u></u>			
	••••••					-		
					<u></u>			
								
			······································	-	<u></u>			
			·		 			
					<u> </u>			
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	iroup	\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
,	•				'			
Base Rate Fee Third G	Group	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
Base Rate Fee: Add th Enter here and in block			iber group a	II	ove.	\$		

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID#						Name		
Heart of Iowa Com	municati	ions Cooperative					62045	Name
В	LOCK A:	COMPUTATION OF	BASE RA	TE FEES FOR EACH	SUBSCRI	BER GROUP		
ONE HUNDRED FOR	SUBSCRIBER GROUP		ONE HUNDRED FORT	Y-SECOND	SUBSCRIBER GROUP		•	
COMMUNITY/ AREA			0	COMMUNITY/ AREA	9 Computation			
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
Of IEE CICIT	DOL	O/ILL GIGIT	BOL	O' LEE GIGIT	BOL	OF ILLE STOTE	DOL	Base Rate Fee
								and
								Syndicated
								Exclusivity
								Surcharge
								for
								Partially
						=		Distant
								Stations
	·					H	····	
								
Total DSEs	1		0.00	Total DSEs	!		0.00	
Gross Receipts First Gro	oup	\$	0.00	Gross Receipts Second 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	ΓY-FOURTH	SUBSCRIBER GROUP		
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		0.00	Gross Receipts Fourth Group \$ 0.00			0.00		
Ciosa Necelpia Tilliu Gi	oup	\$	0.00	Cross Receipts Fourth	Стоир	\$		
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			iber group a	as shown in the boxes ab	ove.	\$		

LEGAL NAME OF OWNER OF CABLE SYSTEM: Heart of lowa Communications Cooperative 62045							Name	
							02045	
		COMPUTATION OI SUBSCRIBER GROUP		ATE FEES FOR EACH				
COMMUNITY/ AREA					ONE HUNDRED FORTY-SIXTH SUBSCRIBER GROUP COMMUNITY/ AREA 0			
CALL SIGN	Dee	CALL SIGN	DSE	CALL SIGN	Dee	CALL SIGN	DOE	Computation of
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Base Rate Fee
								and
								Syndicated
								Exclusivity
								Surcharge
								for
	-							Partially
			<mark></mark>					Distant Stations
	•		•		•	-		Otations
	-		·					
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gr	oup	\$	0.00	Gross Receipts Secon	d Group	\$	0.00	
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Secon	d Group	\$	0.00	
ONE HUNDRED FORTY	-SEVENTH	SUBSCRIBER GROUP		ONE HUNDRED FOR	RTY-EIGHTH	SUBSCRIBER GROUP		
COMMUNITY/ AREA			0	COMMUNITY/ AREA				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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			<mark></mark>		<u></u>			
			<mark></mark>					
					-	H		
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third Group \$ 0.00		0.00	Gross Receipts Fourth Group \$		0.00			
					•			
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
se Rate Fee: Add the ter here and in block			riber group a	as shown in the boxes ab	ove.	\$		

LEGAL NAME OF OWNER OF CABLE SYSTEM: Heart of lowa Communications Cooperative 62045							Name	
							62045	
				TE FEES FOR EACH				
ONE HUNDRED FOR	I Y-NINTH	SUBSCRIBER GRO		ll .) FIFTIETH	SUBSCRIBER GROU		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
								Syndicated
						-		Exclusivity
			<u></u>					Surcharge
	<u></u>		<u></u>			-		for
			<u></u>					Partially Distant
								Stations
			···			-		
	<u></u>							
					<u> </u>			
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gr	oup	\$	0.00	Gross Receipts Second Group \$ 0.00				
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Second	d Group	\$	0.00	
ONE HUNDRED FIF	TY-FIRST	SUBSCRIBER GRO	JP	ONE HUNDRED FIFTY	-SECOND	SUBSCRIBER GROU	IP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA				
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			0.00	Gross Receipts Fourth	Group	\$	0.00	
Cross Necelbis IIIII G	ioup	\$	0.00	O1033 IVECEIPIS FOULTI	Jioup	<u> </u>	0.00	
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block			riber group a	as shown in the boxes ab	ove.	\$		

LEGAL NAME OF OWNER OF CABLE SYSTEM: Heart of lowa Communications Cooperative 62045							Name	
				ATE EEEO 202 202	0112022	DED 05 015	02045	
BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP ONE HUNDRED FIFTY-THIRD SUBSCRIBER GROUP ONE HUNDRED FIFTY-FOURTH SUBSCRIBER GROUP								
COMMUNITY/ AREA					. 507(111		0	9 Computation
CALL SIGN	CALL SIGN DSE CALL SIGN DSE			CALL SIGN	DSE	of		
					DSE	CALL SIGN		Base Rate Fee
								and
								Syndicated
			<u></u>					Exclusivity
			<u></u>		<u> </u>			Surcharge for
	···				···	-		Partially
	•				•••••••••			Distant
								Stations
								
Total DSEs	•		0.00	Total DSEs	•		0.00	
Gross Receipts First Gr	oup	\$	0.00	Gross Receipts Secon	d Group	\$	0.00	
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Secon	d Group	\$	0.00	
ONE HUNDRED FIF	TY-FIFTH	SUBSCRIBER GROU	JP	ONE HUNDRED FI	FTY-SIXTH	SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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	<u>_</u>							
Total DSEs			0.00	Total DSEs			0.00	
				Crown	•			
Gross Receipts Third G	ιουμ	\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
Base Rate Fee: Add th Enter here and in block			riber group a	as shown in the boxes ab	ove.	\$		

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID#							Name	
Heart of Iowa Com	municati	ions Cooperative)				62045	Name
E	BLOCK A:	COMPUTATION O	F BASE RA	TE FEES FOR EACH	SUBSCRI	BER GROUP		
ONE HUNDRED FIFTY-SEVENTH SUBSCRIBER GROUP ONE HUNDRED FIFTY-EIGHTH SUBSCRIBER GROUP								_
COMMUNITY/ AREA			0	COMMUNITY/ AREA 0				9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of		
O/LE GIGIT	DOL	O/ LEE OIOIN	DOL	O/ILL GIGIT	DSE	CALL SIGN	DOL	Base Rate Fee
			<u></u>				•••••	and
			<u></u>				•••••	Syndicated
	•••					-	·····	Exclusivity
							·····	Surcharge
							·····	for
							·····	Partially
							·····	Distant
			 				······	Stations
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			<u></u>					
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gr	OUD	¢	0.00					
Gioss Receipts Filst Gi	oup	\$	0.00	Gross Receipts Second	u Group	\$	0.00	
Base Rate Fee First Gr	Base Rate Fee First Group \$ 0.00			Base Rate Fee Second	d Group	\$	0.00	
ONE HUNDRED FIF	TY-NINTH	SUBSCRIBER GRO	UP	ONE HUNDRED	SIXTIETH	SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA	0			
CALL SIGN	DSE	CALL SIGN DSE		CALL SIGN	DSE	CALL SIGN		
O/ LE OIOIV	DOL	O' LEE O'O'N	DOL	O'ALL GIGIT	DOL	O/ LE OIOIV	DSE	
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			<u> </u>					
Total DSEs			0.00	Total DSEs	•		0.00	
Gross Receipts Third Group \$ 0.00		0.00	Gross Receipts Fourth Group \$ 0.00		0.00			
C.000 Necelpia IIIII G	Эчр	\$	0.00	Stood Receipts Fourth	Отоир	\$		
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
Base Rate Fee: Add th Enter here and in block			riber group a	II as shown in the boxes ab	ove.	\$		