This form is effective beginning with the January 1 to June 30, 2017 accounting period (2017/1) If you are filing for a prior accounting period, contact the Licensing Division for the correct form.

SA3E Long Form

STATEMENT OF ACCOUNT

for Secondary Transmissions by Cable Systems (Long Form)

General instructions are located in the first tab of this workbook.

FOR COPYRIGHT OFFICE USE ONLY								
DATE RECEIVED	AMOUNT							
3/1/23	\$							
57 II = 5	ALLOCATION NUMBER							

Return completed workbook by email to:

coplicsoa@loc.gov

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

Α	AC	COUNTING PERIOD COVERED BY THIS STATEMENT:				
Accounting		2022/2				
Period						
Bowner	rate	Give the full legal name of the owner of the cable system. If the owner is a title of the subsidiary, not that of the parent corporation. List any other name or names under which the owner conducts the busines of the the were different owners during the accounting period, only the owner ingle statement of account and royalty fee payment covering the entire accounting the conduction of the covering the entire accounting the covering the entire accounting the covering t	ss of the cable syster on the last day of to unting period.	em. he accounting period should so		062634
		, , , , , , , , , , , , , , , , , , ,				
					06263	420222
					062634	2022/2
		8837 BOND STREET				
		OVERLAND PARK, KS 66214				
С		TRUCTIONS: In line 1, give any business or trade names used to				
	nan	nes already appear in space B. In line 2, give the mailing address o	of the system, if dif	ferent from the address given	en in spac	e B.
System	1	IDENTIFICATION OF CABLE SYSTEM:				
		MAILING ADDRESS OF CABLE SYSTEM:				
	2	(Number, street, rural route, apartment, or suite number)				
		(City, town, state, zip code)				
D	Ins	tructions: For complete space D instructions, see page 1b. Identify	only the frst com	munity served below and r	elist on pa	ge 1b
Area	with	n all communities.				
Served		CITY OR TOWN	STATE			
First		GREENCASTLE	IN			
Community	В	elow is a sample for reporting communities if you report multiple ch			1	
		CITY OR TOWN (SAMPLE)	STATE	CH LINE UP	SUE	GRP#
Sample	Ald		MD	A B		2
	Ger	ance	MD MD	В		3
	Jei	my	IND	D		

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

ACCOUNTING PERIOD: 2022/2 FORM SA3E. PAGE 1b. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: 062634 CMN-RUS, LLC (formerly CMN-RUS, INC.) Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined D in FCC rules: "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single, discrete unincorporated areas." 47 C.F.R. §76.5(dd). The frst community that you list will serve as a form Δrea of system identification hereafter known as the "first community." Please use it as the first community on all future filings. Served Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified city or town. If all communities receive the same complement of television broadcast stations (i.e., one channel line-up for all), then either associate all communities with the channel line-up "A" in the appropriate column below or leave the column blank. If you report any stations on a partially distant or partially permitted basis in the DSE Schedule, associate each relevant community with a subscriber group, designated by a number (based on your reporting from Part 9). When reporting the carriage of television broadcast stations on a community-by-community basis, associate each community with a channel line-up designated by an alpha-letter(s) (based on your Space G reporting) and a subscriber group designated by a number (based on your reporting from Part 9 of the DSE Schedule) in the appropriate columns below. CH LINE UP SUB GRP# CITY OR TOWN STATE GREENCASTLE IN AA **First** IN **SEYMOUR AB** 2 Community **VINCENNES** IN AC 3 **NORTH VERNON** 2 IN AB MADISON IN AD 4 IN 5 WABASH AΕ See instructions for **NORTH MANCHESTER** IN **AF** 6 additional information on alphabetization. IN 7 HUNTINGTON AG CONNERSVILLE IN AH 8 9 IN **NEW CASTLE** ΑI IN 10 LENBANON ΑJ Add rows as necessary. FRANKLIN IN AK 11 **LAFAYETTE** IN 12 AL CRAWFORDSVILLE IN AM 13 IN 14 WESTFIELD AN **GREENWOOD** IN 11 AK **PLAINFIELD** IL AO 15 IL AP 16 BLOOMINGTON **FISHERS** IN AN 14 **OSWEGO** IL 17 AQ

AMES	IA	AW	23
ENGLEWOOD	OH	AX	24
CLAYTON	ОН	AX	24
TIPP CITY	ОН	AX	24
TROY	ОН	AX	24
JNION	OH	AX	24
/ANDALIA	OH	AX	24
WEST MILTON	ОН	AX	24
ANSING	MI	AY	25
EAST LANSING	MI	AY	25
TALLAHASSEE	FL	AZ	26
ALBERT LEA	MN	BA	27
AUSTIN	MN	BA	27
BELLE PLAINE	MN	BA	27
BLOOMINGTON	MN	BA	27
FARIBAULT	MN	BA	27
AKEVILLE	MN	BA	27
MANKATO	MN	BA	27
NORTHFIELD	MN	BA	27
DWATONNA	MN	BA	27
ROCHESTER	MN	BA	27
SHAKOPEE	MN	BA	27
VACONIA	MN	BA	27
VASECA	MN	BA	27
ROCK ISLAND	IL	BB	28
AYETTEVILLE	NC	BC	29

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 062634

CMN-RUS, LLC (formerly CMN-RUS, INC.)

E

Secondary Transmission Service: Subscribers and Rates

SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

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

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

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

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

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

BLO	OCK 1		BLOG	CK 2	
	NO. OF			NO. OF	
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE	SUBSCRIBERS	RATE
Residential:					
Service to first set	30,404	\$ 10.00	Lifeline Service	-	\$ 10.00
 Service to additional set(s) 			Preferred Digital	9,909	\$ 18.95
 FM radio (if separate rate) 			HD Elite	747	\$ 6.95
Motel, hotel			HD Standard Service	13,285	\$ 9.95
Commercial	925	\$ 10.00	HD Preferred Service	8,641	\$ 9.95
Converter			Residential HD/DVR	15,980	\$ 16.95
Residential	12,404	\$ 4.95	Commercial HD/DVR	57	\$ 16.95
Non-residential	1,390	\$ 4.95			

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.

	BLO	CK 1		BLOCK 2	
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE
Continuing Services:		Installation: Non-residential			
• Pay cable		Motel, hotel			
 Pay cable—add'l channel 		Commercial			
 Fire protection 		• Pay cable			
Burglar protection		Pay cable-add'l channel			
Installation: Residential		Fire protection			
• First set		Burglar protection			
 Additional set(s) 		Other services:			
 FM radio (if separate rate) 		Reconnect	\$ 35.00		
Converter		Disconnect			
		Outlet relocation	\$ 80.00		
		Move to new address	\$ 29.95		

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM Name 062634 CMN-RUS, LLC (formerly CMN-RUS, INC.) PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [section: 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on € **Primary** substitute program basis, as explained in the next paragraph Transmitters: Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program Television basis under specifc FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis List the station here, and also in space I, if the station was carried both on a substitute basis and also on some othe basis. For further information concerning substitute basis stations, see page (v) of the general instructions located Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identifi each multicast stream associated with a station according to its over-the-air designation. For example, report multi cast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WFTA-simulcast) Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air ir its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channe on which your cable system carried the station Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercia educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast) For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an ex planation of local service area, see page (v) of the general instructions located in the paper SA3 form Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which you cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable syster carried the distant station on a part-time basis because of lack of activated channel capacity For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representin the cable system and a primary transmitter or an association representing the primary transmitter, enter the designa tion "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a furthe explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifec Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AA 2. B'CAST 3. TYPE 4. DISTANT? 5. BASIS OF 6. LOCATION OF STATION 1. CALL **CARRIAGE** SIGN CHANNEL OF (Yes or No) NUMBER **STATION** (If Distant) **WCLJ** 42 No Bloomington, Indiana I 20 WHMB No Indianapolis, Indiana ı See instructions for WHMB-World Har 40.2 I-M No Indianapolis, Indiana additional information on alphabetization. 9 No WISH ı Indianapolis, Indiana WISH-HD/DT (sim I-M No Indianapolis, Indiana 8.1 WISH-getTV 8.2 I-M No Indianapolis, Indiana WISH-Justice 8.3 I-M No Indianapolis, Indiana 32 No WNDY I Marion, Indiana WNDY-HD/DT (Sir I-M No 23.1 Marion, Indiana WNDY-Bounce T 23.2 I-M No Marion, Indiana Ν WRTV 25 No Indianapolis, Indiana WRTV-HD/DT (Sir 6.1 No N-M Indianapolis, Indiana WRTV-Grit 6.2 I-M No Indianapolis, Indiana WRTV-Laff 6.3 I-M No Indianapolis, Indiana 13 WTHR Ν No Indianapolis, Indiana WTHR-HD/DT (Sir 13.1 N-M No Indianapolis, Indiana WTHR-Cozi TV 13.2 I-M No Indianapolis, Indiana WTHR-Me-TV 13.3 I-M No Indianapolis, Indiana

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM Name 062634 CMN-RUS, LLC (formerly CMN-RUS, INC.) PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [section: 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 othe basis. For further information concerning substitute basis stations, see page (v) of the general instructions located Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multi cast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WFTA-simulcast) Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air ir its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channe on which your cable system carried the station Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercia educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast) For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an ex planation of local service area, see page (v) of the general instructions located in the paper SA3 form Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which you cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable syster carried the distant station on a part-time basis because of lack of activated channel capacity For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representin the cable system and a primary transmitter or an association representing the primary transmitter, enter the designa tion "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a furthe explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifec Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AA (2) 2. B'CAST 3. TYPE 4. DISTANT? 5. BASIS OF 6. LOCATION OF STATION 1. CALL **CARRIAGE** SIGN CHANNEL OF (Yes or No) NUMBER **STATION** (If Distant) **WIPX** 27 No Bloomington, Indiana ı WIPX-HD/DT (Sim 63.1 I-M No Bloomington, Indiana See instructions for WIPX-Qubo 63.2 I-M No Bloomington, Indiana additional information on alphabetization. WIPX-Ion Life 63.3 I-M No Bloomington, Indiana WTIU 14 Ε No Bloomington, Indiana WTIU-HD/DT (Sim 30.1 E-M No Bloomington, Indiana 48 No WTTV Ν Bloomington, Indiana N-M No WTTV-HD/DT (Sin 4.1 Bloomington, Indiana WTTV - CW 4.2 I-M No Bloomington, Indiana WXIN 45 Т No Indianapolis, Indiana WXIN-HD/DT (Sim 59.1 I-M No Indianapolis, Indiana No WXIN-Antenna T 59.2 I-M Indianapolis, Indiana WXIN-This TV 59.3 I-M No Indianapolis, Indiana

FORM SA3E. PAGE 3. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM Name 062634 CMN-RUS, LLC (formerly CMN-RUS, INC.) PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [section: 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: Television

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

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

Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report 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 ir its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channe on which your cable system carried the station

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

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

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

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

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

		CHANN	EL LINE-UP	AB	
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION
WAVE	47	N	No		Louisville, Kentucky
WAVE-HD/DT (Sir	3.1	N-M	No		Louisville, Kentucky
WAVE-Bounce T\	3.2	I-M	No		Louisville, Kentucky
WAVE-GRIT	3.3	I-M	No		Louisville, Kentucky
WBKI	19	I	No		Campbellsville, Kentucky
WBKI-HD/DT (Sim	34.1	I-M	No		Campbellsville, Kentucky
WDRB	49	I	No		Louisville, Kentucky
WDRB-HD/DT (Si	41.1	I-M	No		Louisville, Kentucky
WHAS	11	N	No		Louisville, Kentucky
WHAS-HD/DT (Sii	11.1	N-M	No		Louisville, Kentucky
WHAS-Justice Ne	11.2	I-M	No		Louisville, Kentucky
WHAS-Weather R	11.3	N-M	No		Louisville, Kentucky
WISH	9	I	No		Indianapolis, Indiana
WISH-HD/DT (sim	8.1	I-M	No		Indianapolis, Indiana
WISH-getTV	8.2	I-M	No		Indianapolis, Indiana
WISH-Justice	8.3	I-M	No		Indianapolis, Indiana
WLKY	26	N	No		Louisville, Kentucky
WLKY-HD/DT (Sir	32.1	N-M	No		Louisville, Kentucky

FORM SA3E. PAGE 3. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM Name 062634 CMN-RUS, LLC (formerly CMN-RUS, INC.) PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [section: 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 othe basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form.

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

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

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

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

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

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

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

		CHANN	EL LINE-UP	AB (2)	
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
WLKY-ME TV	32.2	I-M	No		Louisville, Kentucky
WMYO	51	I	No		Salem, Indiana
WMYO-HD/DT (Si	58.1	I-M	No		Salem, Indiana
WRTV	25	N	No		Indianapolis, Indiana
WRTV-HD/DT (Sir	6.1	N-M	No		Indianapolis, Indiana
WRTV-Grit	6.2	I-M	No		Indianapolis, Indiana
WRTV-Laff	6.3	I-M	No		Indianapolis, Indiana
WTHR	13	N	No		Indianapolis, Indiana
WTHR-HD/DT (Sir	13.1	N-M	No		Indianapolis, Indiana
WTHR-Cozi TV	13.2	I-M	No		Indianapolis, Indiana
WTHR-Me-TV	13.3	I-M	No		Indianapolis, Indiana
WTIU	14	Е	No		Bloomington, Indiana
WTIU-HD/DT (Sim	30.1	E-M	No		Bloomington, Indiana
WTTV	48	N	No		Bloomington, Indiana
WTTV-HD/DT (Sin	4.1	N-M	No		Bloomington, Indiana
WTTV - CW	4.2	I-M	No		Bloomington, Indiana
WBNA	8	ı	No		Louisville, Kentucky

ACCOUNTING PERIOD: 2022/2 FORM SA3E. PAGE 3. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM Name 062634 CMN-RUS, LLC (formerly CMN-RUS, INC.) PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [section: 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 othe basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form.

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

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

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

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

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

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

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

		CHANN	EL LINE-UP	AC	
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	(Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION
WAWV	39	N	No		Terre Haute Indiana
WAWV-HD/DT (Si	39.1	N-M	No		Terre Haute Indiana
WTHI-CBS	10	N	No		Terre Haute Indiana
WTHI-HD/DT (Sim	10.1	N-M	No		Terre Haute Indiana
WTHI-My Fox	10.2	I	No		Terre Haute Indiana
WTVW	28	I	No		Evansville, Indiana
WTVW-HD/DT (Si	7.1	I-M	No		Evansville, Indiana
WTWO	36	N	No		Terre Haute Indiana
WTWO-HD/DT (si	36.1	N-M	No		Terre Haute Indiana
WVUT	22	Е	No		Vincennes, Indiana
WVUT-HD/DT (Sir	22.1	E-M	No		Vincennes, Indiana

FORM SA3E. PAGE 3. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM Name 062634 CMN-RUS, LLC (formerly CMN-RUS, INC.) PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [section: 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 ε **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 othe basis. For further information concerning substitute basis stations, see page (v) of the general instructions located

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

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

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

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

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

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

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

		CHANN	EL LINE-UP	AD	
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION
WAVE	47	N	No		Louisville, Kentucky
WAVE-HD/DT (Sir	3.1	N-M	No		Louisville, Kentucky
WAVE-Bounce T\	3.2	I-M	No		Louisville, Kentucky
WAVE-GRIT	3.3	I-M	No		Louisville, Kentucky
WBKI	19	I	No		Campbellsville, Kentucky
WBKI-HD/DT (Sim	34.1	I-M	No		Campbellsville, Kentucky
WBNA	8	I	No		Louisville, Kentucky
WCPO	22	N	No		Cincinnati, Ohio
WCPO-HD/DT (Si	9.1	N-M	No		Cincinnati, Ohio
WDRB	49	I	No		Louisville, Kentucky
WDRB-HD/DT (Si	41.1	I-M	No		Louisville, Kentucky
WHAS	11	N	No		Louisville, Kentucky
WHAS-HD/DT (Si	11.1	N-M	No		Louisville, Kentucky
WHAS-Justice Ne	11.2	I-M	No		Louisville, Kentucky
WHAS-Weather R	11.3	N-M	No		Louisville, Kentucky
WLKY	26	N	No		Louisville, Kentucky
WLKY-HD/DT (Sir	32.1	N-M	No		Louisville, Kentucky
WLKY-ME TV	32.2	I-M	No		Louisville, Kentucky

LEGAL NAME OF OWN	ER OF CABLE SY	STEM:			SYSTEM ID#	Nema
CMN-RUS, LLC	(formerly (CMN-RUS,	INC.)		062634	Name
PRIMARY TRANSMITTE	ERS: TELEVISION	NC				
carried by your cable s FCC rules and regulati 76.59(d)(2) and (4), 76 substitute program bas	system during to ions in effect of 6.61(e)(2) and sis, as explaine	the accountin n June 24, 19 (4), or 76.63 (ed in the next	g period except 981, permitting to (referring to 76.0 paragraph	(1) stations carrie the carriage of cer 61(e)(2) and (4))];	ns and low power television stations) ed only on a part-time basis under rtain network programs [sections and (2) certain stations carried on a	G Primary Transmitters:
Substitute Basis S basis under specifc FC • Do not list the station station was carried • List the station here, basis. For further in in the paper SA3 fo Column 1: List eace 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 vi cable system carried th carried the distant stat For the retransmiss of a written agreement the cable system and a tion "E" (exempt). For explanation of these th Column 6: Give the	Stations: With CC rules, regular here in space only on a substand also in space only on a substand also in space only on a substand also in space only on a substand associated with associated associated with associated associated associated in a part-tiple on a part-tip	respect to an ations, or autil G—but do listitute basis ace I, if the stoerning substitute basis ace I, if the stoerning substitute basis ace I, if the stoerning substitute basis bere the FCC le, WRC is Che station whether the station whether the station whether the station whether the local serage (v) of the station of the desi' in column on during the me basis bect multicast strain or before Jismitter or an aco enter "E". If s, see page (v) ach station. For a station.	y distant station horizations stit in space I (to action was carried itute basis station report originated coording to its of the reported in has assigned to annel 4 in Was station is a network), "N-M" all educational), ne general instructivice area, (i.e. a general instruction 4, you must con a coording per sause of lack of ream that is not une 30, 2009, by association repring you carried the you carried the you carried the you carried the you fixed the general or U.S. stations	he Special Statened both on a subsions, see page (v) on program service ver-the-air design column 1 (list each the television station, D.C. This ork station, an incertions located in distant"), enter "Yestions located in the television stations located in the distant"), enter "Yestions located in the proposed column 5 ind. Indicate by eactivated channel subject to a royal letween a cable seesenting the prime a channel on any of instructions located, list the communications located.	Yes". If not, enter "No". For an ex ne paper SA3 form , stating the basis on which you ntering "LAC" if your cable syster	Television
Note: If you are utilizing	ng multiple cha	nnel line-ups	, use a separate	e space G for eac	h channel line-up.	
	T	CHANN	EL LINE-UP	AD (2)		
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	
WLWT	35	N	No		Cincinnati, Ohio	
WLWT-HD/DT (Si	5.1	N-M	No		Cincinnati, Ohio	
WKPC	17	Е	No		Lexington, Kentucky	
WMYO	51	I	No		Salem, Indiana	
WMYO-HD/DT (Si	58.1	I-M	No		Salem, Indiana	
WTTV	48	N	No		Bloomington, Indiana	
WTTV-HD/DT (Sin	4.1	N-M	No		Bloomington, Indiana	
WTTV - CW	4.2	I-M	No		Bloomington, Indiana	

ACCOUNTING PERIOD: 2022/2 FORM SA3E. PAGE 3. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM Name 062634 CMN-RUS, LLC (formerly CMN-RUS, INC.) PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [section: 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 ε **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 othe basis. For further information concerning substitute basis stations, see page (v) of the general instructions located

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

Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identification 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

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

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

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

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

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

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

-		CHANN	EL LINE-UP	AE	
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION
WANE	31	N	No		Fort Wayne, Indiana
WANE-HD/DT (Sir	15.1	N-M	No		Fort Wayne, Indiana
WANE-Antenna T	15.2	I-M	No		Fort Wayne, Indiana
WFFT	36	I	No		Fort Wayne, Indiana
WFFT-HD/DT (sim	55.1	I-M	No		Fort Wayne, Indiana
WFWA	40	E	No		Fort Wayne, Indiana
WFWA-HD/DT (Si	39.1	E-M	No		Fort Wayne, Indiana
WFWA-Kids	39.2	E-M	No		Fort Wayne, Indiana
WFWA-Create	39.3	Е	No		Fort Wayne, Indiana
WFWA-4you	39.4	Е	No		Fort Wayne, Indiana
WFYI	21	Е	Yes	0	Indianapolis, Indiana
WFYI-HD/DT (Sim	20.1	E-M	Yes	Е	Indianapolis, Indiana
WFYI-Kids	20.2	E-M	Yes	0	Indianapolis, Indiana
WFYI-Create	20.3	E-M	Yes	0	Indianapolis, Indiana
WISE	18	I	No		Fort Wayne, Indiana
WISE-HD/DT (Sim	33.1	I-M	No		Fort Wayne, Indiana
WISH	9	I	No		Indianapolis, Indiana
WISH-HD/DT (sim	8.1	I-M	No		Indianapolis, Indiana

FORM SA3E. PAGE 3. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM Name 062634 CMN-RUS, LLC (formerly CMN-RUS, INC.) PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [section: 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a **Primary** substitute program basis, as explained in the next paragraph Transmitters: Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program Television

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

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

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

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

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

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

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

		CHANN	EL LINE-UP	AE (2)	
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
WISH-getTV	8.2	I-M	No		Indianapolis, Indiana
WISH-Justice	8.3	I-M	No		Indianapolis, Indiana
WNDY	32	I	No		Marion, Indiana
WNDY-HD/DT (Si	23.1	I-M	No		Marion, Indiana
WNDY-Bounce T\	23.2	I-M	No		Marion, Indiana
WPTA	24	N	No		Fort Wayne, Indiana
WPTA-HD/DT (Sir	21.1	N-M	No		Fort Wayne, Indiana
WPTA-DT2	21.2	N-M	No		Fort Wayne, Indiana
WPTA-DT3	21.3	I-M	No		Fort Wayne, Indiana
WRTV	25	N	No		Indianapolis, Indiana
WRTV-HD/DT (Sir	6.1	N-M	No		Indianapolis, Indiana
WRTV-Grit	6.2	I-M	No		Indianapolis, Indiana
WRTV-Laff	6.3	I-M	No		Indianapolis, Indiana
WTHR	13	N	No		Indianapolis, Indiana
WTHR-HD/DT (Sir	13.1	N-M	No		Indianapolis, Indiana
WTHR-Cozi TV	13.2	I-M	No		Indianapolis, Indiana
WTHR-Me-TV	13.3	I-M	No		Indianapolis, Indiana

FORM SA3E. PAGE 3. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM Name 062634 CMN-RUS, LLC (formerly CMN-RUS, INC.) PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [section: 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

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

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

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

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

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

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

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

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

		CHANN	EL LINE-UP	AF	
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION
WANE	31	N	No		Fort Wayne, Indiana
WANE-HD/DT (Si	15.1	N-M	No		Fort Wayne, Indiana
WANE-Antenna T	15.2	I-M	No		Fort Wayne, Indiana
WFFT	36	I	No		Fort Wayne, Indiana
WFFT-HD/DT (sim	55.1	I-M	No		Fort Wayne, Indiana
WFWA	40	Е	No		Fort Wayne, Indiana
WFWA-HD/DT (Si	39.1	E-M	No		Fort Wayne, Indiana
WFWA-Kids	39.2	E-M	No		Fort Wayne, Indiana
WFWA-Create	39.3	Е	No		Fort Wayne, Indiana
WFWA-4you	39.4	Е	No		Fort Wayne, Indiana
WISE	18	I	No		Fort Wayne, Indiana
WISE-HD/DT (Sim	33.1	I-M	No		Fort Wayne, Indiana
WPTA	24	N	No		Fort Wayne, Indiana
WPTA-HD/DT (Sir	21.1	N-M	No		Fort Wayne, Indiana
WPTA-DT2	21.2	N-M	No		Fort Wayne, Indiana
		1	No		Fort Wayne, Indiana

Transmitters: Television

Television

FORM SA3E. PAGE 3. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM Name 062634 CMN-RUS, LLC (formerly CMN-RUS, INC.) PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [section: 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 basis under specifc FCC rules, regulations, or authorizations:

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

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

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

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

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

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

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

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

		CHANN	EL LINE-UP	AG	
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION
WANE	31	N	No		Fort Wayne, Indiana
WANE-HD/DT (Sir	15.1	N-M	No		Fort Wayne, Indiana
WANE-Antenna T	15.2	I-M	No		Fort Wayne, Indiana
WFFT	36	I	No		Fort Wayne, Indiana
WFFT-HD/DT (sim	55.1	I-M	No		Fort Wayne, Indiana
WFWA	40	E	No		Fort Wayne, Indiana
WFWA-HD/DT (Si	39.1	E-M	No		Fort Wayne, Indiana
WFWA-Kids	39.2	E-M	No		Fort Wayne, Indiana
WFWA-Create	39.3	E	No		Fort Wayne, Indiana
WFWA-4you	39.4	E	No		Fort Wayne, Indiana
WISE	18	l	No		Fort Wayne, Indiana
WISE-HD/DT (Sim	33.1	I-M	No		Fort Wayne, Indiana
WPTA	24	N	No		Fort Wayne, Indiana
WPTA-HD/DT (Sir	21.1	N-M	No		Fort Wayne, Indiana
WPTA-DT2	21.2	N-M	No		Fort Wayne, Indiana
WPTA-DT3	21.3	I-M	No		Fort Wayne, Indiana

FORM SA3E. PAGE 3. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM Name 062634 CMN-RUS, LLC (formerly CMN-RUS, INC.) PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [section: 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 othe basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form.

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

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

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

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

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

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

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

		CHANN	EL LINE-UP	AH	
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION
WCLJ	42	I	No		Bloomington, Indiana
WCPO	22	N	No		Cincinnati, Ohio
WCPO-HD/DT (Si	9.1	N-M	No		Cincinnati, Ohio
WFYI	21	Е	Yes	0	Indianapolis, Indiana
WFYI-HD/DT (Sim	20.1	E-M	Yes	E	Indianapolis, Indiana
WFYI-Kids	20.2	E-M	Yes	0	Indianapolis, Indiana
WFYI-Create	20.3	E-M	Yes	0	Indianapolis, Indiana
WHMB	20	I	No		Indianapolis, Indiana
WHMB-World Har	40.2	I-M	No		Indianapolis, Indiana
WIPX	27	I	No		Bloomington, Indiana
WIPX-HD/DT (Sim	63.1	I-M	No	-	Bloomington, Indiana
WIPX-Qubo	63.2	I-M	No		Bloomington, Indiana
WIPX-Ion Life	63.3	I-M	No		Bloomington, Indiana
WISH	9	I	No		Indianapolis, Indiana
WISH-HD/DT (sim	8.1	I-M	No		Indianapolis, Indiana
WISH-getTV	8.2	I-M	No		Indianapolis, Indiana
WISH-Justice	8.3	I-M	No		Indianapolis, Indiana
WLWT	35	N	No		Cincinnati, Ohio

ACCOUNTING PERIOD: 2022/2 FORM SA3E. PAGE 3. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM Name 062634 CMN-RUS, LLC (formerly CMN-RUS, INC.) PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [section: 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 othe basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multi cast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WFTA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air ir its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channe on which your cable system carried the station Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercia educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast) For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an ex planation of local service area, see page (v) of the general instructions located in the paper SA3 form Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which you cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable syster carried the distant station on a part-time basis because of lack of activated channel capacity For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representin the cable system and a primary transmitter or an association representing the primary transmitter, enter the designa tion "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a furthe explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified

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

	CHANNEL LINE-UP AH (2)											
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							
WLWT-HD/DT (Si	5.1	N-M	No		Cincinnati, Ohio							
WNDY	32	I	No		Marion, Indiana							
WNDY-HD/DT (Sir	23.1	I-M	No		Marion, Indiana							
WNDY-Bounce T\	23.2	I-M	No		Marion, Indiana							
WRTV	25	N	No		Indianapolis, Indiana							
WRTV-HD/DT (Sir	6.1	N-M	No		Indianapolis, Indiana							
WRTV-Grit	6.2	I-M	No		Indianapolis, Indiana							
WRTV-Laff	6.3	I-M	No	-	Indianapolis, Indiana							
WTHR	13	N	No		Indianapolis, Indiana							
WTHR-HD/DT (Sir	13.1	N-M	No		Indianapolis, Indiana							
WTHR-Cozi TV	13.2	I-M	No		Indianapolis, Indiana							
WTHR-Me-TV	13.3	I-M	No		Indianapolis, Indiana							
WTTV	48	N	No		Bloomington, Indiana							
WTTV-HD/DT (Sin	4.1	N-M	No		Bloomington, Indiana							
WTTV - CW	4.2	I-M	No		Bloomington, Indiana							
WXIN	45	I	No		Indianapolis, Indiana							
WXIN-HD/DT (Sim	59.1	I-M	No		Indianapolis, Indiana							
WXIN-Antenna TV	59.2	I-M	No		Indianapolis, Indiana							

LEGAL NAME OF OWN	NER OF CABLE SY	'STEM:			SYSTEM ID#	
CMN-RUS, LLC	(formerly	CMN-RUS,	INC.)		062634	Name
PRIMARY TRANSMITT	ERS: TELEVISI	ON				
CMN-RUS, LLC PRIMARY TRANSMITT In General: In space carried by your cable FCC rules and regula 76.59(d)(2) and (4), 7 substitute program ba Substitute Basis: basis under specifc F• Do not list the station station was carried • List the station here, basis. For further in the paper SA3 fic Column 1: List eace each multicast stream cast stream as "WET. WETA-simulcast). Column 2: Give the its community of licen on which your cable s Column 3: Indicate educational station, by (for independent multifor the meaning of the Column 4: If the splanation of local serve Column 5: If your cable system carried the distant stafor the retransmiss of a written agreement the cable system and tion "E" (exempt). For	C (formerly C) ERS: TELEVISION G, identify every system during the system during the system during the system during the system carpinal system carpinal system carried the channel number of the system carried the channel system carried the channel system of the system carried the system carried the system carried the channel system carr	y television so the accounting of the accounting substantial sign. Do not the action of the accounting substantial sign. Do not the action of the accounting the account of the accounting th	tation (including g period except 981, permitting to 1981, permitt	(1) stations carriethe carriage of ceithe carriage of ceithe (2) and (4))]; as carried by your the Special Stater and both on a subside of the state of the television sociated in the televisions located in the television state of the television state of the television state of the television sociated in the television state of the televisio	as and low power television stations) and only on a part-time basis under train network programs [section: and (2) certain stations carried on a cable system on a substitute program ment and Program Log)—if the titute basis and also on some othe of the general instructions located the such as HBO, ESPN, etc. Identify ation. For example, report multich stream separately; for example ation for broadcasting over-the-air in a may be different from the channe dependent station, or a noncommercial cast), "I" (for independent), "I-M commercial educational multicast) the paper SA3 form (res". If not, enter "No". For an exine paper SA3 form, stating the basis on which you intering "LAC" if your cable system or an association representin ary transmitter, enter the designal other basis, enter "O." For a furthe	Namo
Column 6: Give th	e location of ea	ach station. F	or U.S. stations	, list the communi	ted in the paper SA3 form ty to which the station is licensed by the	
FCC. For Mexican or Note: If you are utilizi				•	th which the station is identifec h channel line-up.	
		CHANN	EL LINE-UP	AH (3)		
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	
WXIN-This TV	59.3	I-M	No		Indianapolis, Indiana	

ACCOUNTING PERIOD: 2022/2 FORM SA3E. PAGE 3. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM Name 062634 CMN-RUS, LLC (formerly CMN-RUS, INC.) PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [section: 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 othe

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

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

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

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

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

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

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

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

CHANNEL LINE-UP AI									
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION				
WCLJ	42	I	No		Bloomington, Indiana				
WFYI	21	E	No		Indianapolis, Indiana				
WFYI-HD/DT (Sim	20.1	E-M	No		Indianapolis, Indiana				
WFYI-Kids	20.2	E-M	No		Indianapolis, Indiana				
WFYI-Create	20.3	E-M	No		Indianapolis, Indiana				
WHMB	20	I	No		Indianapolis, Indiana				
WHMB-World Har	40.2	I-M	No		Indianapolis, Indiana				
WIPB	23	E	No		Muncie, Indiana				
WIPB-HD/DT (Sim	49.1	E-M	No		Muncie, Indiana				
WIPB-Create	49.2	E-M	No		Muncie, Indiana				
WIPB - Weather	49.3	I-M	No		Muncie, Indiana				
WIPX	27	I	No		Bloomington, Indiana				
WIPX-HD/DT (Sim	63.1	I-M	No		Bloomington, Indiana				
WIPX-Qubo	63.2	I-M	No		Bloomington, Indiana				
WIPX-Ion Life	63.3	I-M	No		Bloomington, Indiana				
WISH	9	I	No		Indianapolis, Indiana				
WISH-HD/DT (sim	8.1	I-M	No		Indianapolis, Indiana				
WISH-getTV	8.2	I-M	No		Indianapolis, Indiana				

ACCOUNTING PERIOD: 2022/2 FORM SA3E. PAGE 3. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM Name 062634 CMN-RUS, LLC (formerly CMN-RUS, INC.) PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [section: 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on € **Primary** substitute program basis, as explained in the next paragraph Transmitters: Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program Television basis under specifc FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis List the station here, and also in space I, if the station was carried both on a substitute basis and also on some othe basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multi cast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WFTA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air ir its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channe on which your cable system carried the station Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercia educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast) For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an ex planation of local service area, see page (v) of the general instructions located in the paper SA3 form Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which you cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable syster carried the distant station on a part-time basis because of lack of activated channel capacity For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representin the cable system and a primary transmitter or an association representing the primary transmitter, enter the designa tion "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a furthe explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.

		CHANN	EL LINE-UP	AI (2)	
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
WISH-Justice	8.3	I-M	No		Indianapolis, Indiana
WNDY	32	I	No		Marion, Indiana
WNDY-HD/DT (Sir	23.1	I-M	No		Marion, Indiana
WNDY-Bounce T\	23.2	I-M	No		Marion, Indiana
WRTV	25	N	No		Indianapolis, Indiana
WRTV-HD/DT (Sir	6.1	N-M	No		Indianapolis, Indiana
WRTV-Grit	6.2	I-M	No		Indianapolis, Indiana
WRTV-Laff	6.3	I-M	No		Indianapolis, Indiana
WTHR	13	N	No		Indianapolis, Indiana
WTHR-HD/DT (Sir	13.1	N-M	No		Indianapolis, Indiana
WTHR-Cozi TV	13.2	I-M	No		Indianapolis, Indiana
WTHR-Me-TV	13.3	I-M	No		Indianapolis, Indiana
WTTV	48	N	No		Bloomington, Indiana
WTTV-HD/DT (Sin	4.1	N-M	No		Bloomington, Indiana
WTTV - CW	4.2	I-M	No		Bloomington, Indiana
WXIN	45	I	No		Indianapolis, Indiana
WXIN-HD/DT (Sim	59.1	I-M	No		Indianapolis, Indiana
WXIN-Antenna TV		I-M	No		Indianapolis, Indiana

LEGAL NAME OF OWN	IER OF CABLE SY	STEM:			SYSTEM ID#	
CMN-RUS, LLC	(formerly	CMN-RUS,	INC.)		062634	Name
PRIMARY TRANSMITT	ERS: TELEVISI	ON				
carried by your cable s	system during tions in effect of 5.61(e)(2) and	the accountin n June 24, 19 (4), or 76.63	g period except 981, permitting t (referring to 76.6	(1) stations carrie he carriage of ce	ns and low power television stations) ed only on a part-time basis under rtain network programs [sections and (2) certain stations carried on a	G Primary Transmitters:
	Stations: With	respect to an	y distant station	s carried by your	cable system on a substitute progran	Television
•	n here in space	G—but do lis		he Special Staten	nent and Program Log)—if the	
• List the station here,	and also in sp nformation con	ace I, if the st			titute basis and also on some othe of the general instructions located	
each multicast stream	associated wit	h a station a	ccording to its o	ver-the-air design	es such as HBO, ESPN, etc. Identifi ation. For example, report multi ch stream separately; for example	
WETA-simulcast).			·	,	ation for broadcasting over-the-air ir	
on which your cable s	ystem carried t	he station			s may be different from the channe dependent station, or a noncommercia	
educational station, by (for independent multi For the meaning of the	entering the locast), "E" (for rese terms, see	etter "N" (for r ioncommercia page (v) of th	network), "N-M" al educational), ne general instru	(for network multi or "E-M" (for nond actions located in	icast), "I" (for independent), "I-M commercial educational multicast)	
-	ave entered "Y he distant stati	es" in columr on during the	n 4, you must co accounting per	emplete column 5 iod. Indicate by e	, stating the basis on which you ntering "LAC" if your cable syster	
For the retransmiss of a written agreemen	sion of a distan t entered into o	t multicast str on or before J	eam that is not une 30, 2009, b	subject to a royal etween a cable s	ty payment because it is the subjec ystem or an association representin ary transmitter, enter the designa	
explanation of these the Column 6: Give the	nree categories e location of ea	s, see page (vach station. F	v) of the general or U.S. stations,	instructions local	other basis, enter "O." For a furthe ted in the paper SA3 form ty to which the station is licensed by the	
Note: If you are utilizing				•	th which the station is identifec h channel line-up.	
		CHANN	EL LINE-UP	AI (3)		
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	
WXIN-This TV	59.3	I-M	No		Indianapolis, Indiana	

ACCOUNTING PERIOD: 2022/2 FORM SA3E. PAGE 3. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM Name 062634 CMN-RUS, LLC (formerly CMN-RUS, INC.) PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [section: 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on € **Primary** substitute program basis, as explained in the next paragraph Transmitters: Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program Television basis under specifc FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis List the station here, and also in space I, if the station was carried both on a substitute basis and also on some othe

basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form.

Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identifi

Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identification and 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 ir its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channe on which your cable system carried the station

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

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

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

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

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

		CHANN	EL LINE-UP	AJ	
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION
WTTV	48	N	No		Bloomington, Indiana
WTTV-HD/DT (Sin	4.1	N-M	No		Bloomington, Indiana
WTTV - CW	4.2	I-M	No		Bloomington, Indiana
WRTV	25	N	No		Indianapolis, Indiana
WRTV-HD/DT (Sir	6.1	N-M	No		Indianapolis, Indiana
WRTV-Grit	6.2	I-M	No		Indianapolis, Indiana
WRTV-Laff	6.3	I-M	No		Indianapolis, Indiana
WNDY	32	I	No		Marion, Indiana
WNDY-HD/DT (Sii	23.1	I-M	No		Marion, Indiana
WNDY-Bounce T\	23.2	I-M	No		Marion, Indiana
WISH	9	I	No		Indianapolis, Indiana
WISH-HD/DT (sim	8.1	I-M	No		Indianapolis, Indiana
WISH-getTV	8.2	I-M	No		Indianapolis, Indiana
WISH-Justice	8.3	I-M	No		Indianapolis, Indiana
WHMB	20	I	No		Indianapolis, Indiana
WHMB-World Har	40.2	I-M	No		Indianapolis, Indiana
WIPB	23	Е	Yes	0	Muncie, Indiana
WIPB-HD/DT (Sim	49.1	E-M	Yes	E	Muncie, Indiana

ACCOUNTING PERIOD: 2022/2 FORM SA3E. PAGE 3. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM Name 062634 CMN-RUS, LLC (formerly CMN-RUS, INC.) PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [section: 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 ε **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 othe basis. For further information concerning substitute basis stations, see page (v) of the general instructions located Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identifi each multicast stream associated with a station according to its over-the-air designation. For example, report multi

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

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

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

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

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

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

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

		CHANN	EL LINE-UP	AJ (2)	
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
WIPB-Create	49.2	E-M	Yes	0	Muncie, Indiana
WIPB - Weather	49.3	I-M	Yes	0	Muncie, Indiana
WXIN	45	I	No		Indianapolis, Indiana
WXIN-HD/DT (Sim	59.1	I-M	No		Indianapolis, Indiana
WXIN-Antenna T\		I-M	No		Indianapolis, Indiana
WXIN-This TV	59.3	I-M	No		Indianapolis, Indiana
WTHR	13	N	No		Indianapolis, Indiana
WTHR-HD/DT (Sir	13.1	N-M	No		Indianapolis, Indiana
WTHR-Cozi TV	13.2	I-M	No		Indianapolis, Indiana
WTHR-Me-TV	13.3	I-M	No		Indianapolis, Indiana
WCLJ	42	I	No		Bloomington, Indiana
WIPX	27	I	No		Bloomington, Indiana
WIPX-HD/DT (Sim	63.1	I-M	No		Bloomington, Indiana
WIPX-Qubo	63.2	I-M	No		Bloomington, Indiana
WIPX-Qubo	63.2	I-M	No		Bloomington, Indiana
WFYI	21	E	No		Indianapolis, Indiana
WFYI-HD/DT (Sim	20.1	Е-М	No		Indianapolis, Indiana
WFYI-Kids	20.2	E-M	No		Indianapolis, Indiana

LEGAL NAME OF OWN	IER OF CABLE SY	STEM:			SYSTEM ID#	
CMN-RUS, LLC	(formerly (CMN-RUS,	INC.)		062634	Name
PRIMARY TRANSMITT	ERS: TELEVISION	ON				
carried by your cable a	system during to	the accountin n June 24, 19	g period except 981, permitting t	(1) stations carrie the carriage of cer	s and low power television stations) d only on a part-time basis under tain network programs [section: and (2) certain stations carried on a	G Primary
substitute program ba	sis, as explaine	ed in the next	paragraph	(// / / //2	cable system on a substitute progran	Transmitters: Television
basis under specifc F0 • Do not list the station	CC rules, regul n here in space	ations, or aut G—but do lis	horizations:		nent and Program Log)—if the	
	and also in spanformation cond	ace I, if the st			itute basis and also on some othe of the general instructions locateα	
					es such as HBO, ESPN, etc. Identifi ation. For example, report multi	
WETA-simulcast).			·	`	ch stream separately; for example	
	se. For exampl	e, WRC is Ch	-		tion for broadcasting over-the-air ir s may be different from the channe	
Column 3: Indicate	e in each case	whether the s			ependent station, or a noncommercia cast), "I" (for independent), "I-M	
	cast), "E" (for n	oncommercia	al educational),	or "E-M" (for nonc	commercial educational multicast)	
planation of local serv	ice area, see p	age (v) of the	general instruc	tions located in th		
cable system carried t	he distant stati	on during the	accounting per	iod. Indicate by e	stating the basis on which you ntering "LAC" if your cable syster	
	sion of a distan	t multicast str	eam that is not	subject to a royalt	y payment because it is the subjec	
the cable system and	a primary trans	smitter or an a	association repr	esenting the prima	stem or an association representin ory transmitter, enter the designa other basis, enter "O." For a furthe	
explanation of these the	rree categories	s, see page (v	/) of the general	instructions locat	ed in the paper SA3 form ty to which the station is licensed by the	
	Canadian statio	ons, if any, gi	ve the name of t	the community wit	h which the station is identifec	
			EL LINE-UP	·		
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)		
WFYI-Create	20.3	E-M	No		Indianapolis, Indiana	
						

ACCOUNTING PERIOD: 2022/2 FORM SA3E. PAGE 3. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM Name 062634 CMN-RUS, LLC (formerly CMN-RUS, INC.) PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [section: 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

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

List the station here, and also in space i, it 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 multi cast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast).

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

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

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

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

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

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

		CHANN	EL LINE-UP	AK	
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION
WCLJ	42	ı	No		Bloomington, Indiana
WTTV	48	N	No		Bloomington, Indiana
WTTV-HD/DT (Sin	4.1	N-M	No		Bloomington, Indiana
WTTV - CW	4.2	I-M	No		Bloomington, Indiana
WTIU	14	Е	No		Bloomington, Indiana
WTIU-HD/DT (Sim	30.1	E-M	No		Bloomington, Indiana
WRTV	25	N	No		Indianapolis, Indiana
WRTV-HD/DT (Sir	6.1	N-M	No		Indianapolis, Indiana
WRTV-Grit	6.2	I-M	No		Indianapolis, Indiana
WRTV-Laff	6.3	I-M	No		Indianapolis, Indiana
WNDY	32	I	No		Marion, Indiana
WNDY-HD/DT (Si	23.1	I-M	No		Marion, Indiana
WNDY-Bounce T\	23.2	I-M	No		Marion, Indiana
WISH	9	I	No		Indianapolis, Indiana
WISH-HD/DT (sim	8.1	I-M	No		Indianapolis, Indiana
WISH-getTV	8.2	I-M	No		Indianapolis, Indiana
WISH-Justice	8.3	I-M	No		Indianapolis, Indiana
WHMB	20	I	No		Indianapolis, Indiana

Television

FORM SA3E. PAGE 3.

LEGAL NAME OF OWNER OF CABLE SYSTEM:

CMN-RUS, LLC (formerly CMN-RUS, INC.)

PRIMARY TRANSMITTERS: TELEVISION

In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [section: 76.59(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

Name

Name

Primary

G

Primary

Transmitters:

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

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

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

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

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

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

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

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

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

		CHANN	EL LINE-UP	AK (2)	
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
WHMB-World Ha	r 40.2	I-M	No		Indianapolis, Indiana
WXIN	45	I	No		Indianapolis, Indiana
WXIN-HD/DT (Sin	59.1	I-M	No		Indianapolis, Indiana
WXIN-Antenna T\	59.2	I-M	No		Indianapolis, Indiana
WXIN-This TV	59.3	I-M	No		Indianapolis, Indiana
WTHR	13	N	No		Indianapolis, Indiana
WTHR-HD/DT (Si	13.1	N-M	No		Indianapolis, Indiana
WTHR-Cozi TV	13.2	I-M	No		Indianapolis, Indiana
WTHR-Me-TV	13.3	I-M	No		Indianapolis, Indiana
WIPX	27	I	No		Bloomington, Indiana
WIPX-HD/DT (Sim	63.1	I-M	No		Bloomington, Indiana
WIPX-Qubo	63.2	I-M	No		Bloomington, Indiana
WIPX-Ion Life	63.3	I-M	No		Bloomington, Indiana
WFYI	21	Е	No		Indianapolis, Indiana
WFYI-HD/DT (Sim	20.1	E-M	No		Indianapolis, Indiana
WFYI-Kids	20.2	E-M	No		Indianapolis, Indiana
WFYI-Create	20.3	E-M	No		Indianapolis, Indiana

ACCOUNTING PERIOD: 2022/2 FORM SA3E. PAGE 3. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM Name 062634 CMN-RUS, LLC (formerly CMN-RUS, INC.) PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [section: 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on € **Primary** substitute program basis, as explained in the next paragraph Transmitters: Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program Television basis under specifc FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis List the station here, and also in space I, if the station was carried both on a substitute basis and also on some othe basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multi cast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air ir its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channe on which your cable system carried the station Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercia educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast) For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an ex planation of local service area, see page (v) of the general instructions located in the paper SA3 form Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which you cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable syster carried the distant station on a part-time basis because of lack of activated channel capacity For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representin the cable system and a primary transmitter or an association representing the primary transmitter, enter the designa tion "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a furthe explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form

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

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

		CHANN	EL LINE-UP	AL	
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION
WTTV	48	N	No		Bloomington, Indiana
WTTV-HD/DT (Sin	4.1	N-M	No		Bloomington, Indiana
WTTV - CW	4.2	I-M	No		Bloomington, Indiana
WRTV	25	N	No		Indianapolis, Indiana
WRTV-HD/DT (Sir	6.1	N-M	No		Indianapolis, Indiana
WRTV-Grit	6.2	I-M	No		Indianapolis, Indiana
WRTV-Laff	6.3	I-M	No		Indianapolis, Indiana
WNDY	32	I	No		Marion, Indiana
WNDY-HD/DT (Si	23.1	I-M	No		Marion, Indiana
WNDY-Bounce T\	23.2	I-M	No		Marion, Indiana
WHMB	20	I	No		Indianapolis, Indiana
WHMB-World Har	40.2	I-M	No		Indianapolis, Indiana
WIPB	23	E	Yes	0	Muncie, Indiana
WIPB-HD/DT (Sim	49.1	E-M	Yes	Е	Muncie, Indiana
WIPB-Create	49.2	E-M	Yes	0	Muncie, Indiana
WIPB-Weather	49.3	E-M	Yes	0	Muncie, Indiana
WTHR	13	N	No		Indianapolis, Indiana
WTHR-HD/DT (Sir	13.1	N-M	No		Indianapolis, Indiana

Television

FORM SA3E. PAGE 3.

LEGAL NAME OF OWNER OF CABLE SYSTEM:

CMN-RUS, LLC (formerly CMN-RUS, INC.)

PRIMARY TRANSMITTERS: TELEVISION

In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [section: 76.59(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

Transmitters:

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

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

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

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

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

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

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

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

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

		CHANN	EL LINE-UP	AL (2)	
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
WTHR-Cozi TV	13.2	I-M	No		Indianapolis, Indiana
WTHR-Me-TV	13.3	I-M	No		Indianapolis, Indiana
WLFI	11	N	No		West Layfatyette, Indiana
WLFI-HD/DT (Sim	18.1	N-M	No		West Layfatyette, Indiana
WLFI-GetTV	18.2	I-M	No		West Layfatyette, Indiana
WFYI	21	E	No		Indianapolis, Indiana
WFYI-HD/DT (Sim	20.1	E-M	No		Indianapolis, Indiana
WFYI-Kids	20.2	E-M	No		Indianapolis, Indiana
WFYI-Create	20.3	E-M	No		Indianapolis, Indiana
WPBI-LD	16.1	I	No		Lafayette, Indiana
WISH	9	I	No		Indianapolis, Indiana
WISH-HD/DT (sim	8.1	I-M	No		Indianapolis, Indiana
WISH-getTV	8.2	I-M	No		Indianapolis, Indiana
WISH-Justice	8.3	I-M	No		Indianapolis, Indiana

FORM SA3E. PAGE 3. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM Name 062634 CMN-RUS, LLC (formerly CMN-RUS, INC.) PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [section: 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on € **Primary** substitute program basis, as explained in the next paragraph Transmitters: Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program Television

basis under specifc FCC rules, regulations, or authorizations:

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

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

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

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

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

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

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

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

		CHANN	EL LINE-UP	AM	
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION
WCLJ	42	I	No		Bloomington, Indiana
WTTV	48	N	No		Bloomington, Indiana
WTTV-HD/DT (Sin	4.1	N-M	No		Bloomington, Indiana
WTTV - CW	4.2	I-M	No		Bloomington, Indiana
WRTV	25	N	No		Indianapolis, Indiana
WRTV-HD/DT (Sir	6.1	N-M	No		Indianapolis, Indiana
WRTV-Grit	6.2	I-M	No		Indianapolis, Indiana
WRTV-Laff	6.3	I-M	No		Indianapolis, Indiana
WNDY	32	I	No		Marion, Indiana
WNDY-HD/DT (Sir	23.1	I-M	No		Marion, Indiana
WNDY-Bounce T\	23.2	I-M	No		Marion, Indiana
WISH	9	I	No		Indianapolis, Indiana
WISH-HD/DT (sim	8.1	I-M	No		Indianapolis, Indiana
WISH-getTV	8.2	I-M	No		Indianapolis, Indiana
WISH-Justice	8.3	I-M	No		Indianapolis, Indiana
WHMB	20	I	No		Indianapolis, Indiana
WHMB-World Har	40.2	I-M	No		Indianapolis, Indiana
WXIN	45	I	No		Indianapolis, Indiana

Television

FORM SA3E. PAGE 3.

LEGAL NAME OF OWNER OF CABLE SYSTEM:

CMN-RUS, LLC (formerly CMN-RUS, INC.)

PRIMARY TRANSMITTERS: TELEVISION

In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [section: 76.59(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

Name

Name

Primary

Transmitters:

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

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

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

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

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

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

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

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

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

		CHANN	EL LINE-UP	AM (2)	
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
WXIN-HD/DT (Sim	59.1	I-M	No		Indianapolis, Indiana
WXIN-Antenna T\	59.2	I-M	No		Indianapolis, Indiana
WXIN-This TV	59.3	I-M	No		Indianapolis, Indiana
WTHR	13	N	No		Indianapolis, Indiana
WTHR-HD/DT (Sir	13.1	N-M	No		Indianapolis, Indiana
WTHR-Cozi TV	13.2	I-M	No		Indianapolis, Indiana
WTHR-Me-TV	13.3	I-M	No		Indianapolis, Indiana
WIPX	27	I	No		Bloomington, Indiana
WIPX-HD/DT (Sim	63.1	I-M	No		Bloomington, Indiana
WIPX-Qubo	63.2	I-M	No		Bloomington, Indiana
WIPX-Ion Life	63.3	I-M	No		Bloomington, Indiana
WFYI	21	E	No		Indianapolis, Indiana
WFYI-HD/DT (Sim	20.1	E-M	No		Indianapolis, Indiana
WFYI-Kids	20.2	E-M	No		Indianapolis, Indiana
WFYI-Create	20.3	E-M	No		Indianapolis, Indiana

ACCOUNTING PERIOD: 2022/2 FORM SA3E. PAGE 3. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM Name 062634 CMN-RUS, LLC (formerly CMN-RUS, INC.) PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [section: 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 othe basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multi cast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WFTA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air ir its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channe on which your cable system carried the station Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercia educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast) For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an ex planation of local service area, see page (v) of the general instructions located in the paper SA3 form Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which you cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable syster carried the distant station on a part-time basis because of lack of activated channel capacity For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representin the cable system and a primary transmitter or an association representing the primary transmitter, enter the designa tion "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a furthe explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form

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

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

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

CHANNEL LINE-UP AN								
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			
WCLJ	42	I	No		Bloomington, Indiana			
WTTV	48	N	No		Bloomington, Indiana			
WTTV-HD/DT (Sin	4.1	N-M	No		Bloomington, Indiana			
WTTV - CW	4.2	I-M	No		Bloomington, Indiana			
WRTV	25	N	No		Indianapolis, Indiana			
WRTV-HD/DT (Sir	6.1	N-M	No		Indianapolis, Indiana			
WRTV-Grit	6.2	I-M	No		Indianapolis, Indiana			
WRTV-Laff	6.3	I-M	No		Indianapolis, Indiana			
WNDY	32	I	No		Marion, Indiana			
WNDY-HD/DT (Sir	23.1	I-M	No		Marion, Indiana			
WNDY-Bounce T\	23.2	I-M	No		Marion, Indiana			
WISH	9	I	No		Indianapolis, Indiana			
WISH-HD/DT (sim	8.1	I-M	No		Indianapolis, Indiana			
WISH-getTV	8.2	I-M	No		Indianapolis, Indiana			
WISH-Justice	8.3	I-M	No		Indianapolis, Indiana			
WHMB	20	I	No		Indianapolis, Indiana			
WHMB-World Har	40.2	I-M	No		Indianapolis, Indiana			
WXIN	45	I	No		Indianapolis, Indiana			

ACCOUNTING PERIOD: 2022/2 FORM SA3E. PAGE 3. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM Name 062634 CMN-RUS, LLC (formerly CMN-RUS, INC.) PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [section: 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 othe basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multi cast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WFTA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air ir its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channe on which your cable system carried the station Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercia educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast) For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an ex planation of local service area, see page (v) of the general instructions located in the paper SA3 form Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which you cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable syster carried the distant station on a part-time basis because of lack of activated channel capacity For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representin the cable system and a primary transmitter or an association representing the primary transmitter, enter the designa tion "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a furthe explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.

CHANNEL LINE-UP AN (2)								
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			
WXIN-HD/DT (Sim	59.1	I-M	No		Indianapolis, Indiana			
WXIN-Antenna T\	59.2	I-M	No		Indianapolis, Indiana			
WXIN-This TV	59.3	I-M	No		Indianapolis, Indiana			
WTHR	13	N	No		Indianapolis, Indiana			
WTHR-HD/DT (Sir	13.1	N-M	No		Indianapolis, Indiana			
WTHR-Cozi TV	13.2	I-M	No		Indianapolis, Indiana			
WTHR-Me-TV	13.3	I-M	No		Indianapolis, Indiana			
WIPX	27	I	No		Bloomington, Indiana			
WIPX-HD/DT (Sim	63.1	I-M	No		Bloomington, Indiana			
WIPX-Qubo	63.2	I-M	No		Bloomington, Indiana			
WIPX-Ion Life	63.3	I-M	No		Bloomington, Indiana			
WFYI	21	E	No		Indianapolis, Indiana			
WFYI-HD/DT (Sim	20.1	E-M	No		Indianapolis, Indiana			
WFYI-Kids	20.2	E-M	No		Indianapolis, Indiana			
WFYI-Create	20.3	E-M	No		Indianapolis, Indiana			
WIPB	23	Е	No		Muncie, Indiana			
WIPB-HD/DT (Sim	49.1	E-M	No		Muncie, Indiana			
WIPB-Create	49.2	E-M	No		Muncie, Indiana			

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID#									
CMN-RUS, LLC	CMN-RUS, LLC (formerly CMN-RUS, INC.) 06263								
PRIMARY TRANSMITT	ERS: TELEVISI	ON							
carried by your cable a	system during tions in effect of 5.61(e)(2) and	the accountin on June 24, 19 (4), or 76.63	g period except 981, permitting t (referring to 76.0	(1) stations carrie the carriage of cer	s and low power television stations) ed only on a part-time basis under tain network programs [sections and (2) certain stations carried on a	G Primary Transmitters:			
Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute progran									
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 sp formation con	ace I, if the st			titute basis and also on some othe of the general instructions located				
Column 1: List each	ch station's call	-		. •	es such as HBO, ESPN, etc. Identifi				
			•	•	ation. For example, report multi ch stream separately; for example				
			-		ition for broadcasting over-the-air ir				
on which your cable s	ystem carried t	he station			s may be different from the channe lependent station, or a noncommercia				
educational station, by	entering the le	etter "N" (for r	network), "N-M"	(for network multi	cast), "I" (for independent), "I-M				
(for independent multi For the meaning of the	,		,.	,	commercial educational multicast) the paper SA3 form				
Column 4: If the st planation of local serv			,	,	e naper SA3 form				
Column 5: If you h	ave entered "Y	es" in columr	n 4, you must co	mplete column 5,	, stating the basis on which you				
carried the distant sta					ntering "LAC" if your cable syster capacity				
					ty payment because it is the subjec ystem or an association representin				
the cable system and	a primary trans	smitter or an a	association repr	esenting the prima	ary transmitter, enter the designa				
tion "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a furthe explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form									
Column 6: Give th	e location of ea	ach station. F	or U.S. stations	, list the communi	ty to which the station is licensed by the the which the station is identifed				
Note: If you are utilizing		. ,		•					
CHANNEL LINE-UP AN (3)									
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)					
WIPR - Weather	49 3	I_M	No	(II DISIAIII)	Muncie, Indiana				
Will D - Wediner	70.0	1-101			manoic, maiana				
	-								

FORM SA3E. PAGE 3. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM Name 062634 CMN-RUS, LLC (formerly CMN-RUS, INC.) PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [section: 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on € **Primary** substitute program basis, as explained in the next paragraph

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

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

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

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

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

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

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

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

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

1. CALL SIGN 2. B'CAST CHANNEL OF STATION WMAQ-HD/DT 5.1 N WMAQ-COZI TV 5.2 I-M WBBM 12 N WBBM-HD/DT (Si 2.1 N-M WLS 44 N WLS-HD/DT (Sim 7.1 N-M WPWR-CW 51 I WPWR-Movies! 50.2 I-M WPWR-Buzzr 50.4 I-M WCPX-HD/DT 32.1 I WFLD-HD/DT 32.1 I	 6. LOCATION OF STATION
WMAQ-COZI TV 5.2 I-M WBBM 12 N WBBM-HD/DT (Si 2.1 N-M WLS 44 N WLS-HD/DT (Sim 7.1 N-M WPWR-CW 51 I WPWR-Movies! 50.2 I-M WPWR-Buzzr 50.4 I-M WCPX-HD/DT 38.1 I WFLD-HD/DT 32.1 I	
WBBM 12 N WBBM-HD/DT (Si 2.1 N-M WLS 44 N WLS-HD/DT (Sim 7.1 N-M WPWR-CW 51 I WPWR-Movies! 50.2 I-M WPWR-Buzzr 50.4 I-M WCPX-HD/DT 38.1 I WFLD-HD/DT 32.1 I	Chicago, Illinois
WBBM-HD/DT (Si 2.1 N-M WLS 44 N WLS-HD/DT (Simi 7.1 N-M WPWR-CW 51 I WPWR-Movies! 50.2 I-M WPWR-Buzzr 50.4 I-M WCPX-HD/DT 38.1 I WFLD-HD/DT 32.1 I	Chicago, Illinois
WLS 44 N WLS-HD/DT (Sim 7.1 N-M WPWR-CW 51 I WPWR-Movies! 50.2 I-M WPWR-Buzzr 50.4 I-M WCPX-HD/DT 38.1 I WFLD-HD/DT 32.1 I	Chicago, Illinois
WLS-HD/DT (Sime 7.1 N-M WPWR-CW 51 I WPWR-Movies! 50.2 I-M WPWR-Buzzr 50.4 I-M WCPX-HD/DT 38.1 I WFLD-HD/DT 32.1 I	Chicago, Illinois
WPWR-CW 51 I WPWR-Movies! 50.2 I-M WPWR-Buzzr 50.4 I-M WCPX-HD/DT 38.1 I WFLD-HD/DT 32.1 I	Chicago, Illinois
WPWR-Movies! 50.2 I-M WPWR-Buzzr 50.4 I-M WCPX-HD/DT 38.1 I WFLD-HD/DT 32.1 I	Chicago, Illinois
WPWR-Buzzr 50.4 I-M WCPX-HD/DT 38.1 I WFLD-HD/DT 32.1 I	Gary, Indiana
WCPX-HD/DT 38.1 I WFLD-HD/DT 32.1 I	Gary, Indiana
WFLD-HD/DT 32.1 I	Gary, Indiana
	Chicago, Illinois
MITTY LIDIDT (Cir. 4.4 N.M.	Chicago, Illinois
WTTV-HD/DT (Sin 4.1 N-M	Bloomington, Indiana
WYIN-HD/DT 56.1 E-M	Gary, Indiana
WYIN-NHK World 56.2 E-M	Gary, Indiana

Transmitters: Television

FORM SA3E. PAGE 3. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM Name 062634 CMN-RUS, LLC (formerly CMN-RUS, INC.) PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [section: 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

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

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

Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report 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 ir its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channe on which your cable system carried the station

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

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

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

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

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

		CHANN	EL LINE-UP	AP	
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
WILL	9	Е	No		Urbana, Illinois
WEEK-HD/DT	25.1	N	No		Bloomington, Illinois
WEEK-ABC	25.2	N-M	No		Bloomington, Illinois
WEEK-CW HD	25.3	I-M	No		Bloomington, Illinois
WMBD	30	N	No		Bloomington, Illinois
WMBD-Bounce	31.2	I-M	No		Bloomington, Illinois
WAOE	39	I	No		Bloomington, Illinois
WYZZ	28	I	No		Bloomington, Illinois
WYZZ-Get TV	43.3	I-M	No		Bloomington, Illinois
WTVP	46	Е	No		Peoria, Illinois
WTVP-Create/Wo	47.3	E-M	No		Peoria, Illinois
		•			
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FORM SA3E. PAGE 3. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM Name 062634 CMN-RUS, LLC (formerly CMN-RUS, INC.) PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [section: 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

- **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:
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Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report 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 ir its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channe on which your cable system carried the station

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

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

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

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

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

		CHANN	EL LINE-UP	AQ	
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
WILL	9	Е	No		Urbana, Illinois
WEEK-HD/DT	25.1	N	No		Bloomington, Illinois
WEEK-ABC	25.2	N-M	No		Bloomington, Illinois
WEEK-CW HD	25.3	I-M	No		Bloomington, Illinois
WMBD	30	N	No		Bloomington, Illinois
WMBD-Bounce	31.2	I-M	No		Bloomington, Illinois
WAOE	39	I	No		Bloomington, Illinois
WYZZ	28	I	No		Bloomington, Illinois
WYZZ-Get TV	43.3	I-M	No		Bloomington, Illinois
WTVP	46	E	No		Peoria, Illinois
WTVP-Create/Wo	47.3	E-M	No		Peoria, Illinois

Television

FORM SA3E. PAGE 3.

LEGAL NAME OF OWNER OF CABLE SYSTEM:

CMN-RUS, LLC (formerly CMN-RUS, INC.)

PRIMARY TRANSMITTERS: TELEVISION

In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [section: 76.59(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

Transmitters:

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

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		CHANN	EL LINE-UP	AR	
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION
WYIN-HD/DT	56.1	E-M	No		Gary, Indiana
WYIN-NHK World	56.2	E-M	No		Gary, Indiana
WMAQ-HD/DT	5.1	N	No		Chicago, Illinois
WMAQ-COZI TV	5.2	I-M	No		Chicago, Illinois
WBBM-HD/DT (Si	2.1	N-M	No		Chicago, Illinois
WBBM-Decades	2.2	I-M	No		Chicago, Illinois
WLS-HD/DT (Sim	7.1	N-M	No		Chicago, Illinois
WLS-LivWell	7.2	I-M	No		Chicago, Illinois
WPWR-CW	51	I	No		Gary, Indiana
WCPX-HD/DT	38.1	I	No		Chicago, Illinois
WFLD-HD/DT	32.1	I	No		Chicago, Illinois
WTTW-HD/DT	11.1	Е	No		Chicago, Illinois
WSNS-HD/DT	44.1	I-M	No		Chicago, Illinois
WSNS-T-Xitos	44.2	I-M	No		Chicago, Illinois

Television

FORM SA3E. PAGE 3.

LEGAL NAME OF OWNER OF CABLE SYSTEM:

CMN-RUS, LLC (formerly CMN-RUS, INC.)

PRIMARY TRANSMITTERS: TELEVISION

In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [section: 76.59(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

Transmitters:

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

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

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

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

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

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

		CHANN	EL LINE-UP	AS	
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION
WYIN-HD/DT	56.1	E-M	No		Gary, Indiana
WYIN-NHK World	56.2	E-M	No		Gary, Indiana
WMAQ-HD/DT	5.1	N	No		Chicago, Illinois
WMAQ-COZI TV	5.2	I-M	No		Chicago, Illinois
WBBM-HD/DT (Si	2.1	N-M	No		Chicago, Illinois
WBBM-Decades	2.2	I-M	No		Chicago, Illinois
WLS-HD/DT (Sim	7.1	N-M	No		Chicago, Illinois
WLS-LivWell	7.2	I-M	No		Chicago, Illinois
WPWR-CW	51	I	No		Gary, Indiana
WCPX-HD/DT	38.1	I	No		Chicago, Illinois
WFLD-HD/DT	32.1	I	No		Chicago, Illinois
WFLD-Movies!	32.3	I-M	No		Chicago, Illinois
WFLD-Buzzr	32.4	I-M	No		Chicago, Illinois
WSNS-T-Xitos	44.2	I-M	No		Chicago, Illinois
WFLD-Movies!	32.3	I-M	No		Chicago, Illinois
WFLD-Buzzr	32.4	I-M	No		Chicago, Illinois

FORM SA3E. PAGE 3. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM Name 062634 CMN-RUS, LLC (formerly CMN-RUS, INC.) PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [section: 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on € **Primary** substitute program basis, as explained in the next paragraph Transmitters: Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program Television basis under specifc FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis List the station here, and also in space I, if the station was carried both on a substitute basis and also on some othe basis. For further information concerning substitute basis stations, see page (v) of the general instructions located Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identifi each multicast stream associated with a station according to its over-the-air designation. For example, report multi cast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WFTA-simulcast) Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air ir its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channe on which your cable system carried the station Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercia educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast) For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an ex planation of local service area, see page (v) of the general instructions located in the paper SA3 form Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which you cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable syster carried the distant station on a part-time basis because of lack of activated channel capacity For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representin the cable system and a primary transmitter or an association representing the primary transmitter, enter the designa tion "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a furthe explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AT 2. B'CAST 3. TYPE 4. DISTANT? 5. BASIS OF 6. LOCATION OF STATION 1. CALL CARRIAGE SIGN CHANNEL OF (Yes or No) **NUMBER STATION** (If Distant) WKLE-HD/DT 46 Ε No Lexington, Kentucky WDKY-HD/DT 56.1 I No Danville, KY **WDKY-Comet** 56.2 I-M No Danville, KY WDKY-Charge! I-M No Danville, KY 56.3 WDKY-TBD 56.4 I-M No Danville, KY WKYT-HD/DT 27.1 N No Lexington, Kentucky WKYT-CW 27.2 I-M No Lexington, Kentucky I-M WKYT-Local Rada 27.3 No Lexington, Kentucky WLEX-HD/DT N No 18.1 Lexington, Kentucky WLEX-MeTV 18.2 I-M No Lexington, Kentucky **WLEX-Bounce** 18.3 I-M No Lexington, Kentucky WTVQ-HD/DT Ν No 36.1 Lexington, Kentucky

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

Lexington, Kentucky

Lexington, Kentucky

Lexington, Kentucky

Lexington, Kentucky

Lexington, Kentucky

Lexington, Kentucky

WTVQ-My Netwo

WTVQ-Justice

WTVQ-Escape

WTVQ-Quest

WTVQ-Grit

WTVQ-Laff

36.2

36.3

36.4

36.5

36.6

36.7

I-M

I-M

I-M

I-M

I-M

I-M

No

No

No

No

No

No

LEGAL NAME OF OWN	SYSTEM ID#									
CMN-RUS, LLC	C (formerly	062634	Name							
PRIMARY TRANSMITT	ERS: TELEVISI	ON								
carried by your cable FCC rules and regula	system during tions in effect of	the accountin on June 24, 19	g period except 981, permitting t	(1) stations carri the carriage of ce	ns and low power television stations) ed only on a part-time basis under rtain network programs [sections ; and (2) certain stations carried on a	G Primary				
substitute program basis, as explained in the next paragraph Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program										
Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute progran basis under specific FCC rules, regulations, or authorizations: • Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis										
 List the station here, 	, and also in sp nformation con	ace I, if the st			titute basis and also on some othe of the general instructions located					
Column 1: List ear each multicast stream cast stream as "WETA	ch station's cal nassociated wi	th a station ac	cording to its o	ver-the-air design	ces such as HBO, ESPN, etc. Identifi nation. For example, report multi ch stream separately; for example					
WETA-simulcast). Column 2: Give the	ne channel num	ber the FCC	has assigned to	the television sta	ation for broadcasting over-the-air ir					
on which your cable s Column 3: Indicate	system carried to e in each case	the station whether the s	station is a netw	ork station, an inc	s may be different from the channe dependent station, or a noncommercia					
(for independent multi For the meaning of th Column 4: If the s planation of local serv	icast), "E" (for rese terms, see tation is outsiderice area, see price area, see price icast.	noncommercial page (v) of the the local ser page (v) of the	al educational), ne general instru vice area, (i.e. ' general instruc	or "E-M" (for non- uctions located in "distant"), enter "\ ctions located in the	Yes". If not, enter "No". For an ex he paper SA3 form					
cable system carried carried the distant sta	the distant stat tion on a part-t	ion during the ime basis bed	accounting per cause of lack of	iod. Indicate by e activated channe	i, stating the basis on which you entering "LAC" if your cable syster of capacity Ity payment because it is the subjec					
of a written agreement the cable system and	nt entered into o a primary trans	on or before J smitter or an a	une 30, 2009, b association repr	etween a cable s esenting the prim	ystem or an association representin lary transmitter, enter the designa other basis, enter "O." For a furthe					
explanation of these t	hree categorie	s, see page (\	of the general	l instructions loca	ted in the paper SA3 form ity to which the station is licensed by the					
FCC. For Mexican or	Canadian stati	ons, if any, gi	ve the name of	the community wi	ith which the station is identifec					
Note: If you are utilizi	ng multiple cha	annel line-ups	, use a separate	e space G for eac	ch channel line-up.					
	1	CHANN	EL LINE-UP	AT (2)						
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					
WUPX-Ion	67.1	ı	No		Richmond, KY					
WUPX-Qubo	67.2	I-M	No		Richmond, KY					
WUPX-Ion Life	67.3	I-M	No		Richmond, KY					

FORM SA3E. PAGE 3. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM Name 062634 CMN-RUS, LLC (formerly CMN-RUS, INC.) PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [section: 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 othe basis. For further information concerning substitute basis stations, see page (v) of the general instructions located Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identifi each multicast stream associated with a station according to its over-the-air designation. For example, report multi cast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WFTA-simulcast) Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air ir its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channe on which your cable system carried the station Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercia educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast) For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an ex planation of local service area, see page (v) of the general instructions located in the paper SA3 form Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which you cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable syster carried the distant station on a part-time basis because of lack of activated channel capacity For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representin the cable system and a primary transmitter or an association representing the primary transmitter, enter the designa tion "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a furthe explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AU 2. B'CAST 3. TYPE 4. DISTANT? 5. BASIS OF 6. LOCATION OF STATION 1. CALL CARRIAGE SIGN CHANNEL OF (Yes or No) **NUMBER STATION** (If Distant) KGCW-DT 26.1 No Burlington, IA ı KGCW-This TV 26.2 I-M No Burlington, IA KGCW-Laff 26.3 I-M No Burlington, IA KGCW-Bounce T 26.4 I-M No Burlington, IA KIIN-HD/DT 12.1 Ε No Iowa City, IA KIIN-PBS Kids 12.2 E-M No Iowa City, IA KIIN-World 12.3 E-M No Iowa City, IA KIIN-Create 12.4 E-M No Iowa City, IA KLJB-HD/DT 18.1 No ı Davenport, IA KLJB-Me TV 18.2 I-M No Davenport, IA KWQC-HD/DT 6.1 Ν No Davenport, IA

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

Davenport, IA Davenport, IA

Davenport, IA

Rock Island, IL

Rock Island, IL

Rock Island, IL

Moline, IL

No

No

No

No

No

No

6.2

6.3

6.4

4.1

4.3

4.4

8.1

I-M

I-M

I-M

Ν

I-M

I-M

Ν

KWQC-ION

KWQC-H&I

WHBF-Grit

KWQC-Cozi TV

WHBF-HD/DT

WQAD-HD/DT

WHBF-Court TV I

FORW SASE. PAGE 3.	50 05 04 B) 5 0\	(0.7.5.1			SYSTEM ID#	
CMN-RUS, LLC			INC.)		062634	Name
	` •				33233	
carried by your cable s FCC rules and regulat 76.59(d)(2) and (4), 76 substitute program bas Substitute Basis S basis under specifc FC Do not list the station station was carried List the station here, basis. For further ir 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	G, identify ever system during to ions in effect of 6.61(e)(2) and sist, as explained stations: With CC rules, regular here in space only on a substand also in spartformation conditions. The station's call associated with a call	ry television so the accounting of the Accountin	ng period except 1981, permitting to 1981, permitting to 1981, permitting to 1981, permitting to 1981, permitting 1981, permitting 1981, permitting 1981, period to 1981, peri	(1) stations carriethe carriage of cerestine (2) and (4)]; as carried by your the Special Stater and both on a substants, see page (v) on program service ver-the-air design column 1 (list eact the television state)	as and low power television stations) and only on a part-time basis under train network programs [section: and (2) certain stations carried on a cable system on a substitute program then and Program Log)—if the titute basis and also on some othe of the general instructions located the such as HBO, ESPN, etc. Identify ation. For example, report multi the stream separately; for example stion for broadcasting over-the-air in s may be different from the channe	G Primary Transmitters: Television
educational station, by (for independent multi- For the meaning of the Column 4: If the st planation of local servi Column 5: If you h cable system carried th carried the distant stat- For the retransmiss of a written agreement the cable system and tion "E" (exempt). For explanation of these th Column 6: Give the	e in each case of entering the locast), "E" (for no ese terms, see ation is outside ice area, see pour entered "Y he distant station on a part-ticion of a distant entered into compare entered into c	whether the setter "N" (for it noncommercial page (v) of the telescape (v) of the degree (v) of the de	network), "N-M" all educational), ne general instructivice area, (i.e. de general instruction 4, you must oct accounting percause of lack of learn that is not learn that is n	(for network mult or "E-M" (for non- uctions located in "distant"), enter "N ctions located in the omplete column 5 riod. Indicate by e activated channe subject to a royal between a cable s esenting the prime e channel on any distructions local list the community wi	Yes". If not, enter "No". For an ex ne paper SA3 form, stating the basis on which you ntering "LAC" if your cable syster I capacity ty payment because it is the subject ystem or an association representing ary transmitter, enter the designation of the basis, enter "O." For a furthe ted in the paper SA3 form ty to which the station is licensed by the the which the station is identifec.	
		CHANN	EL LINE-UP	AU (2)		
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	
WQAD-Antenna T	8.2	I-M	No		Moline, IL	
WQAD-MyNetwor	8.3	I-M	No		Moline, IL	
WQAD-True Crim	8.4	I-M	No		Moline, IL	
WQPT-HD/DT	24.1	Е	No		Moline, IL	
WQPT-Deutsche	24.2	E-M	No		Moline, IL	
			No			
			No			
			No			
			No			
			No			
			No			
			No			
			No			
			No			
			No			

No No

ACCOUNTING PERIOD: 2022/2 FORM SA3E. PAGE 3. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM Name 062634 CMN-RUS, LLC (formerly CMN-RUS, INC.) PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [section: 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on € **Primary** substitute program basis, as explained in the next paragraph Transmitters: Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program Television basis under specifc FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis List the station here, and also in space I, if the station was carried both on a substitute basis and also on some othe basis. For further information concerning substitute basis stations, see page (v) of the general instructions located

in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify

each multicast stream associated with a station according to its over-the-air designation. For example, report multi cast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast).

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

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

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

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

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

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

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
KAAL-HD/DT	6.1	N	No		Austin, MN
KAAL-This TV	6.2	I-M	No		Austin, MN
KIMT-HD/DT	3.1	N	No		Mason City, IA
KIMT-MyNetwork	3.2	I-M	No		Mason City, IA
KIMT-ION	3.3	I-M	No		Mason City, IA
KIMT-Antenna	3.4	I-M	No		Mason City, IA
KSMQ-HD/DT	15.1	E	No		Austin, MN
KSMQ-Worldview	15.2	E-M	No		Austin, MN
KSMQ-Create	15.3	E-M	No		Austin, MN
KSMQ-MN Chann	15.4	E-M	No		Austin, MN
KTTC-HD/DT	10.1	N	No		Rochester, MN
KTTC-CW	10.2	I-M	No		Rochester, MN
KTTC-H&I	10.3	I-M	No		Rochester, MN
KTTC-Court TV	10.4	I-M	No		Rochester, MN
KTTC-Justice	10.5	I-M	No		Rochester, MN
KXLT-HD/DT	47.1	I	No		Rochester, MN
KXLT-Me TV	47.2	I-M	No		Rochester, MN
KXLT-Laff	47.3	I-M			Rochester, MN

LEGAL NAME OF OWN	IER OF CABLE SY	STEM:			SYSTEM ID#				
CMN-RUS, LLC	(formerly (CMN-RUS,	INC.)		062634	Name			
PRIMARY TRANSMITT	ERS: TELEVISION	ON							
carried by your cable s FCC rules and regulat 76.59(d)(2) and (4), 76	system during to tions in effect of 5.61(e)(2) and	the accounting n June 24, 19 (4), or 76.63 (g period except 981, permitting to (referring to 76.4	(1) stations carri the carriage of ce	ns and low power television stations) ed only on a part-time basis under rtain network programs [section: ; and (2) certain stations carried on a	G Primary			
substitute program bas Substitute Basis S				s carried by your	cable system on a substitute progran	Transmitters: Television			
basis under specifc F0 • Do not list the station	CC rules, regul n here in space	ations, or autl G—but do lis	norizations:		nent and Program Log)—if the				
basis. For further in the paper SA3 fo	and also in spanformation condorm.	ace I, if the st cerning substi	itute basis statio	ons, see page (v)	titute basis and also on some othe of the general instructions located				
each multicast stream	associated wit	h a station ac	cording to its o	ver-the-air design	es such as HBO, ESPN, etc. Identifi lation. For example, report multi ch stream separately; for example				
			•		ation for broadcasting over-the-air in				
on which your cable s	ystem carried t	he station			s may be different from the channe dependent station, or a noncommercia				
(for independent multi For the meaning of the Column 4: If the st planation of local serv	cast), "E" (for nese terms, see tation is outside ice area, see p	oncommercian page (v) of the the local ser age (v) of the	al educational), ne general instru vice area, (i.e. general instruc	or "E-M" (for none uctions located in "distant"), enter "\otions located in the	es". If not, enter "No". For an ex ne paper SA3 form				
cable system carried t carried the distant stat For the retransmiss	he distant stati tion on a part-ti sion of a distan	on during the me basis bec t multicast str	accounting per cause of lack of eam that is not	iod. Indicate by e activated channe subject to a royal	, stating the basis on which you ntering "LAC" if your cable syster I capacity ty payment because it is the subjec ystem or an association representin				
the cable system and tion "E" (exempt). For explanation of these th Column 6: Give the	a primary trans simulcasts, als nree categories e location of ea	smitter or an a so enter "E". If s, see page (v ach station. Fo	association repr you carried the y) of the general or U.S. stations	esenting the prime channel on any linstructions loca , list the communi	ary transmitter, enter the designa other basis, enter "O." For a furthe ted in the paper SA3 form ity to which the station is licensed by the				
Note: If you are utilizing		. , ,		•	th which the station is identifec h channel line-up.				
		CHANN	EL LINE-UP	AV (2)					
1. CALL SIGN	2. B'CAST CHANNEL	3. TYPE OF	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE	6. LOCATION OF STATION				
KXLT-Escape	47.4	STATION I-M	No	(If Distant)	Rochester, MN				
KXLT-Escape KXLT-Quest	47.5	I-M	No		Rochester, MN				
KYIN-HD/DT	47.5 18.1	1-ivi E	No		Mason City, IA				
KYIN-PBS Kids	18.2	E-M	No		Mason City, IA				
KYIN-World	18.3	E-M	No		Mason City, IA				
KYIN-Create	18.4	E-M	No		Mason City, IA				
		•							
	-	•							
		l							

ACCOUNTING PERIOD: 2022/2 FORM SA3E. PAGE 3. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM Name 062634 CMN-RUS, LLC (formerly CMN-RUS, INC.) PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [section: 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on € **Primary** substitute program basis, as explained in the next paragraph Transmitters: Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program Television basis under specifc FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis List the station here, and also in space I, if the station was carried both on a substitute basis and also on some othe basis. For further information concerning substitute basis stations, see page (v) of the general instructions located

in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify

each multicast stream associated with a station according to its over-the-air designation. For example, report multi cast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast).

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

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

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

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

		CHANN	EL LINE-UP	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
KCCI-HD/DT	8.1	N	No		Des Moines, IA
KCCI-Me TV	8.2	I-M	No		Des Moines, IA
KCCI-MyNetwork	8.3	I-M	No		Des Moines, IA
KCWI-CW	23.1	I-M	No		Des Moines, IA
KCWI-Court TV M	23.2	I-M	No		Des Moines, IA
KCWI-Bounce TV	23.3	I-M	No		Des Moines, IA
KCWI-Quest	23.4	I-M	No		Des Moines, IA
KDIN-HD/DT	11.1	E	No		Des Moines, IA
KDIN-PBS Kids	11.2	E-M	No		Des Moines, IA
KDIN-World	11.3	E-M	No		Des Moines, IA
KDIN-Create	11.4	E-M	No		Des Moines, IA
KDSM-HD/DT	17.1	N	No		Des Moines, IA
KDSM-Comet	17.2	I-M	No		Des Moines, IA
KDSM-Charge!	17.3	I-M	No		Des Moines, IA
KDSM-TBD	17.4	I-M	No		Des Moines, IA
KFPX-HD/DT	39.1	I-M	No		Newton, IA
WHO-HD/DT	13.1	N	No		Des Moines, IA
WHO-Weather	13.2	I-M	No		Des Moines, IA

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

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID#											
CMN-RUS, LLC	CMN-RUS, LLC (formerly CMN-RUS, INC.) 062634										
PRIMARY TRANSMITTE	RS: TELEVISION	ON									
In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis											
basis. For further in in the paper SA3 for Column 1: List eac each multicast stream cast stream as "WETA-Simulcast). Column 2: Give the	formation cond rm. h station's call associated wit -2". Simulcast e channel num	sign. Do not h a station ac streams mus	itute basis station report origination coording to its own of the reported in the assigned to	ons, see page (v) on program servic ver-the-air design column 1 (list each of the television sta	titute basis and also on some othe of the general instructions located es such as HBO, ESPN, etc. Identify ation. For example, report multi ch stream separately; for example ation for broadcasting over-the-air in smay be different from the channe						
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 static For the retransmiss of a written agreement the cable system and a tion "E" (exempt). For explanation of these the Column 6: Give the	its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channe on which your cable system carried the station Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast) For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an ex planation of local service area, see page (v) of the general instructions located in the paper SA3 form Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which you cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representin the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a furthe explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifec										
		CHANN	EL LINE-UP	AW (2)							
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						
WHO-Antenna TV	13.3	I-M	No		Des Moines, IA						
WHO-Court TV	13.4	I-M	No		Des Moines, IA						
WOI-HD/DT	5.1	N	No		Des Moines, IA						
WOI-Laff	5.2	I-M	No		Des Moines, IA						
WOI-Grit	5.3	I-M	No		Des Moines, IA						
WOI-Cozi TV	5.4	I-M	No		Des Moines, IA						
		[]					

Television

Form SA3E Long Form (Rev. 05-17)

FORM SA3E. PAGE 3.

LEGAL NAME OF OWNER OF CABLE SYSTEM:

CMN-RUS, LLC (formerly CMN-RUS, INC.)

PRIMARY TRANSMITTERS: TELEVISION

In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [section: 76.59(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

Transmitters:

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

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

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

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

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

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

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

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

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

		CHANN	EL LINE-UP	AX	
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
WDTN-HD/DT	2.1	N	No		Dayton, OH
WDTN-Court TV	2.2	I-M	No		Dayton, OH
WHIO-HD/DT	7.1	N	No		Dayton, OH
WHIO-MeTV	7.2	I-M	No		Dayton, OH
WHIO-Laff	7.3	I-M	No		Dayton, OH
WKEF-HD/DT	22.1	N	No		Dayton, OH
WKEF-Fox	22.2	N-M	No		Dayton, OH
WKEF-Antenna T	22.3	I-M	No		Dayton, OH
WKOI-lon	43.1	I-M	No		Richmond, IN
WPTD-HD/DT	16.1	E	No		Dayton, OH
WPTD-Again	16.2	E-M	No		Dayton, OH
WPTD-Life	16.3	E-M	No		Dayton, OH
WPTD-Ohio Chan	16.4	E-M	No		Dayton, OH
WRGT-HD/DT	45.1	I-M	No		Dayton, OH
WRGT-Comet	45.3	I-M	No		Dayton, OH
WRGT-Charge!	45.4	I-M	No		Dayton, OH

U.S. Copyright Office

Television

FORM SA3E. PAGE 3.

LEGAL NAME OF OWNER OF CABLE SYSTEM:

CMN-RUS, LLC (formerly CMN-RUS, INC.)

PRIMARY TRANSMITTERS: TELEVISION

In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [section: 76.59(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

Name

Name

Primary

Transmitters:

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

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

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

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

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

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

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

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

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

		CHANN	EL LINE-UP	AY	
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
WILX-HD/DT	10.1	N	No		Lansing, MI
WILX-Circle	10.3	I-M	No		Lansing, MI
WILX-Antenna TV	10.5	I-M	No		Lansing, MI
WILX-True Crime	10.6	I-M	No		Lansing, MI
WKAR-HD/DT	23.1	E	No		Lansing, MI
WKAR-World	23.2	E-M	No		Lansing, MI
WKAR-Create	23.3	E-M	No		Lansing, MI
WKAR-PBS Kids	23.4	E-M	No		Lansing, MI
WLAJ-HD/DT	53.1	N	No		Lansing, MI
WLAJ-CW	53.2	I-M	No		Lansing, MI
WLNS-HD/DT	6.1	N	No		Lansing, MI
WSYM-HD/DT	47.1	N	No		Lansing, MI
WSYM-MeTV	47.2	I-M	No		Lansing, MI
WSYM-Bounce TV	47.3	I-M	No		Lansing, MI
WSYM-My Netwo	47.4	I-M	No		Lansing, MI
WSYM-Court TV	47.5	I-M	No		Lansing, MI

FORM SA3E. PAGE 3. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM Name 062634 CMN-RUS, LLC (formerly CMN-RUS, INC.) PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [section: 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on € **Primary** substitute program basis, as explained in the next paragraph Transmitters: Television

- **Substitute Basis Stations:** With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations:
- Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis
- List the station here, and also in space I, if the station was carried both on a substitute basis and also on some othe basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form.

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

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

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

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

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

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

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

		CHANN	EL LINE-UP	AZ	
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
WCTV-HD/DT	6.1	N	No		Tallahassee, FL
WCTV-MeTV	6.2	I-M	No		Tallahassee, FL
WCTV-Circle	6.3	I-M	No		Tallahassee, FL
WCTV-True Crime	6.5	I-M	No		Tallahassee, FL
WFSU-HD/DT	11.1	E	No		Tallahassee, FL
WFSU-The Florid	11.2	Е-М	No		Tallahassee, FL
WFSU-Create	11.3	E-M	No		Tallahassee, FL
WFSU-PBS Kids	11.4	E-M	No		Tallahassee, FL
WTWC-HD/DT	40.1	N	No		Tallahassee, FL
WTWC-Charge	40.3	I-M	No		Tallahassee, FL
WTXL-HD/DT	27.1	N	No		Tallahassee, FL
WTXL-Bounce TV	27.2	I-M	No		Tallahassee, FL
WTXL-Grit	27.3	I-M	No		Tallahassee, FL
WTXL-Court TV N	27.4	I-M	No		Tallahassee, FL

ACCOUNTING PERIOD: 2022/2 FORM SA3E. PAGE 3. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM Name 062634 CMN-RUS, LLC (formerly CMN-RUS, INC.) PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [section: 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 othe basis. For further information concerning substitute basis stations, see page (v) of the general instructions located Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multi cast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example

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

WFTA-simulcast).

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

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

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

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

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

		CHANN	EL LINE-UP	ВА	
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION
KARE-HD/DT	11.1	N	No		Minneapolis-St Paul, MN
KARE-Court TV	11.2	I-M	No		Minneapolis-St Paul, MN
KARE-True Crime	11.3	I-M	No		Minneapolis-St Paul, MN
KARE-Quest	11.4	I-M	No		Minneapolis-St Paul, MN
KARE-Circle	11.5	I-M	No		Minneapolis-St Paul, MN
KMSP-HD/DT	9.9	N	No		Minneapolis-St Paul, MN
KMSP-Buzzr	9.4	I-M	No		Minneapolis-St Paul, MN
KMSP-The Grio T	9.5	I-M	No		Minneapolis-St Paul, MN
KMSP-Decades	9.6	I-M	No		Minneapolis-St Paul, MN
KSTC-HD/DT	5.2	N	No		Minneapolis-St Paul, MN
KSTC-MeTV	5.3	I-M	No		Minneapolis-St Paul, MN
KSTC-Antenna T\	5.4	I-M	No		Minneapolis-St Paul, MN
KSTC-This TV	5.5	I-M	No		Minneapolis-St Paul, MN
KSTP-HD/DT	5.1	N	No		Minneapolis-St Paul, MN
KSTP-Heros & Ico	5.7	I-M	No		Minneapolis-St Paul, MN
WCCO-HD/DT	4.1	N	No		Minneapolis-St Paul, MN
WCCO-Start TV	4.2	I-M	No		Minneapolis-St Paul, MN
WCCO-Dabl	4.3	I-M	No		Minneapolis-St Paul, MN

	IER OF CABLE SY	STEM:			SYSTEM ID#	
CMN-RUS, LLC			INC.)		062634	Name
PRIMARY TRANSMITTI						
			tation (including	ı translator station	s and low power television stations)	
•		•	, ,		ed only on a part-time basis under	G
•				•	tain network programs [section:	Duimonu
76.59(d)(2) and (4), 76 substitute program ba	. , , ,	` '.		o1(e)(2) and (4))];	and (2) certain stations carried on a	Primary Transmitte
				s carried by your	cable system on a substitute progran	Televisio
basis under specifc F0	. •					
 Do not list the station station was carried 	•		st it in space I (t	he Special Staten	nent and Program Log)—if the	
	•		ation was carrie	ed both on a subst	titute basis and also on some othe	
		cerning substi	itute basis statio	ons, see page (v)	of the general instructions located	
in the paper SA3 for Column 1: I ist each		sign Do not	report origination	on program servic	es such as HBO, ESPN, etc. Identifi	
		•		. •	ation. For example, report multi	
cast stream as "WETA			-	_	ch stream separately; for example	
WETA-simulcast).	e channel num	her the ECC I	has assigned to	the television sta	ation for broadcasting over-the-air ir	
			•		s may be different from the channe	
on which your cable sy	•			9,	,	
					dependent station, or a noncommercia	
					cast), "I" (for independent), "I-M commercial educational multicast)	
For the meaning of the	,		,.	,	,	
			,	,	es". If not, enter "No". For an ex	
planation of local servi					ne paper SA3 form , stating the basis on which you	
					ntering "LAC" if your cable syster	
carried the distant stat	•					
					ty payment because it is the subjectystem or an association representin	
					ary transmitter, enter the designa	
` ',			•	•	other basis, enter "O." For a furthe	
					red in the paper SA3 form ty to which the station is licensed by the	
					th which the station is identified	
Note: If you are utilizir	ng multiple cha	nnel line-ups,	, use a separate	e space G for eacl	n channel line-up.	
		CHANN	EL LINE-UP	ВА		
1. CALL	2. B'CAST	3. TYPE	4. DISTANT?	5. BASIS OF	6. LOCATION OF STATION	
SIGN	CHANNEL	OF	(Yes or No)	CARRIAGE	U. LOGATION OF STATION	
	NUMBER	STATION	` ′	(If Distant)		
				, ,		
WFTC-HD/DT	9.1	N	No		Minneapolis-St Paul, MN	
	9.1 9.3				Minneapolis-St Paul, MN Minneapolis-St Paul, MN	
WFTC-Movies	9.3	I-M	No		Minneapolis-St Paul, MN	
WFTC-Movies WUCW-HD/DT	9.3 23.1	I-M I	No No		Minneapolis-St Paul, MN Minneapolis-St Paul, MN	
WFTC-Movies WUCW-HD/DT WUCW-Comet	9.3 23.1 23.2	I-M I	No No No		Minneapolis-St Paul, MN Minneapolis-St Paul, MN Minneapolis-St Paul, MN	
WFTC-Movies WUCW-HD/DT WUCW-Comet WUCW-Charge!	9.3 23.1 23.2 23.3	I-M I I-M	No No No		Minneapolis-St Paul, MN Minneapolis-St Paul, MN Minneapolis-St Paul, MN Minneapolis-St Paul, MN	
WFTC-Movies WUCW-HD/DT WUCW-Comet WUCW-Charge!	9.3 23.1 23.2	I-M I	No No No		Minneapolis-St Paul, MN Minneapolis-St Paul, MN Minneapolis-St Paul, MN	
WFTC-Movies WUCW-HD/DT WUCW-Comet WUCW-Charge!	9.3 23.1 23.2 23.3	I-M I I-M	No No No		Minneapolis-St Paul, MN Minneapolis-St Paul, MN Minneapolis-St Paul, MN Minneapolis-St Paul, MN	
WFTC-Movies WUCW-HD/DT WUCW-Comet WUCW-Charge!	9.3 23.1 23.2 23.3	I-M I I-M	No No No		Minneapolis-St Paul, MN Minneapolis-St Paul, MN Minneapolis-St Paul, MN Minneapolis-St Paul, MN	
WFTC-HD/DT WFTC-Movies WUCW-HD/DT WUCW-Comet WUCW-Charge! WUCW-TBD	9.3 23.1 23.2 23.3	I-M I I-M	No No No		Minneapolis-St Paul, MN Minneapolis-St Paul, MN Minneapolis-St Paul, MN Minneapolis-St Paul, MN	
WFTC-Movies WUCW-HD/DT WUCW-Comet WUCW-Charge!	9.3 23.1 23.2 23.3	I-M I I-M	No No No		Minneapolis-St Paul, MN Minneapolis-St Paul, MN Minneapolis-St Paul, MN Minneapolis-St Paul, MN	
WFTC-Movies WUCW-HD/DT WUCW-Comet WUCW-Charge!	9.3 23.1 23.2 23.3	I-M I I-M	No No No		Minneapolis-St Paul, MN Minneapolis-St Paul, MN Minneapolis-St Paul, MN Minneapolis-St Paul, MN	
WFTC-Movies WUCW-HD/DT WUCW-Comet WUCW-Charge!	9.3 23.1 23.2 23.3	I-M I I-M	No No No		Minneapolis-St Paul, MN Minneapolis-St Paul, MN Minneapolis-St Paul, MN Minneapolis-St Paul, MN	
WFTC-Movies WUCW-HD/DT WUCW-Comet WUCW-Charge!	9.3 23.1 23.2 23.3	I-M I I-M	No No No		Minneapolis-St Paul, MN Minneapolis-St Paul, MN Minneapolis-St Paul, MN Minneapolis-St Paul, MN	

FORM SA3E. PAGE 3. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM Name 062634 CMN-RUS, LLC (formerly CMN-RUS, INC.) PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [section: 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 othe basis. For further information concerning substitute basis stations, see page (v) of the general instructions located Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identifi each multicast stream associated with a station according to its over-the-air designation. For example, report multi cast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WFTA-simulcast) Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air ir its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channe on which your cable system carried the station Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercia educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast) For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an ex planation of local service area, see page (v) of the general instructions located in the paper SA3 form Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which you cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable syster carried the distant station on a part-time basis because of lack of activated channel capacity For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representin the cable system and a primary transmitter or an association representing the primary transmitter, enter the designa tion "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a furthe explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP BB 2. B'CAST 3. TYPE 4. DISTANT? 5. BASIS OF 6. LOCATION OF STATION 1. CALL CARRIAGE SIGN CHANNEL OF (Yes or No) **NUMBER STATION** (If Distant) KGCW-DT 26.1 No Burlington, IA ı KGCW-This TV 26.2 I-M No Burlington, IA KGCW-Laff 26.3 I-M No Burlington, IA KIIN-Create 12.4 E-M No Iowa City, IA KLJB-HD/DT 18.1 ı No Davenport, IA KLJB-Me TV 18.2 I-M No Davenport, IA KWQC-HD/DT 6.1 Ν No Davenport, IA **KWQC-Cozi TV** 6.3 I-M No Davenport, IA KWQC-H&I 6.4 I-M No Davenport, IA KWQC-Start TV 6.5 I-M No Davenport, IA **KWQC-Circle** 6.6 I-M No Davenport, IA

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

Rock Island, IL

Rock Island, IL

Rock Island, IL

Moline, IL

Moline, IL

Moline, IL

Moline, IL

WHBF-HD/DT

WHBF-Court TV N

WQAD-Antenna T

WQAD-MyNetwor WQAD-True Crim

WQAD-HD/DT

WHBF-Grit

4.1

4.3

4.4

8.1

8.2

8.3

8.4

Ν

I-M

I-M

Ν

I-M

I-M

I-M

No

No

No

No

No

No

No

LEGAL NAME OF OWN	ER OF CABLE SY	STEM:			SYSTEM ID#	Name			
CMN-RUS, LLC (formerly CMN-RUS, INC.) 062634									
PRIMARY TRANSMITTE	RS: TELEVISION	ON							
carried by your cable s FCC rules and regulati 76.59(d)(2) and (4), 76 substitute program bas	system during to lons in effect of 6.61(e)(2) and (sis, as explaine	he accountin n June 24, 19 (4), or 76.63 (ed in the next	g period except 981, permitting t (referring to 76.6 paragraph	(1) stations carri the carriage of ce (61(e)(2) and (4))]	ns and low power television stations) ed only on a part-time basis under rtain network programs [sections; ; and (2) certain stations carried on a	Primary Transmitters: Television			
basis under specifc FCC rules, regulations, or authorizations:									
• Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis									
List the station here, basis. For further in in the paper SA3 for	and also in spa formation cond rm.	ace I, if the st cerning subst	itute basis statio	ons, see page (v)	titute basis and also on some othe of the general instructions located				
					tes such as HBO, ESPN, etc. Identify				
cast stream as "WETA WETA-simulcast).	-2". Simulcast	streams mus	t be reported in	column 1 (list ea	nation. For example, report multi ch stream separately; for example				
			-		ation for broadcasting over-the-air ir s may be different from the channe				
on which your cable sy Column 3: Indicate	stem carried the in each case v	he station whether the s	station is a netw	ork station, an inc	dependent station, or a noncommercia				
(for independent multion For the meaning of the	cast), "E" (for n ese terms, see	oncommercia page (v) of th	al educational), ne general instru	or "E-M" (for non- uctions located in	icast), "I" (for independent), "I-M commercial educational multicast) the paper SA3 form /es". If not, enter "No". For an ex				
planation of local servi									
					, stating the basis on which you ntering "LAC" if your cable syster				
carried the distant stat	ion on a part-ti	me basis bed	ause of lack of	activated channe	I capacity				
					Ity payment because it is the subject ystem or an association representin				
					ary transmitter, enter the designa				
` ' '			•	•	other basis, enter "O." For a furthe				
					ted in the paper SA3 form ity to which the station is licensed by the				
				•	th which the station is identifec				
Note: If you are utilizing	ng multiple cha	nnel line-ups,	, use a separate	space G for eac	h channel line-up.				
		CHANN	EL LINE-UP	BB					
1. CALL	2. B'CAST	3. TYPE	4. DISTANT?	5. BASIS OF	6. LOCATION OF STATION				
SIGN	CHANNEL	OF	(Yes or No)	CARRIAGE					
	NUMBER	STATION		(If Distant)					
WQPT-HD/DT	24.1	Е	No		Moline, IL				
WQPT-Deutsche	24.2	E-M	No		Moline, IL				
WUPX-lon	67.1	l	Yes	0	Richmond, KY				
				-					
				-					

ACCOUNTING PERIOD: 2022/2 FORM SA3E. PAGE 3. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM Name 062634 CMN-RUS, LLC (formerly CMN-RUS, INC.) PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [section: 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 othe basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multi cast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WFTA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air ir its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channe on which your cable system carried the station Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercia educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast) For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an ex planation of local service area, see page (v) of the general instructions located in the paper SA3 form Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which you cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable syster carried the distant station on a part-time basis because of lack of activated channel capacity For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representin the cable system and a primary transmitter or an association representing the primary transmitter, enter the designa tion "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a furthe explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.

CHANNEL LINE-UP			ВС		
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
WLFL-HD/TV	22.1	I	No		Raleigh, NC
WLFL-Stadium	22.2	I-M	No		Raleigh, NC
WLFL-TBD	22.3	I-M	No		Raleigh, NC
WLFL-Antenna T	22.4	I-M	No		Raleigh, NC
WNCN-HD/TV	17.1	N	No		Goldsboro, NC
WNCN-Rewind T\	17.2	I-M	No		Goldsboro, NC
WNCN-Grit	17.3	I-M	No		Goldsboro, NC
WNCN-Circle	17.4	I-M	No		Goldsboro, NC
WRAL-HD/TV	5.1	N	No		Raleigh, NC
WRAL-Cozi	5.2	I-M	No		Raleigh, NC
WRAL-Start TV	5.3	I-M	No		Raleigh, NC
WRAZ-HD/TV	50.1	N	No		Raleigh, NC
WRAZ-MeTV	50.2	I-M	No		Raleigh, NC
WRAZ-Dabl	50.3	I-M	No		Raleigh, NC
WRDC-MyNetwor	28.1	I	No		Durham, NC
WRDC-Charge!	28.2	I-M	No		Durham, NC
WRDC-Comet	28.3	I-M	No		Durham, NC
WTVD-HD/TV	11.1	N	No		Durham, NC

LEGAL NAME OF OWN	IER OF CABLE SY	STEM:			SYSTEM ID#		
CMN-RUS, LLC	(formerly C	CMN-RUS,	INC.)		062634	Name	
PRIMARY TRANSMITT	ERS: TELEVISION	ON					
In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [section: 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 FC Do not list the station station was carried List the station here, basis. For further ir in the paper SA3 fc Column 1: List each each multicast stream cast stream as "WETA-Simulcast). Column 2: Give th its community of licenson which your cable stoler independent multifor the meaning of the Column 3: Indicate educational station, by (for independent multifor the meaning of the Column 4: If the stellar planation of local serve Column 5: If you heable system carried the distant state For the retransmiss of a written agreemen the cable system and tion "E" (exempt). For explanation of these times the state of the state of the system and tion "E" (exempt).	CC rules, regular here in space only on a substand also in spanformation condum. The second of the s	ations, or auting—but do listitute basis ace I, if the storming substage. Do not he a station action	horizations: st it in space I (to ation was carried itute basis station report origination coording to its of the reported in the assigned to the annel 4 in Was station is a network), "N-M" all educational), he general instructivice area, (i.e. of a 4, you must con 4, you must con 6 lack of the am that is not the solution of the general instruction of the general instru	the Special Stater ed both on a subsons, see page (v) on program service ver-the-air design a column 1 (list ease thington, D.C. Thington, D.C. Thington, D.C. Thington, D.C. Thington, and the column set of the television state of the television state of the television state of the television state of the television, an inductions located in the column set of the television set of the televisio	ment and Program Log)—if the stitute basis and also on some othe of the general instructions located sees such as HBO, ESPN, etc. Identify nation. For example, report multi sch stream separately; for example ation for broadcasting over-the-air ir s may be different from the channe dependent station, or a noncommercia sicast), "I" (for independent), "I-M commercial educational multicast) the paper SA3 form yes". If not, enter "No". For an ex the paper SA3 form is, stating the basis on which you entering "LAC" if your cable syster	Television	
Note: If you are utilizing		nnel line-ups		e space G for eac	ith which the station is identifec th 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		
WTVD-Localish	11.2	I-M	No	,	Durham, NC		
WTVD-ThisTV	11.3	I-M	No		Durham, NC		
WUPX-lon	67.1	I	Yes	0	Richmond, KY		
WUNU-HD/TV	31	Е	No		Fayetteville, NC		
			No				
	-		No				
			No				
			No				
			No				
	-		No				
			No				
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No No ACCOUNTING PERIOD: 2022/2 FORM SA3E. PAGE 4.

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name CMN-RUS, LLC (formerly CMN-RUS, INC.) 062634 PRIMARY TRANSMITTERS: RADIO Н In General: List every radio station carried on a separate and discrete basis and list those FM stations carried on an all-band basis whose signals were "generally receivable" by your cable system during the accounting period. Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally **Primary** receivable if (1) it is carried by the system whenever it is received at the system's headend, and (2) it can be expected, Transmitters: Radio on the basis of monitoring, to be received at the headend, with the system's FM antenna, during certain stated intervals. For detailed information about the the Copyright Office regulations on this point, see page (vi) of the general instructions located in the paper SA3 form. Column 1: Identify the call sign of each station carried. Column 2: State whether the station is AM or FM. Column 3: If the radio station's signal was electronically processed by the cable system as a separate and discrete signal, indicate this by placing a check mark in the "S/D" column. Column 4: Give the station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified). CALL SIGN AM or FM S/D LOCATION OF STATION CALL SIGN AM or FM S/D LOCATION OF STATION

FORM SA3E. PAGE 5. ACCOUNTING PERIOD: 2022/2

LEGAL NAME OF OWNER OF CMN-RUS, LLC (forme					s	YSTEM ID# 062634	Name	
SUBSTITUTE CARRIAGI In General: In space I, identi substitute basis during the ac explanation of the programm form.	ify every nor	nnetwork televiseriod, under spe	sion program broadcast by a	a distant stati CC rules, regu	lations, or authorizations.	For a further	Substitute	
1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE • During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program broadcast by a distant station? ———————————————————————————————————								
period, was broadcast by a under certain FCC rules, re SA3 form for futher informatitles, for example, "I Love L Column 2: If the prograr Column 3: Give the call Column 4: Give the broatthe case of Mexican or Car Column 5: Give the mor first. Example: for May 7 gir Column 6: State the tim to the nearest five minutes. stated as "6:00–6:30 p.m."	titute progra ace, please of every no distant sta gulations, of tion. Do no Lucy" or "NI m was broa sign of the adcast stati addian stati and an stati er "5/7." es when the Example: a	am on a separ attach addition connetwork tele tion and that y or authorization of use general BA Basketball dcast live, ent station broadd on's location (ons, if any, the own your sy e substitute pr a program car e listed prograr ions in effect of	nal pages. vision program (substitute our cable system substitute ns. See page (vi) of the ge categories like "movies", : 76ers vs. Bulls." er "Yes." Otherwise enter casting the substitute prog the community to which the e community with which the stem carried the substitute ogram was carried by you ried by a system from 6:0° m was substituted for prog luring the accounting perio	program) the ted for the preparal instructor "basketba" "No." ram. e station is liestation is lee program. Ur cable system in the code program in	at, during the accounting ogramming of another stoons located in the paper life. List specific program dicensed by the FCC or, it dentified). Use numerals, with the material section is accurately as accurately as a specific program and the section is accurately as a specific program as accurately as a specific program as accurately as a specific program as a specific prog	g tation er n n nonth ately		
SI	UBSTITUT	E PROGRAM	1		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		

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

Name	CMN-RUS, L		SYSTEM: y CMN-RUS, INC	C.)					SYSTEM ID# 062634			
J Part-Time Carriage Log	PART-TIME CARRIAGE LOG In General: This space ties in with column 5 of space G. If you listed a station's basis of carriage as "LAC" for part-time carriage due to lack of activated channel capacity, you are required to complete this log giving the total dates and hours your system carried that station. If you need more space, please attach additional pages. Column 1 (Call sign): Give the call sign of every distant station whose basis of carriage you identified by "LAC" in column 5 of space G. Column 2 (Dates and hours of carriage): For each station, list the dates and hours when part-time carriage occurred during the accounting period. Give the month and day when the carriage occurred. Use numerals, with the month first. Example: for April 10 give "4/10." State the starting and ending times of carriage to the nearest quarter hour. In any case where carriage ran to the end of the television station's broadcast day, you may give an approximate ending hour, followed by the abbreviation "app." Example: "12:30 a.m.— 3:15 a.m. app."											
	• You may group together any dates when the hours of carriage were the same. Example: "5/10-5/14, 6:00 p.m."											
			DATES	S AND HOURS	OF F	PART-TIME CAR	RIAGE					
	CALL SIGN	WHEN	I CARRIAGE OCCL	JRRED		CALL SIGN	WHE	N CARRIAGE OC	CURRED			
	CALL SIGN	DATE	HOUF			CALL SIGN	D.4.T.F.		URS			
		DATE	FROM	TO			DATE	FROM	ТО			
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LEGA	L NAME OF OWNER OF CABLE SYSTEM:		SYSTEM ID#	
СМ	N-RUS, LLC (formerly CMN-RUS, INC.)		062634	Name
Inst all a (as i page	OSS RECEIPTS ructions: The figure you give in this space determines the form you fle and the amount mounts (gross receipts) paid to your cable system by subscribers for the system's secondentifed in space E) during the accounting period. For a further explanation of how to coe (vii) of the general instructions. Gross receipts from subscribers for secondary transmission service(s) during the accounting period.	ndary transmis	sion service	K Gross Receipts
IMP	ORTANT: You must complete a statement in space P concerning gross receipts.	(Amount of	f gross receipts)	
ComComIf yo fee fIf yo	RIGHT ROYALTY FEE ctions: Use the blocks in this space L to determine the royalty fee you owe: uplete block 1, showing your minimum fee. uplete block 2, showing whether your system carried any distant television stations. For system did not carry any distant television stations, leave block 3 blank. Enter the an arom block 1 on line 1 of block 4, and calculate the total royalty fee. For system did carry any distant television stations, you must complete the applicable parampanying this form and attach the schedule to your statement of account.			Copyright Royalty Fee
	rt 8 or part 9, block A, of the DSE schedule was completed, the base rate fee should be k 3 below.	e entered on line	e 1 of	
▶ If pa 3 be	rt 6 of the DSE schedule was completed, the amount from line 7 of block C should be ϵ low.	entered on line 2	2 in block	
	rt 7 or part 9, block B, of the DSE schedule was completed, the surcharge amount sho block 4 below.	uld be entered o	on line	
1	MINIMUM FEE: All cable systems with semiannual gross receipts of \$527,600 or more least the minimum fee, regardless of whether they carried any distant stations. This fee system's gross receipts for the accounting period.			
	Line 1. Enter the amount of gross receipts from space K Line 2. Multiply the amount in line 1 by 0.01064	\$	6,216,038.32	
	Enter the result here. This is your minimum fee.	\$	66,138.65	
	DISTANT TELEVISION STATIONS CARRIED: Your answer here must agree with the space G. If, in space G, you identifed any stations as "distant" by stating "Yes" in colum "Yes" in this block. • Did your cable system carry any distant television stations during the accounting period Yes—Complete the DSE schedule. No—Leave block 3 below blank and column 1. BASE RATE FEE: Enter the base rate fee from either part 8, section 3 or	in 4, you must o	check	
Block 3	4, or part 9, block A of the DSE schedule. If none, enter zero	\$	8,672.99	
	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	\$	8,672.99	
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 Line 2. SYNDICATED EXCLUSIVITY SURCHARGE: Enter the fee from either part 7	\$	66,138.65	Cable systems submitting
	(block D, section 3 or 4) or part 9 (block B) of the DSE schedule. If none, enter zero.		0.00	additional deposits under
	Line 3. Line 3. INTEREST CHARGE: Enter the amount from line 4, space Q, page 9 (Interest Worksheet)		0.00	Section 111(d)(7) should contact
	Line 4. FILING FEE	_\$	725.00	additional fees. Division for the
	TOTAL ROYALTY AND FILING FEES DUE FOR ACCOUNTING PERIOD.	¢	60 000 05	appropriate form for
	Add Lines 1, 2 and 3 of block 4 and enter total here	See page (i) of	66,863.65 the	submitting the additional fees.

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

Name		EM ID# 62634							
M Channels	CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations to its subscribers and (2) the cable system's total number of activated channels, during the accounting period.								
	1. Enter the total number of channels on which the cable system carried television broadcast stations								
	Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services	,							
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 ED CORR Telephone 913-794-3121								
	Address 8837 BOND STREET (Number, street, rural route, apartment, or suite number)								
	OVERLAND PARK, KS 66214 (City, town, state, zip)								
	Email Fax (optional)								
0	CERTIFICATION (This statement of account must be certifed and signed in accordance with Copyright Office regulations.)								
Certifcation	• I, the undersigned, hereby certify that (Check one, but only one, of the boxes.)								
	(Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or								
	(Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as identified in line 1 of space B and that the owner is not a corporation or partnership; or								
	(Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identifed as owner of the cable system in line 1 of space B.								
	I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith. [18 U.S.C., Section 1001(1986)]								
	X /s/ Ed Corr								
	Enter an electronic signature on the line above using an "/s/" signature to certify this statement. (e.g., /s/ John Smith). Before entering the first forward slash of the /s/ signature, place your cursor in the box and press the "F2" button, then type /s/ and your name. Pressing the "F" button will avoid enabling Excel's Lotus compatibility settings.								
	Typed or printed name: ED CORR								
	Title: VICE PRESIDENT TAX (Title of official position held in corporation or partnership)								
	Date: February 28, 2023								

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Offce to collect the personally identifying information (PII) requested on the form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephon numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Offce's public indexes ance 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 to completed record of statements of account, and it may affect the legal sufficiency of the fling, a determination that would be made by a court of lax

U.S. Copyright Office

LEGAL NAME OF OWNER OF CABLE SYSTEM: CMN-RUS, LLC (formerly CMN-RUS, INC.)	SYSTEM ID# 062634	Name						
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." For more information on when to exclude these amounts, see the note on page (vii) of the general instructions in the paper SA3 form.								
During the accounting period did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners? X NO YES. Enter the total here and list the satellite carrier(s) below\$								
Name Mailing Address Mailing Address								
INTEREST ASSESSMENTS								
You must complete this worksheet for those royalty payments submitted as a result of a late payment For an explanation of interest assessment, see page (viii) of the general instructions in the paper SA3		Q						
Line 1 Enter the amount of late payment or underpayment	x	Interest Assessment						
Line 2 Multiply line 1 by the interest rate* and enter the sum here	xdays							
Line 3 Multiply line 2 by the number of days late and enter the sum here	x 0.00274							
Line 4 Multiply line 3 by 0.00274** enter here and on line 3, block 4, space L, (page 7)	(interest charge)							
* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.	assistance please							
** 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 Copyr please list below the owner, address, first community served, accounting period, and ID number as gifling.	-							
Owner Address								
First community served Accounting period								
ID number								

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

ACCOUNTING PERIOD: 2022/2

DSE SCHEDULE. PAGE 10.

INSTRUCTIONS FOR DSE SCHEDULE WHAT IS A "DSE"

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

FORMULAS FOR COMPUTING A STATION'S DSE

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

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

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

• Independent: its type-value is	1.00
Network: its type-value is	0.25
• Noncommercial educational: its type-value is	0.25
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 C of your Form SA3E, the station was carried part time because of lack of activated channel capacity, its basis of carriage value is determined by (1) calculating the number of hours the cable system carried the station during the accounting period, and (2) dividing that number by the total number of hours the station broadcast over the air during the accounting period. The basis of carriage value for all other stations listed in space G is 1.0.

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

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

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

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

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

TOTAL OF DSEs

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

THE ROYALTY FEE

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

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

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

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

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

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

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

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

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

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

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

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

COMPUTING THE BASE RATE FEE-PART 8 OF THE DSE

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

to that group. 6. Add together the base rate fees for each subscriber group to deter-

complement of stations; and (3) the amount of gross receipts attributable

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

- mine 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.

Gross receipts

Base rate fee

Base rate fee

\$120,000 x .01064 x 1.0 =

 $120,000 \times .00701 \times .389 =$

DSEs

\$120,000.00

\$1,604.03

1,276.80

\$1,604.03

327 23

1.389

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

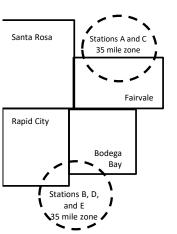
4. Determine the portion of the total gross receipts you reported in space K (page 7) that is attributable to each subscriber group.

Minimum Fee Total Gross Receipts

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 Carried			Identification o	f Subscriber Groups	
	STATION	DSE	CITY	OUTSIDE LOCAL	GROSS RECEIPTS
า	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)	<u>0.25</u>	Fairvale	Stations B, D, and E	120,000.00
	TOTAL DSEs	2.472		TOTAL GROSS RECEIPTS	\$600,000.00

\$600,000.00

x .01064 \$6,384.00 First Subscriber Group Second Subscriber Group Third Subscriber Group (Santa Rosa) (Rapid City and Bodega Bay) (Fairvale)

Gross receipts \$310,000.00 Gross receipts \$170,000.00 **DSEs** 2.472 **DSEs** 1.083 Base rate fee \$6.497.20 Base rate fee \$1.907.71 \$310,000 x .01064 x 1.0 = 3,298.40 \$170,000 x .01064 x 1.0 = 1,808.80 \$310,000 x .00701 x 1.472 = 3.198.80 \$170.000 x .00701 x .083 = 98 91 Base rate fee \$6,497.20 Base rate fee \$1,907.71

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

DSE SCHEDULE, PAGE 11, (CONTINUED)

Computation of DSEs for CALL SIGN DSE (PZ-STATIONS: Total colors of Stations Station		LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM									
SUM OF DSEs OF CATEGORY "O" STATIONS: - Add the DSEs of each station. Enter the sum here and in line 1 of part 5 of this schedule. 2 Computation of DSEs for Category "O" Stations **Category "O" Stations **CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE WIPB 0.250 WIPB 0.250 WIPB-Create 0.250 WIPB-Weather 0.250 WIPS-Create 0.250 WIPS-Create 0.250 WIPS-Weather 0.250 WIPS-Create 0.250 WIPS-Weather 0.250 WIPS-Create 0.250 WIPS-Weather	1										
- Add the DSEs of each station. Enter the sum here and in line 1 of part 5 of this schedule. 2.50 Computation of DSEs for Category "0" Stations							T				
Enter the sum here and in line 1 of part 5 of this schedule. 2.50 Instructions: In the column headed "Call Sign": list the call signs of all distant stations identified by the letter "O" in column 5 of space G (page 3). 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 "1.0"; for each network or noncommercial educational station, give the DSE as "1.0"; for each network or noncommercial educational station, give the DSE as "1.0"; for each network or noncommercial educational station, give the DSE as "1.0"; for each network or noncommercial educational station, give the DSE as "1.0"; for each network or noncommercial educational station, give the DSE as "1.0"; for each network or noncommercial educational station, give the DSE as "1.0"; for each network or noncommercial educational station, give the DSE as "1.0"; for each network or noncommercial educational station, give the DSE as "1.0"; for each network or noncommercial educations in the DSE as "1.0"; for each network or noncommercial educations in the DSE as "1.0"; for each network or noncommercial educations in the DSE as "1.0"; for each network or noncommercial educations in the DSE as "1.0"; for each network or noncommercial educations in the DSE as "1.0"; for each network or noncommercial educations in the DSE as "1.0"; for each network or noncommercial educations in the DSE as "1.0"; for each network or noncommercial educations in the DSE as "1.0"; for each network or noncommercial educations in the DSE as "1.0"; for each network or noncommercial educations in the DSE as "1.0"; for each network or noncommercial educations in the DSE as "1.0"; for each network or noncommercial educations in the DSE as "1.0"; for each network or noncommercial educations in the DSE as "1.0"; for each network or noncommercial educations in the DSE as "1.0"; for each network or noncommercial educations in the DSE as "1.0"; for each network or noncommercial educations in the											
Le computation of DSEs for Grages 3). In the column headed "DSE": to each independent station, give the DSE as "1.0"; for each network or noncomposition of DSEs for Category "O" Stations Total Stations Learn of DSEs for Category "O" Stations of				s schedule.		2.50					
Le computation of DSEs for Grages 3). In the column headed "DSE": to each independent station, give the DSE as "1.0"; for each network or noncomposition of DSEs for Category "O" Stations Total Stations Learn of DSEs for Category "O" Stations of							<u> </u>				
of space G (page 3) In the column headed "USE": for each independent station, give the DSE as "1.0"; for each network or noncommercial educational station, give the DSE as "2.5" Category "O" Stations CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE WFY! 0.250 WFY! 1.0.250 WFY!-Kids 0.250 WFY!-Create 0.250 WIPB 0.250 WIPB-Create 0.250 WIPB-Create 0.250 WIPB-Weather 0.250 WIPS-Create 0.250 WIPS-Weather 0.250 WIPS-Create 0.250 WIPS-Weather 0.250 WIPS-Create 0.250 WIPS-Weather 0.250 WIPS-Weat	2		Sian": list the ca	Ill signs of all distant stations	s identified by t	he letter "O" in column 5					
In the column headed "USE": for each independent station, give the USE as "1.0"; for each network or noncommondent of DSEs for Category "O" Stations CALL SIGN DSE CALL SIGN DSE	_		igii . list tile ca	iii sigilis of all distallit stations	s identified by t	ne letter o in column o					
CATEGORY 'O' STATIONS: DSE	Computation	In the column headed "DSE"			as "1.0"; tor	each network or noncom-					
CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE WFYI 0.250 WFYI 0.250 WFYI Create 0.250 WFYI Create 0.250 WIPB 0.250 WIPB Create 0.250 WIPB Weather 0.250 WIPB Create 0.250 WIPB Create 0.250 WIPB Create Cr		mercial educational station, giv	e the DSE as ".2								
WFYI 0.250 WFYI-Kids 0.250 WFYI-Create 0.250 WIPB-Weather 0.250 WUPK-Ion 1.000											
MIPB 0.250 WIPB-Create 0.250 WIPB-Weather 0.250 WIPB-Create 0.250 WIPB-Weather 0.250 WIPB-Create 0.250 WIPB-Create 0.250 WIPB-Weather 0.250 WIPB-Create 0.25	Stations					I .					
Add rows as necessary. Remember to copy all formula into new rows.							<mark></mark>				
Add rows as necessary. Remember to copy all formula into new rows.		WIPB	0.250	WIPB-Create	0.250	WIPB-Weather	0.250				
necessary. Remember to copy all formula into new rows.		WUPX-Ion	1.000								
necessary. Remember to copy all formula into new rows.											
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N	LEGAL NAME OF C	WNER OF CABLE SYSTEM:					SYSTEM	ID#	
Name	CMN-RUS, L	LC (formerly CMN-F	RUS, INC.)				0626	334	
Computation of DSEs for Stations Carried Part Time Due to Lack of Activated Channel Capacity	Instructions: CAPACITY Column 1: List the call sign of all distant stations identified by "LAC" in column 5 of space G (page 3). Column 2: For each station, give the number of hours your cable system carried the station during the accounting period. This figure should correspond with the information given in space J. Calculate only one DSE for each station Column 3: For each station, give the total number of hours that the station broadcast over the air during the accounting period. Column 4: Divide the figure in column 2 by the figure in column 3, and give the result in decimals in column 4. This figure must be carried out at least to the third decimal point. This is the "basis of carriage value" for the station. Column 5: For each independent station, give the "type-value" as "1.0." For each network or noncommercial educational station, give the type-value as ".25." Column 6: Multiply the figure in column 4 by the figure in column 5, and give the result in column 6. Round to no less than the third decimal point. This is the station's DSE. (For more information on rounding, see page (viii) of the general instructions in the paper SA3 form.								
			ATEGORY	_AC STATIONS:	COMPUTATI		<u> </u>		
	1. CALL SIGN	2. NUMBE OF HOU CARRIE SYSTEI	JRS ED BY	B. NUMBER OF HOURS STATION ON AIR	4. BASIS OF CARRIAG VALUE		_		
			÷		=	<u>x</u>	=		
						X	<u>=</u>		
			<u> </u>			x x			
			·····			x			
			÷		=	x	=		
			÷		=	x	=		
			÷	:	=	x	=		
	Add the DSEs	of CATEGORY LAC sof each station. Im here and in line 2 of p		nedule,	>	0.00			
Computation of DSEs for Substitute-Basis Stations	Was carried tions in efferations in efferations in efferations and the space I). Column 2: at your option. Column 3: Column 4:	by your system in subsect on October 19, 1976 one or more live, nonnetween station give the This figure should corrected the number of day Divide the figure in colurthis is the station's DSE	titution for a pro (as shown by the cork programs do e number of live espond with the rs in the calenda mn 2 by the figuration (For more information)	gram that your systence letter "P" in columnaring that optional care, nonnetwork programinformation in space ar year: 365, except if the in column 3, and commation on rounding,	m was permitted n 7 of space I); a riage (as shown b ms carried in sub I. n a leap year. give the result in see page (viii) o	oy the word "Yes" in column estitution for programs th column 4. Round to no left the general instructions	les and regular. In 2 of at were deleted ass than the thirc		
		SU	BSTITUTE-E	BASIS STATION	S: COMPUTA	ATION OF DSEs	1		
	1. CALL SIGN	2. NUMBER OF PROGRAMS	3. NUMBE OF DAYS IN YEAR	3	1. CALL SIGN	2. NUMBER OF PROGRAMS	3. NUMBER 4. DSI OF DAYS IN YEAR	E	
				=			······································		
		-		=			=		

		4		=		÷	=	****	
		+	-	=		÷	=		
	Add the DSEs	OF SUBSTITUTE-BAS of each station. m here and in line 3 of p				0.00			
5 Total Number of DSEs	number of DSEs 1. Number of 2. Number of 2.	R OF DSEs: Give the arms applicable to your syste of DSEs from part 2 ● f DSEs from part 3 ● f DSEs from part 4 ●		boxes in parts 2, 3, ar	d 4 of this schedu	■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■	2.50 0.00 0.00		
	TOTAL NUMBE	R OF DSEs					2.5	0	

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

	OWNER OF CABLE C (formerly Cl		NC.)				S'	48TEM ID# 062634	Name
nstructions: Bloc	ck A must be com	pleted.							
block A:			part 6 and part	7 of the DSE sche	edule blank ar	nd complete pa	rt 8 (page 16) of	the	6
chedule. If your answer if "No," complete blocks B and C below.									
ii your answer ii	No, complete bit	ocks B and C		ELEVISION MA	ARKETS				Computation
•	•	outside of all	major and sma	ller markets as det	fined under s	ection 76.5 of F	CC rules and reg	ulations in	3.75 Fee
fect on June 24, Yes—Com		schedule—I	DO NOT COME	PLETE THE REMA	AINDER OF F	PART 6 AND 7.			
_	olete blocks B and		201101 001111			,			
			CK B: CARR	IAGE OF PERM	MITTED DS	SFs			
Column 1: CALL SIGN	under FCC rules	of distant st and regulati ne DSE Sche	tations listed in ons prior to Jun edule. (Note: Th	part 2, 3, and 4 of the 25, 1981. For fu the letter M below re	this schedule	e that your syst ation of permitte	ed stations, see th	e	
Column 2: BASIS OF PERMITTED CARRIAGE	(Note the FCC r. A Stations carrier 76.61(b)(c)] B Specialty stati C Noncommerce D Grandfathers instructions for E Carried pursua *F A station pre	ales and regued pursuant on as define al education destation (76. or DSE schedant to individuously carrium of the station of t	ulations cited be to the FCC man d in 76.5(kk) (7 al station [76.58 65) (see paragi dule). ual waiver of Ft ed on a part-tim vithin grade-B c	e or substitute bas ontour, [76.59(d)(se in effect or 6.57, 76.59(be)(1), 76.63(a 63(a) referring ostitution of gesis prior to Ju	n June 24, 198), 76.61(b)(c), 76.61(b)) referring to 76 g to 76.61(d)] randfathered st	76.63(a) referring 6.61(e)(1) actions in the		
Column 3:		e stations ide	entified by the le	parts 2, 3, and 4 of the "F" in column 2. PERMITTED			orksheet on page	14 of 3. DSE	
SIGN WFYI	BASIS C	0.25	SIGN WFYI-Kids	BASIS C	0.25	SIGN WFYI-Crea	BASIS C	0.25	
WIPB	C	0.25	WIPB-Crea	•	0.25	WIPB-Wea	•	0.25	
WUPX-Ion	M	1.00							
						II.		2.50	
		E	BLOCK C: CO	MPUTATION OF	F 3.75 FEE				†
ne 1: Enter the	total number of	DSEs from	part 5 of this	schedule				-	
ne 2: Enter the	sum of permitte	ed DSEs fro	m block B abo	ove					
				r of DSEs subjec 7 of this schedu		rate.			
ne 4: Enter gross receipts from space K (page 7)							Do any of the DSEs repres		
ne 5: Multiply I	ine 1 by 0 0275	and enter a	um hero				x u.us) i U	partially permited/
ie J. Muilipiy I	ine 4 by 0.0375	anu enlei S	uiii iieie				Х		partially nonpermitte carriage?
ne 6: Enter tota	al number of DS	Es from line	e 3				<u> </u>		If yes, see page 9 instruction
ne 7: Multiply I	ine 6 hy line 5 ai	nd enter he	re and on line	2. block 3. space	e I (nage 7)			0.00	

	F OWNER OF CABLE LC (formerly Cl		NC.)					7STEM ID# 062634	Mama
		BLOCK	A: TELEVIS	SION MARKETS	S (CONTIN	UED)			
1. CALL	2. PERMITTED	3. DSE	1. CALL	2. PERMITTED		1. CALL	2. PERMITTED	3. DSE	6
SIGN	BASIS		SIGN	BASIS		SIGN	BASIS		Computation
									3.75 Fee
			***************************************					***************************************	

ACCOUNTING PERIOD: 2022/2

	LEGAL NAME OF OWN	IER OF CABLE SYSTEM	Л:			SYSTEM ID#			
Name	CMN-RUS, LLC	(formerly CMN-R	US, INC.)			062634			
Worksheet for Computating the DSE Schedule for Permitted Part-Time and Substitute Carriage	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 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. Column 2: Indicate the DSE for this station for a single accounting period, occurring between January 1, 1978 and June 30, 1981. Column 3: Indicate the accounting period and year in which the carriage and DSE occurred (e.g., 1981/1). Column 4: Indicate the basis of carriage on which the station was carried by listing one of the following letters: (Note that the FCC rules and regulations cited below pertain to those in effect on June 24, 1981.) A—Part-time specialty programming: Carriage, on a part-time basis, of specialty programming under FCC rules, sections								
	1. CALL	PERMITTED DSE 2. PRIOR	FOR STATIONS CARRII 3. ACCOUNTING	ED ON A PART-TIME AN 4. BASIS OF	5. PRESENT	6. PERMITTED			
	SIGN	DSE	PERIOD	CARRIAGE	DSE	DSE			
	SIGIT	562	1 EI II OB	67 tt tt tt/ t6L	562	502			
			•						
			•						
7 Computation of the	,	"Yes," complete block	s B and C, below. nd C blank and complete	part 8 of the DSE schedu	le.				
Syndicated	BLOCK A: MAJOR TELEVISION MARKET								
Exclusivity									
Surcharge	Is any portion of the control	cable system within a to	p 100 major television mark	et as defned by section 76	6.5 of FCC rules in effect Ju	ıne 24, 1981?			
	X Yes—Complete	blocks B and C .		No—Proceed to	part 8				
				1					
	BLOCK B: Ca	arriage of VHF/Grade	B Contour Stations	BLOCK	C: Computation of Exen	npt DSEs			
	in block B of part 7 carrie le system prior to March 3 .159) ation below with its appropri	ch 31, 1972? (refer							
	X No—Enter zero a	and proceed to part 8.		X No—Enter zero a	nd proceed to part 8.				
	CALL SIGN	Dee II can	I SIGN DOE	CALL SIGN	Dee CALLOS	CN DOE			
	CALL SIGN	DSE CAI	LL SIGN DSE	CALL SIGN	DSE CALL SI	GN DSE			
					· · · · · · · · · · · · · · · · · · ·				
		тот	AL DSEs 0.00		TOTAL D	SEs 0.00			
	1			11					

LEGAL NA	ME OF OWNER OF CABLE SYSTEM: CMN-RUS, LLC (formerly CMN-RUS, INC.)	SYSTEM ID# 062634	Name
	BLOCK D: COMPUTATION OF THE SYNDICATED EXCLUSIVITY SURCHARGE		
Section 1	Enter the amount of gross receipts from space K (page 7)	6,216,038.32	7
Section 2	A. Enter the total DSEs from block B of part 7	0.00	Computation
	B. Enter the total number of exempt DSEs from block C of part 7	0.00	of the Syndicated Exclusivity
	C. Subtract line B from line A and enter here. This is the total number of DSEs subject to the surcharge computation. If zero, proceed to part 8.	0.00	Surcharge
• Is an	y portion of the cable system within a top 50 television market as defined by the FCC? Yes—Complete section 3 below. X No—Complete section 4 below.		
	SECTION 3: TOP 50 TELEVISION MARKET		
Section 3a	Did your cable system retransmit the signals of any partially distant television stations during the accounting period? 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	SE	
	is 1.0 or less, multiply the gross receipts by .00599 by the DSE. Enter the result on line A below.	SL.	
	A. Enter 0.00599 of gross receipts (the amount in section1)		
	B. Enter 0.00377 of gross receipts (the amount in section.1)		
	C. Subtract 1.000 from total permitted DSEs (the figure on line C in section 2) and enter here		
	D. Multiply line B by line C and enter here		
	E. Add lines A and D. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7) Syndicated Exclusivity Surcharge		
Section 3b	If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 3a blank.		
	A. Enter 0.00599 of gross receipts (the amount in section 1)		
	B. Enter 0.00377 of gross receipts (the amount in section 1)		
	C. Multiply line B by 3.000 and enter here		
	D. Enter 0.00178 of gross receipts (the amount in section 1)		
	E. Subtract 4.000 from total DSEs (the fgure on line C in section 2) and enter here		
	F. Multiply line D by line E and enter here		
	G. Add lines A, C, and F. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7) Syndicated Exclusivity Surcharge		
	SECTION 4: SECOND 50 TELEVISION MARKET		
	Did your cable system retransmit the signals of any partially distant television stations during the accounting period?		
Section 4a	X Yes—Complete part 9 of this schedule. No—Complete the applicable section below.		
	If the figure in section 2, line C is 4.000 or less, compute your surcharge here and leave section 4b blank. NOTE: If the 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)	SE	
	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	SYSTEM ID#								
CMN-RUS, LLC (formerly CMN-RUS, INC.)	062634								
Section 4b If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 4a blan	k.								
Computation A. Enter 0.00300 of gross receipts (the amount in section 1).									
of the Syndicated Exclusivity B. Enter 0.00189 of gross receipts (the amount in section 1)									
Surcharge C. Multiply line B by 3.000 and enter here.									
D. Enter 0.00089 of gross receipts (the amount in section 1)									
E. Subtract 4.000 from the total DSEs (the figure on line C in									
section 2) and enter here.									
F. Multiply line D by line E and enter here									
G. Add lines A, C, and F. This is your surcharge. Enter here and on line 2, block 4, space L (page 7)									
Syndicated Exclusivity Surcharge.									
Instructions: You must complete this part of the DSE schedule for the SUM OF PERMITTED DSEs in part 6, block B; however, i	if block A of part								
6 was checked "Yes," use the total number of DSEs from part 5.									
 In block A, indicate, by checking "Yes" or "No," whether your system carried any partially distant stations. If your answer is "No," compute your system's base rate fee in block B. Leave part 9 blank. 									
 If your answer is "No," compute your system's base rate fee in block B. Leave part 9 blank. If your answer is "Yes" (that is, if you carried one or more partially distant stations), you must complete part 9. Leave 	ve block B below								
Base Rate Fee blank.									
What is a partially distant station? A station is "partially distant" if, at the time your system carried it, some of your were located within that station's local service area and others were located outside that area. For the definition of a									
service area," see page (v) of the general instructions.	Station's local								
BLOCK A: CARRIAGE OF PARTIALLY DISTANT STATIONS									
	• 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 following sections.	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)									

		1 PERIOD: 2022/2
	STEM ID#	Name
CMN-RUS, LLC (formerly CMN-RUS, INC.)	062634	Name
Section If the figure in section 2 is more than 4.000, compute your base rate fee here and leave section 3 blank.		
4		8
A. Enter 0.01064 of gross receipts (the amount in section 1)		
(4.6 & 4.11 & 4.1		
B. Enter 0.00701 of gross receipts		Computation
(the amount in section 1) \$		of Base Rate Fee
C. Multiply line B by 3.000 and enter here ▶		
D. Enter 0.00330 of gross receipts		
(the amount in section 1) \$		
E. Subtract 4.000 from total DSEs		
(the figure in section 2) and enter here		
F. Multiply line D by line E and enter here		
G. Add lines A, C, and F. This is your base rate fee		
Enter here and in block 3, line 1, space L (page 7) Base Rate Fee	0.00	
base Rate Fee	0.00	
IMPORTANT: It is no longer necessary to report television signals on a system-wide basis. Carriage of television broadcast	eignale	
shall instead be reported on a community-by-community basis (subscriber groups) if the cable system reported multiple cha		9
ups in Space G.		9
In General: If any of the stations you carried were partially distant, the statute allows you, in computing your base rate fee, the statute from subscribe and partially distant, the statute allows you, in computing your base rate fee, the statute from subscribe and partially distant, the statute allows you, in computing your base rate fee, the statute allows you, in computing your base rate fee, the statute allows you, in computing your base rate fee, the statute allows you, in computing your base rate fee, the statute allows you, in computing your base rate fee, the statute allows you, in computing your base rate fee, the statute allows you, in computing your base rate fee, the statute allows you, in computing your base rate fee, the statute allows you, in computing your base rate fee, the statute allows you, in computing your base rate fee, the statute allows you have allowed your base rate fee, the statute allows you have allowed your base rate fee, the statute allows you have allowed your base rate fee, the statute allows you have allowed your base rate fee.		Computation
receipts from subscribers located within the station's local service area, from your system's total gross receipts. To take adv this exclusion, you must:	antage of	of
		Base Rate Fee and
First: Divide all of your subscribers into subscriber groups, each group consisting entirely of subscribers that are distant to t station or the same group of stations. Next: Treat each subscriber group as if it were a separate cable system. Determine the		Syndicated
DSEs and the portion of your system's gross receipts attributable to that group, and calculate a separate base rate fee for each system.		Exclusivity
Finally: Add up the separate base rate fees for each subscriber group. That total is the base rate fee for your system.		Surcharge for
NOTE: If any portion of your cable system is located within the top 100 television market and the station is not exempt in particles.		Partially
must also compute a Syndicated Exclusivity Surcharge for each subscriber group. In this case, complete both block A and E However, if your cable system is wholly located outside all major television markets, complete block A only.	3 below.	Distant Stations, and
		for Partially
How to Identify a Subscriber Group for Partially Distant Stations Step 1: For each community served, determine the local service area of each wholly distant and each partially distant statio	n vou	Permitted
carried to that community.	ii you	Stations
Step 2: For each wholly distant and each partially distant station you carried, determine which of your subscribers were local outside the station's local service area. A subscriber located outside the local service area of a station is distant to that station the same token, the station is distant to the subscriber.)		
Step 3: Divide your subscribers into subscriber groups according to the complement of stations to which they are distant. Easubscriber group must consist entirely of subscribers who are distant to exactly the same complement of stations. Note that system will have only one subscriber group when the distant stations it carried have local service areas that coincide.		
Computing the base rate fee for each subscriber group: Block A contains separate sections, one for each of your system	n's	
subscriber groups. In each section:		
Identify the communities/areas represented by each subscriber group.		
• Give the call sign for each of the stations in the subscriber group's complement—that is, each station that is distant to all o	f the	
subscribers in the group.		
• If:		
1) your system is located wholly outside all major and smaller television markets, give each station's DSE as you gave it in p and 4 of this schedule; or,	oarts 2, 3,	
2) any portion of your system is located in a major or smaller televison market, give each station's DSE as you gave it in blo part 6 of this schedule.	ck 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 general ins in the paper SA3 form. 	tructions	
• Compute a base rate fee for each subscriber group using the formula outline in block B of part 8 of this schedule on the pro-	ecedina	
page. In making this computation, use the DSE and gross receipts figure applicable to the particular subscriber group (that DSEs for that group's complement of stations and total gross receipts from the subscribers in that group). You do not need your actual calculations on the form.	is, the total	

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name 062634 CMN-RUS, LLC (formerly CMN-RUS, INC.) Guidance for Computing the Royalty Fee for Partially Permitted/Partially NonPermitted Signals Step 1: Use part 9, block A, of the DSE Schedule to establish subscriber groups to compute the base rate fee for wholly and partially permitted distant signals. Write "Permitted Signals" at the top of the page. Note: One or more permitted signals in these subscriber groups may be partially distant. Step 2: Use a separate part 9, block A, to compute the 3.75 percent fee for wholly nonpermitted and partially nonpermitted distant signals. Write "Nonpermitted 3.75 stations" at the top of this page. Multiply the subscriber group gross receipts by total DSEs by .0375 and enter the grand total 3.75 percent fees on line 2, block 3, of space L. Important: The sum of the gross receipts reported for each part 9 used in steps 1 and 2 must equal the amount reported in space K. Step 3: Use part 9, block B, to compute a syndicated exclusivity surcharge for any wholly or partially permitted distant signals from step 1 that is subject to this surcharge. Guidance for Computing the Royalty Fee for Carriage of Distant and Partially Distant Multicast Streams Step 1: Use part 9, Block A, of the DSE Schedule to report each distant multicast stream of programming that is transmitted from a primary television broadcast signal. Only the base rate fee should be computed for each multicast stream. The 3.75 Percent Rate and Syndicated Exclusivity Surcharge are not applicable to the secondary transmission of a multicast stream. You must report but not assign a DSE value for the retransmission of a multicast stream that is the subject of a written agreement entered into on or before June 30, 2009 between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter.

LEGAL NAME OF OWNE						S	YSTEM ID# 062634	Name
В		COMPUTATION O		TE FEES FOR EAC		IBER GROUP SUBSCRIBER GROU	JP	
COMMUNITY/ AREA		ICASTLE		COMMUNITY/ AREA		UR/NORTH VERN		9
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computatio of
								Base Rate Fo
			<u> </u>					and Syndicated
						-		Exclusivity
								Surcharge for
								Partially
						,		Distant
								Stations
						-		
			<u> </u>					
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	roup	\$ 149	,304.79	Gross Receipts Sec	ond Group	\$ 3	97,304.38	
3ase Rate Fee First G	roup	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
	THIRD	SUBSCRIBER GRO	UP			SUBSCRIBER GROU	JP	
COMMUNITY/ AREA	VINCE	NNES		COMMUNITY/ ARE	A MADISO	ON .		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		-						
						-		
		-						
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	Group	<u>\$</u> 183	3,538.67	Gross Receipts Fou	rth Group	\$ 2	82,785.28	
Base Rate Fee Third G	Group	\$	0.00	Base Rate Fee Four	rth Group	\$	0.00	
Base Rate Fee: Add th Enter here and in block			criber group	as shown in the boxes	s above.	\$	8,672.99	

Name	062634							
	JP	IBER GROUP SUBSCRIBER GROU		TE FEES FOR EACH		COMPUTATION OF SUBSCRIBER GRO		BL
9 Computati		MANCHESTER	NORTH	COMMUNITY/ AREA		SH	WABAS	COMMUNITY/ AREA
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate					0.25	WFYI-Kids	0.25	WFYI
and Syndicate Exclusivi Surcharg for							0.25	WFYI-Create
Partially Distant Stations								
	0.00			Total DSEs	0.75			Total DSEs
	50,692.89	\$	d Group	Gross Receipts Secon	,179.06	\$ 136	roup	Gross Receipts First G
	0.00	\$		Gross Receipts Secon	,086.71			Gross Receipts First Gi
	0.00		d Group		,086.71		roup	3ase Rate Fee First Gr
	0.00	\$ SUBSCRIBER GROU	d Group EIGHTH		,086.71	\$ 1	roup	Base Rate Fee First Gr
	0.00	\$ SUBSCRIBER GROUNDS RSVILLE CALL SIGN	d Group EIGHTH CONNER	Base Rate Fee Second	,086.71	\$ 1	roup SEVENTH	Base Rate Fee First G
	0.00	\$ SUBSCRIBER GROUNDS RSVILLE	d Group EIGHTH CONNEF	Base Rate Fee Second	JP	\$ 1 SUBSCRIBER GRO	roup SEVENTH HUNTIN	Base Rate Fee First Gr
	0.00	\$ SUBSCRIBER GROUNDS RSVILLE CALL SIGN	EIGHTH CONNEF DSE 0.25	Base Rate Fee Second COMMUNITY/ AREA CALL SIGN WFYI	JP	\$ 1 SUBSCRIBER GRO	roup SEVENTH HUNTIN	Base Rate Fee First Gr
	0.00	\$ SUBSCRIBER GROUNDS RSVILLE CALL SIGN	EIGHTH CONNEF DSE 0.25	Base Rate Fee Second COMMUNITY/ AREA CALL SIGN WFYI	JP	\$ 1 SUBSCRIBER GRO	roup SEVENTH HUNTIN	Base Rate Fee First Gr
	0.00	\$ SUBSCRIBER GROUNDS RSVILLE CALL SIGN	EIGHTH CONNEF DSE 0.25	Base Rate Fee Second COMMUNITY/ AREA CALL SIGN WFYI	JP	\$ 1 SUBSCRIBER GRO	roup SEVENTH HUNTIN	Base Rate Fee First Gr
	0.00	\$ SUBSCRIBER GROUNDS RSVILLE CALL SIGN	EIGHTH CONNEF DSE 0.25	Base Rate Fee Second COMMUNITY/ AREA CALL SIGN WFYI	JP	\$ 1 SUBSCRIBER GRO	roup SEVENTH HUNTIN	Base Rate Fee First Gr
	0.00 JP DSE 0.25	SUBSCRIBER GROUNDERSVILLE CALL SIGN WFYI-Kids	DSE 0.25	Base Rate Fee Second COMMUNITY/ AREA CALL SIGN WFYI WFYI-Create	DSE	SUBSCRIBER GROUNGTON CALL SIGN	DSE	CALL SIGN

LEGAL NAME OF OWNER CMN-RUS, LLC (fo						S	YSTEM ID# 062634	Name
BL		COMPUTATION OF SUBSCRIBER GRO		TE FEES FOR EACH		IBER GROUP SUBSCRIBER GROU	JP	•
COMMUNITY/ AREA	NEW C	ASTLE		COMMUNITY/ AREA	LEBANG	ON		9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
	•			WIPB Wasther	0.25	WIPB-Create	0.25	Base Rate Fee
				WIPB-Weather	0.25			and Syndicated
	•							Exclusivity
								Surcharge
								for
	•							Partially
								Distant Stations
			<u> </u>					Otations
		-						
Total DSEs			0.00	Total DSEs			0.75	
Gross Receipts First Gr	oup	\$ 164	,614.64	Gross Receipts Secon	nd Group	\$ 1	60,282.24	
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Secon	nd Group	\$	1,279.05	
EL	EVENTH.	SUBSCRIBER GRO	UP		TWELVTH	SUBSCRIBER GROU	JP	
COMMUNITY/ AREA	FRANK	LIN/GREENWOO	DD	COMMUNITY/ AREA	LAFAYE	ETTE		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
				WIPB	0.25	WIPB-Create	0.25	
	•			WIPB-Weather	0.25			
						—		
						H		
Total DSEs		-	0.00	Total DSEs			0.75	
Gross Receipts Third G	roup	\$ 470	,739.09	Gross Receipts Fourt	h Group	\$ 6	39,103.23	
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourt	h Group	\$	5,100.04	
Base Rate Fee: Add the				П				

SUBSCRIBER GROUP	RTEENTH	CALL SIGN		CALL SIGN	RTEENTH	
ELD/FISHERS/CAF	WESTFI	COMMUNITY/ AREA		WFORDSVILLE	CRAW	COMMUNITY/ AREA
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
		Total DSEs	0.00			Total DSEs
\$ 574	d Group	Gross Receipts Second	,476.30	\$ 225	roup	Gross Receipts First G
\$	d Group	Base Rate Fee Second	0.00	\$	oup	Base Rate Fee First G
SUBSCRIBER GROUP	XTEENTH	SI				FII
NGTON	BLOOM	COMMUNITY/ AREA	_LE	NFIELD/ROMEOVII	PLAINF	COMMUNITY/ AREA
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
-						
-						
-						
-						
-						
-						
-						
		Total DSEs	0.00			Total DSEs
\$ 285	Group	Gross Receipts Fourth	,038.49	<u>\$ 106</u>	Group	Gross Receipts Third G
\$	Group	Base Rate Fee Fourth	0.00	\$	iroup	Base Rate Fee Third G
	SUBSCRIBER GROUP NGTON CALL SIGN	BLOOMINGTON DSE CALL SIGN CALL SIGN Group \$ 288	SIXTEENTH SUBSCRIBER GROUP COMMUNITY/ AREA BLOOMINGTON CALL SIGN DSE CALL SIGN Total DSEs	UP SIXTEENTH SUBSCRIBER GROUP LLE COMMUNITY/ AREA BLOOMINGTON DSE CALL SIGN DSE CALL SIGN O.00 Total DSEs Gross Receipts Fourth Group \$ 285	SUBSCRIBER GROUP SIXTEENTH SUBSCRIBER GROUP COMMUNITY/ AREA BLOOMINGTON CALL SIGN DSE CALL SIGN DSE CALL SIGN CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN Total DSES \$ 106,038.49 Gross Receipts Fourth Group \$ 288	TEENTH SUBSCRIBER GROUP PLAINFIELD/ROMEOVILLE COMMUNITY/ AREA BLOOMINGTON DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CA

LEGAL NAME OF OWNE						S	YSTEM ID# 062634	Name
		COMPUTATION OF SUBSCRIBER GRO		TE FEES FOR EACH		IBER GROUP SUBSCRIBER GROU	JP	
COMMUNITY/ AREA	OSWE	GO/PLANO/YORI	KVILLE	COMMUNITY/ AREA	BATAVI	A/GENEVA/N AUI	RORA/S EI	9
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of
								Base Rate Fee
								Syndicated
								Exclusivity
								Surcharge for
								Partially
								Distant Stations
		-						
		•						
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	roup	. 133	,837.33	Gross Receipts Secon	d Croup	. 2	44,828.37	
Gioss Receipts Filst G	Toup	133	,007.00	Gross Receipts Secon	la Group	\$ 24	44,020.37	
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Secon	d Group	\$	0.00	
		SUBSCRIBER GRO	UP			SUBSCRIBER GROU		
COMMUNITY/ AREA	DEKAL	.B/SYCAMORE		COMMUNITY/ AREA	LEXING	TON/VERSAILLE	S/RICHMO	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		-						
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third C	Group	\$ 111	,464.45	Gross Receipts Fourth	Group	\$ 39	95,776.52	
Base Rate Fee Third C	Group	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
				Base Rate Fee Fourth		\$	0.00	

LEGAL NAME OF OWNE						Sì	O62634	Name
		COMPUTATION OF		ATE FEES FOR EACH		IBER GROUP SUBSCRIBER GROU	P	
COMMUNITY/ AREA	DAVEN	IPORT/BETTEND	ORF	COMMUNITY/ AREA	ROCHE	STER		9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of
								Base Rate Fee
								and Syndicated
								Exclusivity
								Surcharge for
								Partially
						_		Distant
								Stations
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	roup	\$ 213	,519.01	Gross Receipts Secon	d Group	\$ 9	92,652.80	
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Secon	d Group	\$	0.00	
TWEN	TY-THIRD	SUBSCRIBER GRO	UP	TWENT	-FOURTH	SUBSCRIBER GROU	Р	
COMMUNITY/ AREA	AMES			COMMUNITY/ AREA	ENGLE	NOOD/CLAYTON/	TIPP CITY	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
						_		
		-						
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third (⊰roup	\$ 63	,692.40	Gross Receipts Fourth	Group	\$ 8	80,989.49	
Base Rate Fee Third (Group	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block			criber group	as shown in the boxes	above.	\$		

LEGAL NAME OF OWNE CMN-RUS, LLC (fo						s	962634 062634	Name
Bl	OCK A: (COMPUTATION O	F BASE RA	TE FEES FOR EACH	SUBSCR	IBER GROUP		
TWEN	TY-FIFTH	SUBSCRIBER GRO	UP	TWEN	ITY-SIXTH	SUBSCRIBER GROU	JP	^
COMMUNITY/ AREA	LANSIN	IG/EAST LANSI	NG	COMMUNITY/ AREA	TALLAH	IASSEE		9 Computa
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate
								and
	•							Syndicat
							·····	Exclusiv
								Surchar
								for
								Partially
								Distant
								Stations
	<u> </u>					=		
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otal DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	roup	\$ 7	7,818.87	Gross Receipts Secon	d Group	\$	49,258.02	
	, o u p		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Cross resemple seem.	а О.оцр	<u> </u>		
ase Rate Fee First G	roup	\$	0.00	Base Rate Fee Secon	d Group	\$	0.00	
TWENTY-S	SEVENTH	SUBSCRIBER GRO	UP	TWENT	Y-EIGHTH	SUBSCRIBER GROU	JP	
COMMUNITY/ AREA	JAGUA	.R		COMMUNITY/ AREA	ROCK IS	SLAND		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
CALL SIGN	DOL	CALL SIGN	DOL	WUPX-Ion	1.00	CALL SIGN	DSL	
				VVUFA-IUII	1.00			
						=		
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	<u> </u>					=		
						L	·····	
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otal DSEs		1	0.00	Total DSEs			1.00	
							_	
Gross Receipts Third G	Group	<u>\$ 713</u>	3,295.17	Gross Receipts Fourth	Group	\$	15,149.29	
Dogo Bota Fac Third C	`raur		0.00	Book Bata For For I'	Cro		404.40	
Base Rate Fee Third G	πουρ	\$	0.00	Base Rate Fee Fourth	Group	\$	161.19	
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LEGAL NAME OF OWNE						S	YSTEM ID# 062634	Name
		COMPUTATION OF SUBSCRIBER GROU		TE FEES FOR EACH		IBER GROUP SUBSCRIBER GROU	JP	•
COMMUNITY/ AREA	FAYET	TEVILLE		COMMUNITY/ AREA			0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
WUPX-Ion	1.00							Base Rate Fee
	-							and Syndicated
								Exclusivity
								Surcharge
						_		for
								Partially Distant
								Stations
Total DSEs			1.00	Total DSEs			0.00	
Gross Receipts First G	iroup	<u>\$ 14,</u>	475.60	Gross Receipts Secon	nd Group	\$	0.00	
Base Rate Fee First G	iroup	\$	154.02	Base Rate Fee Secon	nd Group	\$	0.00	
THIR	TY-FIRST	SUBSCRIBER GRO	JP	THIRT	Y-SECOND	SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
Total DSEs			0.00	Total DSEs	1		0.00	
Gross Receipts Third (Group	\$	0.00	Gross Receipts Fourth	n Group	\$	0.00	
Base Rate Fee Third (Group	\$	0.00	Base Rate Fee Fourth	n Group	\$	0.00	
Group \$ 0.00 Gross Rece	\$ 0.00 Gross Rece \$ 0.00 Base Rate e fees for each subscriber group as shown in	0.00 Gross Rece	Gross Rece	ipts Fourth	n Group	\$	0.00	

CMN-RUS, LLC (fo		E SYSTEM: CMN-RUS, INC.)				S	YSTEM ID# 062634	Name
BL		COMPUTATION OF SUBSCRIBER GROU		TE FEES FOR EACH		IBER GROUP SUBSCRIBER GROU	JP	
COMMUNITY/ AREA	GREEN	ICASTLE		COMMUNITY/ AREA	SEYMO	UR/NORTH VERN	ION	9
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of
								Base Rate Fe
	•		•					and Syndicated
		-						Exclusivity
		-						Surcharge
	•		•					for Partially
	•							Distant
	•							Stations
	•							
	•							
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gro	oup	s 149.	304.79	Gross Receipts Secon	d Group	\$ 3	97,304.38	
Base Rate Fee First Gro	oup	\$	0.00	Base Rate Fee Secon	d Group	\$	0.00	
		SUBSCRIBER GROU	JP			SUBSCRIBER GROU	JP	
COMMUNITY/ AREA	VINCE	NNES		COMMUNITY/ AREA	MADISO)N		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		-						
	•		•					
		-						
Total DSEs	<u>. </u>		0.00	Total DSEs	1		0.00	
Gross Receipts Third G	roup	s 183,	538.67	Gross Receipts Fourth	Group	\$ 2	82,785.28	
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block			riber group	as shown in the boxes a	above.	s	0.00	

CMN-RUS, LLC (f		LE SYSTEM: CMN-RUS, INC.)					062634	Name
В		COMPUTATION O SUBSCRIBER GRO		ATE FEES FOR EACH		IBER GROUP SUBSCRIBER GRO	UP	
COMMUNITY/ AREA	WABAS			COMMUNITY/ AREA				9 Computati
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate F
								and
		-						Syndicate
								Exclusivit
								Surcharge
								for Partially
								Distant
	<u> </u>	-						Stations
F / 1 DOF			0.00	T			0.00	
Total DSEs		. 420	0.00	Total DSEs	d C		0.00	
Gross Receipts First G	roup	\$ 136	5,179.06	Gross Receipts Secon	a Group	\$	50,692.89	
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Secon	d Group	\$	0.00	
	SEVENTH	SUBSCRIBER GRO)UP		EIGHTH	SUBSCRIBER GRO	UP	
COMMUNITY/ AREA	HUNTI	NGTON		COMMUNITY/ AREA	CONNE	RSVILLE		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		[]						
		H	.					
		-						
Total DSEs			0.00	Total DSEs			0.00	
	• Froup	\$ 141	0.00	Total DSEs Gross Receipts Fourth	Group		0.00	
Total DSEs Gross Receipts Third (·	\$ 141 \$			•	\$		

NI	YSTEM ID# 062634					MN-RUS, INC.)	r of CABL ormerly (CMN-RUS, LLC (fo
	IP.	IBER GROUP SUBSCRIBER GROU		TE FEES FOR EACH		COMPUTATION OF SUBSCRIBER GROU		Bl
9 Computati				COMMUNITY/ AREA			NEW C	COMMUNITY/ AREA
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate I								
and								
Syndicate								
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for								
Partially							-	
Distant Stations								
Stations								
							-	
"			•				<u> </u>	
_								
	0.00			Total DSEs	0.00			Total DSEs
					614.64	s 164,	roun	Gross Receipts First G
	60.282.24	s 16	d Group	IIGross Receipts Secon				
	60,282.24	\$ 16	d Group	Gross Receipts Secon	014.04	<u> </u>	Сар	•
	0.00	\$ 16 \$		Gross Receipts Secon Base Rate Fee Secon	0.00	\$		
	0.00		d Group	Base Rate Fee Secon	0.00		roup	3ase Rate Fee First G
-	0.00	\$ SUBSCRIBER GROU	d Group	Base Rate Fee Secon	0.00	\$	roup	3ase Rate Fee First G
=	0.00	\$ SUBSCRIBER GROU	d Group	Base Rate Fee Secon COMMUNITY/ AREA	0.00	\$ SUBSCRIBER GROULIN/GREENWOO	roup	3ase Rate Fee First G
-	0.00	\$ SUBSCRIBER GROU	d Group TWELVTH LAFAYE	Base Rate Fee Secon	0.00 JP D	\$ SUBSCRIBER GROU	roup LEVENTH FRANK	Base Rate Fee First Gr El COMMUNITY/ AREA
- - - -	0.00	\$ SUBSCRIBER GROU	d Group TWELVTH LAFAYE	Base Rate Fee Secon COMMUNITY/ AREA	0.00 JP D	\$ SUBSCRIBER GROULIN/GREENWOO	roup LEVENTH FRANK	Base Rate Fee First Gr El COMMUNITY/ AREA
= - - - - -	0.00	\$ SUBSCRIBER GROU	d Group TWELVTH LAFAYE	Base Rate Fee Secon COMMUNITY/ AREA	0.00 JP D	\$ SUBSCRIBER GROULIN/GREENWOO	roup LEVENTH FRANK	Base Rate Fee First Gr El COMMUNITY/ AREA
	0.00	\$ SUBSCRIBER GROU	d Group TWELVTH LAFAYE	Base Rate Fee Secon COMMUNITY/ AREA	0.00 JP D	\$ SUBSCRIBER GROULIN/GREENWOO	roup LEVENTH FRANK	Base Rate Fee First Gi El COMMUNITY/ AREA
	0.00	\$ SUBSCRIBER GROU	d Group TWELVTH LAFAYE	Base Rate Fee Secon COMMUNITY/ AREA	0.00 JP D	\$ SUBSCRIBER GROULIN/GREENWOO	roup LEVENTH FRANK	Base Rate Fee First Gi El COMMUNITY/ AREA
	0.00	\$ SUBSCRIBER GROU	d Group TWELVTH LAFAYE	Base Rate Fee Secon COMMUNITY/ AREA	0.00 JP D	\$ SUBSCRIBER GROULIN/GREENWOO	roup LEVENTH FRANK	Base Rate Fee First Gi El COMMUNITY/ AREA
	0.00	\$ SUBSCRIBER GROU	d Group TWELVTH LAFAYE	Base Rate Fee Secon COMMUNITY/ AREA	0.00 JP D	\$ SUBSCRIBER GROULIN/GREENWOO	roup LEVENTH FRANK	Base Rate Fee First Gr El COMMUNITY/ AREA
	0.00	\$ SUBSCRIBER GROU	d Group TWELVTH LAFAYE	Base Rate Fee Secon COMMUNITY/ AREA	0.00 JP D	\$ SUBSCRIBER GROULIN/GREENWOO	roup LEVENTH FRANK	Base Rate Fee First Gr El COMMUNITY/ AREA
	0.00	\$ SUBSCRIBER GROU	d Group TWELVTH LAFAYE	Base Rate Fee Secon COMMUNITY/ AREA	0.00 JP D	\$ SUBSCRIBER GROULIN/GREENWOO	roup LEVENTH FRANK	Base Rate Fee First Gr El COMMUNITY/ AREA
	0.00	\$ SUBSCRIBER GROU	d Group TWELVTH LAFAYE	Base Rate Fee Secon COMMUNITY/ AREA	0.00 JP D	\$ SUBSCRIBER GROULIN/GREENWOO	roup LEVENTH FRANK	Base Rate Fee First Gr El COMMUNITY/ AREA
	0.00	\$ SUBSCRIBER GROU	d Group TWELVTH LAFAYE	Base Rate Fee Secon COMMUNITY/ AREA	0.00 JP D	\$ SUBSCRIBER GROULIN/GREENWOO	roup LEVENTH FRANK	Base Rate Fee First Gr EI COMMUNITY/ AREA
	0.00	\$ SUBSCRIBER GROU	d Group TWELVTH LAFAYE	Base Rate Fee Secon COMMUNITY/ AREA	0.00 JP D	\$ SUBSCRIBER GROULIN/GREENWOO	roup LEVENTH FRANK	Base Rate Fee First Gr El COMMUNITY/ AREA
	0.00	\$ SUBSCRIBER GROU	d Group TWELVTH LAFAYE	Base Rate Fee Secon COMMUNITY/ AREA	0.00 JP D	\$ SUBSCRIBER GROULIN/GREENWOO	roup LEVENTH FRANK	Base Rate Fee First Gr EI COMMUNITY/ AREA
	0.00	\$ SUBSCRIBER GROU	d Group TWELVTH LAFAYE	Base Rate Fee Secon COMMUNITY/ AREA	0.00 JP D	\$ SUBSCRIBER GROULIN/GREENWOO	roup LEVENTH FRANK	Base Rate Fee First Gr El COMMUNITY/ AREA
	0.00	SUBSCRIBER GROUETTE CALL SIGN	d Group TWELVTH LAFAYE DSE	Base Rate Fee Secon COMMUNITY/ AREA CALL SIGN Total DSEs	0.00 JP DSE O.00	\$ SUBSCRIBER GROULIN/GREENWOO CALL SIGN	DSE	EICOMMUNITY/ AREA CALL SIGN Total DSEs
	0.00	SUBSCRIBER GROUETTE CALL SIGN	d Group TWELVTH LAFAYE DSE	Base Rate Fee Secon COMMUNITY/ AREA CALL SIGN	0.00	\$ SUBSCRIBER GROULIN/GREENWOO CALL SIGN	DSE	EICOMMUNITY/ AREA CALL SIGN

NI	YSTEM ID# 062634					CMN-RUS, INC.)	r of CABL rmerly C	CMN-RUS, LLC (fo
				TE FEES FOR EACH				
9		SUBSCRIBER GROU			JP	SUBSCRIBER GROU		
Computat	ARMEL/ZIU	ELD/FISHERS/CA	WESTFI	COMMUNITY/ AREA		FORDSVILLE	CRAWF	COMMUNITY/ AREA
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate								
and			•			-	-	
Syndicate							-	
Exclusivi								
Surcharg							-	
for Partially							-	
Distant							-	
Stations		H					-	
		_					-	
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				Total DSEs	0.00			otal DSEs
	0.00							
		s 5	d Group	Gross Receints Second	476 30	\$ 225	oun	Pross Receints First Gr
	74,470.89	\$ 5	d Group	Gross Receipts Second	476.30	\$ 225,	oup	Gross Receipts First Gr
		\$ 5 \$	·	Gross Receipts Second	0.00	\$ 225, \$		·
- - - - - -	0.00		d Group	Base Rate Fee Second	0.00		oup	dase Rate Fee First Gr
	0.00	\$ SUBSCRIBER GROU	d Group	Base Rate Fee Second	0.00	\$	oup	Base Rate Fee First Gr
	0.00	\$ SUBSCRIBER GROU	d Group	Base Rate Fee Second	0.00	\$ SUBSCRIBER GROU	oup	Base Rate Fee First Gr
	74,470.89 0.00	\$ SUBSCRIBER GROUNDS INGTON	d Group XTEENTH BLOOMI	Base Rate Fee Second SI COMMUNITY/ AREA	0.00 JP .LE	\$ SUBSCRIBER GROUFIELD/ROMEOVIL	oup TEENTH PLAINF	Base Rate Fee First Gr FIF COMMUNITY/ AREA
	74,470.89 0.00	\$ SUBSCRIBER GROUNDS INGTON	d Group XTEENTH BLOOMI	Base Rate Fee Second SI COMMUNITY/ AREA	0.00 JP .LE	\$ SUBSCRIBER GROUFIELD/ROMEOVIL	oup TEENTH PLAINF	Sase Rate Fee First Gr FIF COMMUNITY/ AREA
	74,470.89 0.00	\$ SUBSCRIBER GROUNDS INGTON	d Group XTEENTH BLOOMI	Base Rate Fee Second SI COMMUNITY/ AREA	0.00 JP .LE	\$ SUBSCRIBER GROUFIELD/ROMEOVIL	oup TEENTH PLAINF	Base Rate Fee First Gr FIF COMMUNITY/ AREA
	74,470.89 0.00	\$ SUBSCRIBER GROUNDS INGTON	d Group XTEENTH BLOOMI	Base Rate Fee Second SI COMMUNITY/ AREA	0.00 JP .LE	\$ SUBSCRIBER GROUFIELD/ROMEOVIL	oup TEENTH PLAINF	Sase Rate Fee First Gr FIF COMMUNITY/ AREA
	74,470.89 0.00	\$ SUBSCRIBER GROUNDS INGTON	d Group XTEENTH BLOOMI	Base Rate Fee Second SI COMMUNITY/ AREA	0.00 JP .LE	\$ SUBSCRIBER GROUFIELD/ROMEOVIL	oup TEENTH PLAINF	Base Rate Fee First Gr FIF COMMUNITY/ AREA
	74,470.89 0.00	\$ SUBSCRIBER GROUNDS INGTON	d Group XTEENTH BLOOMI	Base Rate Fee Second SI COMMUNITY/ AREA	0.00 JP .LE	\$ SUBSCRIBER GROUFIELD/ROMEOVIL	oup TEENTH PLAINF	Base Rate Fee First Gr FIF COMMUNITY/ AREA
	74,470.89 0.00	\$ SUBSCRIBER GROUNDS INGTON	d Group XTEENTH BLOOMI	Base Rate Fee Second SI COMMUNITY/ AREA	0.00 JP .LE	\$ SUBSCRIBER GROUFIELD/ROMEOVIL	oup TEENTH PLAINF	Base Rate Fee First Gr FIF COMMUNITY/ AREA
	74,470.89 0.00	\$ SUBSCRIBER GROUNDS INGTON	d Group XTEENTH BLOOMI	Base Rate Fee Second SI COMMUNITY/ AREA	0.00 JP .LE	\$ SUBSCRIBER GROUFIELD/ROMEOVIL	oup TEENTH PLAINF	Base Rate Fee First Gr FIF COMMUNITY/ AREA
	74,470.89 0.00	\$ SUBSCRIBER GROUNDS INGTON	d Group XTEENTH BLOOMI	Base Rate Fee Second SI COMMUNITY/ AREA	0.00 JP .LE	\$ SUBSCRIBER GROUFIELD/ROMEOVIL	oup TEENTH PLAINF	Base Rate Fee First Gr FIF COMMUNITY/ AREA
	74,470.89 0.00	\$ SUBSCRIBER GROUNDS INGTON	d Group XTEENTH BLOOMI	Base Rate Fee Second SI COMMUNITY/ AREA	0.00 JP .LE	SUBSCRIBER GROU	oup TEENTH PLAINF	Base Rate Fee First Gr FIF COMMUNITY/ AREA
	74,470.89 0.00	\$ SUBSCRIBER GROUNDS INGTON	d Group XTEENTH BLOOMI	Base Rate Fee Second SI COMMUNITY/ AREA	0.00 JP .LE	SUBSCRIBER GROU	oup TEENTH PLAINF	COMMUNITY/ AREA
	74,470.89 0.00	\$ SUBSCRIBER GROUNDS INGTON	d Group XTEENTH BLOOMI	Base Rate Fee Second SI COMMUNITY/ AREA	0.00 JP .LE	SUBSCRIBER GROU	oup TEENTH PLAINF	Base Rate Fee First Gr FIF COMMUNITY/ AREA
	74,470.89 0.00	\$ SUBSCRIBER GROUNDS INGTON	d Group XTEENTH BLOOMI	Base Rate Fee Second SI COMMUNITY/ AREA	0.00 JP .LE	SUBSCRIBER GROU	oup TEENTH PLAINF	Sase Rate Fee First Gr FIF COMMUNITY/ AREA
	74,470.89 0.00	\$ SUBSCRIBER GROUNDS INGTON	d Group XTEENTH BLOOMI	Base Rate Fee Second SI COMMUNITY/ AREA	0.00 JP .LE	SUBSCRIBER GROU	oup TEENTH PLAINF	Sase Rate Fee First Gr FIF COMMUNITY/ AREA
	74,470.89 0.00	\$ SUBSCRIBER GROUNDS INGTON	d Group XTEENTH BLOOMI	Base Rate Fee Second SI COMMUNITY/ AREA	DSE	SUBSCRIBER GROU	oup TEENTH PLAINF	Base Rate Fee First Gr FIF COMMUNITY/ AREA
	0.00 JP DSE 0.00	SUBSCRIBER GROUINGTON CALL SIGN	d Group XTEENTH BLOOMI DSE	Base Rate Fee Second SI COMMUNITY/ AREA CALL SIGN Total DSEs	0.00 JP LE DSE 0.00	SUBSCRIBER GROUE FIELD/ROMEOVIL CALL SIGN	OUP TEENTH PLAINF DSE	CALL SIGN COALL SIGN Cotal DSEs
	74,470.89 0.00 JP DSE	SUBSCRIBER GROUINGTON CALL SIGN	d Group XTEENTH BLOOMI DSE	Base Rate Fee Second SI COMMUNITY/ AREA CALL SIGN	DSE	SUBSCRIBER GROUE FIELD/ROMEOVIL CALL SIGN	OUP TEENTH PLAINF DSE	FIF COMMUNITY/ AREA CALL SIGN

LEGAL NAME OF OWNE						S	YSTEM ID# 062634	Name
		COMPUTATION O		TE FEES FOR EACH		RIBER GROUP SUBSCRIBER GROU	JP.	
COMMUNITY/ AREA		GO/PLANO/YOR				IA/GENEVA/N AURORA/S EI		9 Computati
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate F
								and
								Syndicate
								Exclusivity
								Surcharge for
	<u> </u>	-	<u> </u>					Partially
								Distant
								Stations
	<u>"</u>		<u></u>		<u></u>			
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	roup	<u>\$ 133</u>	3,837.33	Gross Receipts Secor	nd Group	\$ 2	44,828.37	
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Secon	nd Group	\$	0.00	
NII		SUBSCRIBER GRO	UP			SUBSCRIBER GROU		
COMMUNITY/ AREA	DEKAL	.B/SYCAMORE		COMMUNITY/ AREA	LEXING	TON/VERSAILLE	S/RICHMO	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		-						
		-						
Total DSEs		-	0.00	Total DSEs			0.00	
Gross Receipts Third C	Group	<u>\$ 111</u>	,464.45	Gross Receipts Fourth	n Group	\$ 3	95,776.52	
Base Rate Fee Third G	Proup	•	0.00	Base Rate Fee Fourth	Group	¢.	0.00	
Jude Nate i ee miid d	лоир	4	0.00	Dase Nate i ee Foulti	, Oroup	•	0.00	
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