THIS FORM IS EFFECTIVE FOR ACCOUNTING PERIODS BEGINNING JANUARY 1, 2015

If you are filing for a prior accounting period, contact the Licensing Division for the correct form.

SA3 Long Form

STATEMENT OF ACCOUNT

for Secondary Transmissions by Cable Systems (Long Form)

General instructions are at the end of this form [pages i-viii].

FOR COPYRIGHT	OFFICE USE ONLY
FOR COPYRIGHD DATE RECEIVED 02/23/2023	AMOUNT
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Return to: Library of Congress Copyright Office Licensing Division 101 Independence Ave. SE Washington, DC 20557-6400 (202) 707-8150

For courier deliveries, see page ii of the general instructions.

Α	AC	COUNTING PERIOD COVERED BY THIS STATEMENT: (Check	one of the b	oxes and fill in t	the year date.)					
Accounting Period		January 1–June 30	-December 3	1 2022 (Year)						
B Owner	Giv cor	TRUCTIONS: The the full legal name of the owner of the cable system in line 1. If the owner porate title of the subsidiary, not that of the parent corporation. In line 2, list any other names under which the owner conducts the busines of the were different owners during the accounting period, only the owner of the interest of account and royalty fee payment covering the entire account of the country of the covering the system's first filing. If not, enter the system's ID numbers of the system's ID num	s of the cable s on the last day ounting period	system. of the accounting p	period should submit					
	1	LEGAL NAME OF OWNER OF CABLE SYSTEM: SkyBest Communications, Inc.			63054					
	2	BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFEREN	IT):							
	3	MAILING ADDRESS OF OWNER OF CABLE SYSTEM: PO Box 759 (Number, street, rural route, apartment, or suite number) West Jefferson, NC 28694 (City, town, state, zip)								
C System	INS nam	TRUCTIONS: In line 1, give any business or trade names used to identify the already appear in space B. In line 2, give the mailing address of the system.	he business an stem, if differen	d operation of the it from the address	system unless these given in space B.					
	2	MAILING ADDRESS OF CABLE SYSTEM: (Number, street, rural route, apartment, or suite number) (City, town, state, zip code)								
D Area	Inst all c	ructions: For complete space D instructions, see page 1b. Identify only the formunities.	irst community	served below and r	elist on page 1b with					
Served		CITY OR TOWN	STATE							
First ► Community		st Jefferson	'.ŃĊ							
,	Belo	selow is a sample for reporting communities if you report multiple channel line-ups in Space G.								
-		CITY OR TOWN (SAMPLE)	STATE	CH LINE UP	SUB GRP#					
Sample ►	Alc		MD	A	1					
		ance	MD	В	2					
	Ge	Gering MD B 3								

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

LEGAL NAME OF OWNER OF CABLE SYSTEM:				Nome
SkyBest Communications, Inc.			63054	Name
Instructions: List each separate community served by the cable system. A "comin FCC rules: "a separate and distinct community or municipal entity (including areas and including single, discrete unincorporated areas." 47 C.F.R. §76.5(dd). of system identification hereafter known as the "first community." Please use it a Note: Entities and properties such as hotels, apartments, condominiums, or mobile the identified city or town.	unincorporate The first comments the first comments home parks s	ed communities we munity that you list on munity on all future should be reported	vithin unincorporated at will serve as a form re filings. in parentheses below	D Area Served
If all communities receive the same complement of television broadcast stations all communities with the channel line-up "A" in the appropriate column below on a partially distant or partially permitted basis in the DSE Schedule, associated designated by a number (based on your reporting from Part 9).	or leave the co e each relevan	olumn blank. If you nt community with	u report any stations a subscriber group,	
When reporting the carriage of television broadcast stations on a community-by- channel line-up designated by an alpha-letter(s) (based on your Space G reporti (based on your reporting from Part 9 of the DSE Schedule) in the appropriate col	ng) and a sub:	asis, associate ea scriber group des	ch community with a ignated by a number	
CITY OR TOWN	STATE	CH LINE UP	SUB GRP#	
West Jefferson	NC	A	3	⋖ First
Banner Elk	NC	Α	1	Community
Beech Mountain	NC	Α	1	
Boone	NC	Α	2	
Creston	NC	Α	3	
Seven Devils	NC	Α	4	
Elk Park	NC	A	7	
Ennice	NC	В	8	
Fleetwood	NC	Α	3	
Glade Valley	NC	В	8	
Glendale Springs	NC	Α	3	
Grassy Creek	NC	A	3	
Jefferson	NC	A	3	
Lansing	NC	A	3	
Laurel Springs	NC	В	6	
Linville	NC	Α	7	
Newland	NC	Δ	7	
Piney Creek	NC	В	9	
Roaring Gap	NC	В	8	
Scottville	NC	В	6	
Sparta	NC	В	8	
Sugar Grove	NC	A	4	
Sugar Mountain	NC	Α	1	
Todd	NC	Α	3	
Valle Crucis	NC	Α	4	
Vilas	NC	Δ	4	
Zionville	NÇ	^	4	
Shady Valley.	TN	,	5	
Blowing Rock	NÇ	Δ	1	
Mouth of Wilson	VA	Δ	3	
Deep Gap	NC	Α	3	
Mountain City	TN	C	5	
Trade	TN	C	5	
Lenoir	NC	Α	4	
Granite Falls	NC	Α	4	
Butler	TN	c	5	
	1			

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	
	SkyBest Communications, Inc.	63054

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.

BLOCK	1		BLOCK 2				
CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE	CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE		
Residential: • Service to first set	6,659	\$47.00					
Service to additional set(s)			Multi Dwelling Unit	308	\$23.96		
 FM radio (if separate rate) 			Multi Dwelling Unit (2)		\$12.87		
Motel, hotel			Multi Dwelling Unit (3)		.\$21.78		
Commercial	193	\$57.00	Multi Dwelling Unit (4)	24	\$27.00		
Converter			Hospitality Business	31	.\$69.00		
•Residential							
Non-residential							

F

Services Other Than Secondary Transmissions: Rates

SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

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

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

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

	BLO	CK 1		BLOCK 2	
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE
Continuing Services: Pay cable Pay cable—add'I channel Fire protection Burglar protection Installation: Residential First set Additional set(s) FM radio (if separate rate) Converter	\$150.0	Installation: Non-residential • Motel, hotel • Commercial • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Other services: • Reconnect • Disconnect • Outlet relocation • Move to new address	\$150.00 \$20.00 \$30.00 \$39.95		\$19.00 \$19.00 \$20.00 \$19.00 \$5.00 \$50.00 \$3.95 \$8.95

FORM SA3. PAGE 3. LEGAL NAME OF OWNER OF CABLE SYSTEM: Name SkyBest Communications, Inc. 63054 PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections **Primary** 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 Transmitters: substitute program basis, as explained in the next paragraph. 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 other basis. For further information concerning substitute basis stations, see page (v) of the general instructions. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions. Channel Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an ex-Line-Up planation of local service area, see page (v) of the general instructions.

Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your Α cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions. 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, identify the line-up in the far right column here in Space G based on your channel line-up reported in Space D. Use a separate space G for each channel line-up. 1. CALL 2. B'CAST 3. TYPE 4. DISTANT? 5. BASIS OF 6. LOCATION OF STATION SIGN CHANNEL CARRIAGE OF (Yes or No) **NUMBER** STATION (If Distant) WAXN 32.1 1 No Charlotte, NC **WBTV** 23.1 N No Charlotte, NC WBTV-2 23.2 I-M No Charlotte, NC WBTV-3 23.3 I-M No Charlotte, NC **WCCB** 18.1 1 No Charlotte, NC WCCB-2 18.2 I-M No Charlotte, NC WCCB-3 18.3 I-M No Charlotte, NC **WCYB** 35.1 N No Bristol, VA WAXN-4 32.4 I-M No Charlotte, NC WBTV-4 23.4 I-M No Charlotte, NC WETP 24.1 Ε 0 Yes Sneedville, TN WETP-2 24.2 0 E-M YPS Sneedville, TN

WETP-3

WHKY-5

WJZY

24.3

25.1

14.5

E-M

N

I-M

Yes

No

No

O

Sneedville, TN

Belmont, NC

Hickory, NC

WHKY-2

WHKY-3

WHKY-4

14.2

14.3

14.4

I-M

I-M

I-M

No

No

No

Hickory, NC

Hickory, NC

Hickory, NC

FORM SA3. PAGE	J.					
LEGAL NAME OF OWN	NER OF CABLE SYSTEM	1:				Name
SkyBest Comm	unications, Inc.				63054	Name
In General: In scarried by your FCC rules and 76.59(d)(2) and substitute prog Substitute B basis under spe Do not list the station was column 1: Leach multicast cast stream as WETA-simulcas Column 2: G	space G, identify cable system du regulations in ef (4), 76.61(e)(2) a ram basis, as exiasis Stations: We effic FCC rules, he station here in carried only on a on here, and also other information ist each station's stream associate "WETA-2". Simust).	uring the account fect on June 24, and (4), or 76.63 plained in the ne tith respect to any regulations, or an space G—but a substitute basis. In space I, if the concerning substitute the season of the substitute basis. In space I, if the concerning substitute as the call sign. Do not be with a station least streams munumber the FCC	station (including ing period, excepting period, excepting to 76.6 at paragraph. y distant stations uthorizations: do list it in spacetation was carristitute basis station according to its ust be reported in has assigned to	ot (1) stations can gethe carriage of it(e)(2) and (4))]; carried by your of e I (the Special Seed both on a sub- tions, see page (von program service over-the-air desent column 1 (list each the television state)	ns and low power television stations) rried only on a part-time basis under certain network programs [sections and (2) certain stations carried on a sable system on a substitute program statement and Program Log)—if the stitute basis and also on some other of the general instructions. es such as HBO, ESPN, etc. Identify ignation. For example, report multipach stream separately; for example ation for broadcasting over-the-air in is may be different from the channel	Primary Transmitters: Television
Column 3: In educational state (for independer For the meaning Column 4: If planation of loc Column 5: If cable system carried the distate For the retrart of a written agret the cable systet tion "E" (exemple explanation of the Column 6: Giff FCC. For Mexicolumn 6: Giff FCC. For Mexicolumn 6: If you are	tion, by entering at multicast), "E" g of these terms, the station is out all service area, styou have entered arried the distant ant station on a pasmission of a disement entered in and a primary at). For simulcast these three categive the location of an or Canadian utilizing multiple	se whether the state the letter "N" (for for noncommerce, see page (v) of the state the local see page (v) of the station during the part-time basis betant multicast stanto on or before transmitter or are, also enter "E". gories, see page feach stations, if any, gotter the letter of the stations of th	r network), "N-Moial educational), the general instruction area, (i.e. the general instruction area of lack of the accounting period of the general form association report of the general	I" (for network m or "E-M" (for not uctions. "distant"), enter ctions. complete columnation. Indicate by f activated changes between a cable sy resenting the price channel on any linstructions. It the community the community of the community of the price channel on any	ty payment because it is the subject stem or an association representing mary transmitter, enter the designather basis, enter "O." For a further to which the station is licensed by the with which the station is identified.	Channel Line-Up B
SIGN	CHANNEL NUMBER	OF STATION	(Yes or No)	CARRIAGE (If Distant)		
WAXN	32.1	ı	No		Charlotte, NC	

WGHP-3

WSOC-2

WSOC

32.3

19.1

19.2

I-M

I-M

Ν

No

No

No

High Point, NC

Charlotte, NC

Charlotte, NC

FORM SA3. PAGE						
SkyBest Comm	NER OF CABLE SYSTEM UNICATIONS, Inc.	1:			63054	Name
PRIMARY TF In General: In searried by your FCC rules and 76.59(d)(2) and substitute prog Substitute E basis under sp Do not list the station was of List the station basis. For fu Column 1: L each multicast cast stream as WETA-simulcas Column 2: G its community on which your Column 3: In educational stat (for independer For the meanin Column 4: In planation of loc Column 5: In cable system of carried the dist For the retran of a written agrithe cable system the cable system carried the dist	RANSMITTERS space G, identify reable system du regulations in ef (4), 76.61(e)(2) a gram basis, as ex Basis Stations: W ecific FCC rules, the station here in carried only on a son here, and also on here, and also stream associat "WETA-2". Simu st). Bive the channel of license. For ex cable system can dicate in each ca ation, by entering on the station is on cal service area, s f you have entered ant station on a pnsmission of a die ement entered in and a primary	every television suring the account fect on June 24, and (4), or 76.63 aplained in the new of the respect to any regulations, or any space G—but of substitute basis. In space I, if the concerning substitute basis in space I, if the concerning substitute as the letter "N" (for cample, WRC is concerned the station. It is the letter "N" (for noncommerced, see page (v) of the concerning the station during the part-time basis between the station during the part-time basis between the station of the station during the part-time basis between the station of the station during the part-time basis between the station of the station of the station of the station during the part-time basis between the station of the station of the station of the station during the part-time basis between the station of the	station (including ting period, excepting period, excepting period, exception (referring to 76.6 ext paragraph. y distant stations authorizations: do list it in spacetime station was carristitute basis station according to its cust be reported in the period of according to its cust be reported in the channel 4 in Was that in its a network or network), "N-N cial educational), the general instruction accounting period in the period in the period in the period in the general instruction accounting period in the general in the period in the period in the general in the period in the general in the gener	ot (1) stations can be carriage of the carriage of the carriage of the carriage of the carried by your carried by your carried by your carried by the set of the Special Set of the television state of the television of the televi	ns and low power television stations) rried only on a part-time basis under certain network programs [sections and (2) certain stations carried on a sable system on a substitute program statement and Program Log)—if the stitute basis and also on some other of the general instructions. es such as HBO, ESPN, etc. Identify ignation. For example, report multipach stream separately; for example ation for broadcasting over-the-air in is may be different from the channel pendent station, or a noncommercial ulticast), "I" (for independent), "I-M" incommercial educational multicast). "Yes". If not, enter "No". For an exentering "LAC" if your cable system	Primary Transmitters: Television Channel Line-Up B
Column 6: G FCC. For Mexic Note: If you are	can or Canadian	feach station. Fo stations, if any, g channel line-ups	r U.S. stations, lis give the name of s, identify the line	t the community the community very the community very in the far right	to which the station is licensed by the vith which the station is identified. In the column here in Space G based on the line-up. 6. LOCATION OF STATION	
0.0	NUMBER	STATION	(100 01 110)	(If Distant)		
WUNL	33.1	E	No		Westfield, NC	
WUNL-2	33.2	E-M	No		Westfield, NC	
WUNL-3	33.3	E-M	No		Westfield, NC	
WUNL-4	33.4	E-M	No		Westfield, NC	
WBTV-4	23.4	1-M	No		Charlotte, NC	
WXII	16.1	N	No		Winston-Salem, NC	
WXII-2	16.2	I-M	No		Winston-Salem, NC	
WLFG	14.1	1	No		Grundy, VA	
WCCB-6	18.6	I-M	No		Charlotte, NC	
WCWG	16.3	N	No		Lexington, NC	

WKPT-2

WKPT-3

WKPT-4

WKTP-5

32.2

32.3

32.4

32.5

I-M

I-M

I-M

I-M

No

No

No

No

Kingsport, TN

Kingsport, TN

Kingsport, TN

Kingsport, TN

FORM SA3. PAGE	3.					
LEGAL NAME OF OWN	NER OF CABLE SYSTEM	12			,	Name
SkyBest Comm	unications, Inc.				63054	Name
In General: In scarried by your FCC rules and 76.59(d)(2) and substitute prog Substitute E basis under spender of the station was community on which your Column 3: In educational states and states and states are stream as WETA-simulcas Column 2: Golumn 3: In educational states and 76.50 programments on which your Column 3: In educational states and 76.50 programments on which your Column 3: In educational states and 76.50 programments on which your Column 3: In educational states and 76.50 programments on which your Column 3: In educational states and 76.50 programments of the pr	space G, identify cable system duregulations in ef (4), 76.61(e)(2) aram basis, as ex assis Stations: We ecific FCC rules, he station here incarried only on a con here, and also on ther information ist each station's stream associate "WETA-2". Simulative the channel of license. For excable system cardicate in each cation, by entering	uring the account fect on June 24, and (4), or 76.63 plained in the newith respect to any regulations, or an space G—but a substitute basis. In space I, if the concerning substitute a station and substitute basis. If the concerning substitute is call sign. Do not ed with a station alcast streams multiple with the station. It is whether the station are whether the station are whether the station are whether the station are whether the station.	ing period, exce, 1981, permitting (referring to 76.6 xt paragraph. y distant stations uthorizations: do list it in space, station was carristitute basis statireport originatio according to its just be reported in has assigned to Channel 4 in Was eation is a network returned in 1981.	pt (1) stations can g the carriage of g the carriage of g the carriage of g the carriage of g the carriage of e I (the Special S ed both on a sub ions, see page (v n program servic g over-the-air des in column 1 (list e the television state shington, D.C. The k station, an inde I'' (for network m	ns and low power television stations) rried only on a part-time basis under certain network programs [sections and (2) certain stations carried on a sable system on a substitute program statement and Program Log)—if the stitute basis and also on some other of the general instructions. es such as HBO, ESPN, etc. Identify signation. For example, report multipach stream separately; for example ation for broadcasting over-the-air in is may be different from the channel pendent station, or a noncommercial ulticast), "I" (for independent), "I-M" ncommercial educational multicast).	Primary Transmitters: Television
Column 4: If planation of loc Column 5: If cable system column 6: If carried the dist For the retrar of a written agree the cable system (E' (exemple explanation of Column 6: GFCC. For Mexic Note: If you are	the station is out all service area, so four have entered arried the distant ant station on a passission of a diseasement entered in and a primary of). For simulcast these three categive the location of can or Canadian entilizing multiple	see page (v) of the d "Yes" in colurt station during the part-time basis be stant multicast stant on or before a transmitter or ar s, also enter "E". gories, see page f each station. Fo stations, if any, general manual stations in column and the stations are stations are stations.	ervice area, (i.e. the general instruction 4, you must do accounting perecause of lack of the general that is not allowed association report of the general that is not association from the general that is not association from the general that it is not association from the general that is not association from the general that is not associations, list, is the name of as, identify the lines.	"distant"), enter ctions. complete columnation. Indicate by a ctivated change tween a cable system of a change the channel on any I instructions. It the community the cup in the far right	ty payment because it is the subject ystem or an association representing mary transmitter, enter the designation that basis, enter "O." For a further to which the station is licensed by the with which the station is identified. In the column here in Space G based on	C C
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	
WUNG	21.1	Ε	Yes	0	Concord, NC	
WUNG-2	21.2	E-M	Yes	О	Concord, NC	
WUNG-3	21.3	E-M	Yes	0	Concord, NC	
WUNG-4	21.4	E-M	Yes	О	Concord, NC	
WLFG	14.1	L	No		Grundy, VA	
WKTP-6	32.6	I-M	No		Kingsport, TN	
WJHL-3	9.3	I-M	No		Johnson City, TN	
			-			

								FORM SA3. PAGE 4
	LEGAL NAME OF	OWNER OF CABL	E SYSTE	M:				
Name	SkyBest Cor	mmunication	s, Inc.					63054
Н	PRIMARY 1 In General: I all-band basi	_ist every rad	dio sta	S: RADIO tion carried on a separate a ere "generally receivable" b	and discrete ba	sis and list ystem during	those g the a	FM stations carried on an accounting period.
Primary Transmitters: Radio	receivable if (on the basis of For detailed in Column 1: Column 2: Column 3: signal, indica Column 4:	(1) it is carrie of monitoring nformation a : Identify the : State wheth the this by plate this by plate this by plate the state the state wheth the this by plate the state wheth the state the sta	d by the call since the station action's action a	ng All-Band FM Carriage: the system whenever it is received at the headend, whene the Copyright Office regulign of each station carried. It is station is AM or FM. It is signal was electronically a check mark in the "S/D" of location (the community with the any, the community with the system.	ceived at the sy ith the system's lations on this processed by column.	stem's head s FM antenna coint, see pac the cable systion is licens	lend, a, duri ge (vi) stem : ed by	and (2) it can be expected, ing certain stated intervals. of the general instructions. as a separate and discrete
	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION
	WKSK	AM		West Jefferson, NC				
	WMCT	AM		Mountain City, TN			_	
	WCOK	AM		Sparta, NC				
	WWLV	FM	Х	Lexington, NC				
	WMIT	FM	Х	Black Mountain, NC				
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O1111 0/10: 1710E 0:							
LEGAL NAME OF OWNER OF CABLE SYSTE	M:						Name
SkyBest Communications, Inc	•				63054		1140005
SUBSTITUTE CARRIAGE: In General: In space I, identify a carried on a substitute basis du authorizations. For a further expinstructions.	very nonnering the ac	etwork television	on program broadcast by od, under specific prese	y a <i>distant</i> s nt and form	ner FCC rules, reg	ulations, or	Substitute Carriage:
SPECIAL STATEMENT COI During the accounting period broadcast by a distant static Note: If your answer is "No", le log in block 2.	d, did your on?	cable system	carry, on a substitute ba		☐ Yes	s 🔳 No	Special Statement and Program Log
2. LOG OF SUBSTITUTE PRO In General: List each substitut clear. If you need more space, Column 1: Give the title of operiod, was broadcast by a di station under certain FCC rule information. Do not use generat Love Lucy" or "NBA Basketbal Column 2: If the program ware Column 3: Give the call sign Column 4: Give the broadca the case of Mexican or Canadi Column 5: Give the month an first. Example: for May 7 give " Column 6: State the times ware to the nearest five minutes. Eystated as "6:00–6:30 p.m." Column 7: Enter the letter "F to delete under FCC rules and gram was substituted for progreffect on October 19, 1976.	e program please attevery nonestant stations, regulated categorials for the stations and day who solve the stations are tations and the stations are tations and the stations are the stations of the stations are	ach additional network televis on and that yo ions, or autho es like "movie ast live, enter tition broadcas's location (the s, if any, the coen your system ubstitute program carrieted program ws in effect duri	pages. sion program (substitute our cable system substitute our cable system substitute or cable system substitute page (vi) s" or "basketball." List "Yes." Otherwise enter ting the substitute programmunity to which the carried the substitute pam was carried by your ed by a system from 6 as substituted for program the accounting perior	e program) ituted for to of the ger specific pro 'No." iram. he station is program. U cable syste :01:15 p.m. ramming the	that, during the he programming heral instructions ogram titles, for each si licensed by the identified). See numerals, with the times to 6:28:30 p.m. at your system was letter "P" if the	accounting of another for further example, "I e FCC or, in a the month accurately should be as required listed pro-	
SUE	STITUTE	PROGRAM			SUBSTITUTE GE 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	
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Name	LEGAL NAME OF OWNER	R OF CABLE SYSTEM	M:					
Name	SkyBest Commu	nications, Inc.					63054	
J Part-Time Carriage Log	time carriage due hours your syster Column 1 (Cal column 5 of space Column 2 (Dar curred during the Give the month "4/10." State the starting of the television "app." Example	space ties in vito lack of action carried that it sign): Give the G. tes and hours accounting parand day when and ending notation's brown; "12:30 a.m."	with column 5 of spaty vated channel capace station. If you need the call sign of every s of carriage): For eariod. In the carriage occur times of carriage to badcast day, you mada:15 a.m. app."	city, you more specified stant stant red. Us the near sy give a	are required to concern please attach station whose bas ation, list the dates e numerals, with the arest quarter hour. It an approximate en	mplete this log an additional page is of carriage yeard and hours where month first. En any case where ding hour, follows	giving the total date ges. ou identified by "LA en part-time carriage example: for April 10 re carriage ran to the tweed by the abbrev	AC" ge o gi e ei
			DATES AND HOU	JRS OF	PART-TIME CARR	RIAGE		
		WHEN CA	ARRIAGE OCCURRE	D		WHEN CA	RRIAGE OCCURRE	ED
	CALL SIGN	DATE	HOURS FROM TO		CALL SIGN	DATE	HOURS FROM	-
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-	G.G.T.GET.				
	L NAME OF OWNER OF CABLE SYSTEM:	Name			
Sky	Best Communications, Inc. 63054				
Instraction all ar (as id page G	ructions: The figure you give in this space determines the form you file and the amount you pay. Enter the total of mounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission service dentified in space E) during the accounting period. For a further explanation of how to compute this amount, see e (vii) of the general instructions. Gross receipts from subscribers for secondary transmission service(s) uring the accounting period. ORTANT: You must complete a statement in space P concerning gross receipts. (Amount of gross receipts)	K Gross Receipts			
• Color of the state of the sta	PYRIGHT ROYALTY AND FILING FEES ructions: Use the blocks in this space L to determine the royalty fee you owe: omplete block 1, showing your minimum fee. omplete block 2, showing whether your system carried any distant television stations. your system did not carry any distant television stations, leave block 3 blank. Enter the amount of the minimum se from block 1 on line 1 of block 4, and calculate the total royalty fee. your system did carry any distant television stations, you must complete the applicable parts of the DSE Schedule companying this form and attach the schedule to your statement of account.	Copyright Royalty Fee			
	part 8 or part 9, block A, of the DSE schedule was completed, the base rate fee should be entered on line 1 of lock 3 below.				
	part 6 of the DSE schedule was completed, the amount from line 7 of block C should be entered on line 2 in block below.				
	part 7 or part 9, block B, of the DSE schedule was completed, the surcharge amount should be entered on line in block 4 below.				
MINIMUM FEE: All cable systems with semiannual gross receipts of \$527,600 or more are required to pay at least the minimum fee, regardless of whether they carried any distant stations. This fee is 1.064 percent of the 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 Enter the result here. This is your minimum fee.					
Block 2	DISTANT TELEVISION STATIONS CARRIED: Your answer here must agree with the information you gave in space G. If, in space G, you identified any stations as "distant" by stating "Yes" in column 4, you must check "Yes" in this block. • Did your cable system carry any distant television stations during the accounting period? ■ Yes—Complete the DSE schedule. No—Leave block 3 below blank and complete line 1, block 4.				
Block 3	Line 1. BASE RATE FEE: Enter the base rate fee from either part 8, section 3 or 4, or part 9, block A of the DSE schedule. If none, enter zero				
	Line 3. Add lines 1 and 2 and enter \$ 29,495.99	•			
Block 4	Line 1. BASE RATE FEE/3.75 FEE or MINIMUM FEE: Enter either the minimum fee from block 1 or the sum of the base rate fee/3.75 fee from block 3, line 3, whichever is larger.				
	Line 2. SYNDICATED EXCLUSIVITY SURCHARGE: Enter the fee from either part 7 (block D, section 3 or 4) or part 9 (block B) of the DSE schedule. If none, enter zero.	Cable systems submitting additional deposits under			
	Line 3. INTEREST CHARGE: Enter the amount from line 4, space Q, page 9 (Interest Worksheet)	Section 111(d)(7) should contact the Licensing			
	Line 4. FILING FEE: \$ 725.00	Division for the			
	TOTAL ROYALTY AND FILING FEES PAYABLE FOR ACCOUNTING PERIOD. Add Lines 1, 2, 3 and 4 of block 4 and enter total here \$\\$30,220.99\$	appropriate form for submitting the			
	Remit this amount via electronic payment payable to Register of Copyrights. (See page (i) of the general instructions for more information.)	additional fees.			

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	N
Name	SkyBest Communications, Inc.	Name 63054
M Channels	CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried telev to its subscribers and (2) the cable system's total number of activated channels, during the at 1. Enter the total number of channels on which the cable system carried television broadcast stations 2. Enter the total number of activated channels	ccounting period.
	on which the cable system carried television broadcast stations and nonbroadcast services	294
N	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED: (Identify an individual we can contact about this statement of account.)	
Individual to Be Contacted for Further Information	Name Telephone Telephone	336-876-6363 rea code)
	PO Box 759 Address (Number, street, rural route, apartment, or suite number)	
	West Jefferson, NC 28694 (City, town, state, zip)	
	Email (optional)	
0	CERTIFICATION (This statement of account must be certified and signed in accordance wit lations, as explained in the general instructions.)	h Copyright Office regu-
Certification	I, the undersigned, hereby certify that (Check one, but only one, of the boxes.)	
	(Owner other than corporation or partnership) I am the owner of the cable system as id of space B; or	lentified in line 1
	(Agent of owner other than corporation or partnership) I am the duly authorized agent the cable system as identified in line 1 of space B and that the owner is not a corporation	
	(Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legowner of the cable system in line 1 of space B.	gal entity identified as
	 I have examined the statement of account and hereby declare under penalty of law that all contained herein are true, complete, and correct to the best of my knowledge, information made in good faith. [18 U.S.C. sec. 1001] 	, and belief, and are
	Handwritten signature: Rama Sugarno	<u>a</u>
	Typed or printed name: Laura Shepherd	· • · · · · · · · · · · · · · · · · · ·
	Title: Chief Financial Officer (Title of official position held in corporation or part	nership)
	Date: 2/22/2023	

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

LEGAL NAME OF OWNER OF CABLE SYSTEM:	_	Mome
SkyBest Communications, Inc.	63054	Name
SPECIAL STATEMENT CONCERNING GROSS RECOMENTATION TO THE Satellite Home Viewer Act of 1988 amended Title 17, so lowing sentence: "In determining the total number of subscribers and the service of providing secondary transmissions of primary is scribers and amounts collected from subscribers received. For more information on when to exclude these amounts, so During the accounting period did the cable system exclude a made by satellite carriers to satellite dish owners? NO YES. Enter the total here and list the satellite carrier(s) by	ection 111(d)(1)(A), of the Copyright Act by adding the fol- e gross amounts paid to the cable system for the basic proadcast transmitters, the system shall not include sub- ing secondary transmissions pursuant to section 119." see the note on page (vii) of the general instructions.	Special Statement Concerning Gross Receipts Exclusions
Name	Name	
Mailing address	Mailing address	
INTEREST ASSESSMENT		
You must complete this worksheet for those royalty payment For an explanation of interest assessment, see page (viii) of	f the general instructions.	Q Interest
Line 1 Enter the amount of late payment or underpaymen	nt	Assessment
Line 2 Multiply line 1 by the interest rate* and enter the sultiple 2 by the number of days late and enter	x days	
Line 4 Multiply line 3 by 0.00274** enter here and on line space L, (page 7)	3, block 4,	
*To view the interest rate chart click on www.copyright.go contact the Licensing Division at (202) 707-8150 or licens **This is the decimal equivalent of 1/365, which is the interest in the	(interest charge) ov/licensing/interest-rate.pdf. For further assistance please sing@loc.gov. rest assessment for one day late. nt of account already submitted to the Copyright Office, d, accounting period, and ID number as given in the original	
First community served	_	
Accounting period		
io number		

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

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

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

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

Each of the second, third, and fourth DSEs
The fifth and each additional DSE

0.330% of gross receipts
0.330% of gross receipts

PARTIALLY DISTANT STATIONS—PART 9 OF THE DSE SCHEDULE

- · If any of the stations were partially distant:
- 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.

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

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

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

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

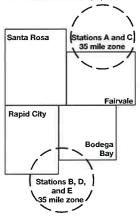
- When the fourth decimal point is 1, 2, 3, or 4, the third decimal remains unchanged (example: .34647 is rounded to .346).
- When the fourth decimal point is 5, 6, 7, 8, or 9, the third decimal is rounded up (example: .34651 is rounded to .347).

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

EXAMPLE:

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

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



Distant Stations Ca	rried	Identification	of Subscriber Groups	
STATION	DSE	CITY	OUTSIDE LOCAL	GROSS RECEIPTS
A (independent)	1.0		SERVICE AREA OF	FROM SUBSCRIBERS
B (independent)	1.0	Santa Rosa	Stations A, B, C, D, E	\$310,000.00
C (part-time)	0.083	Rapid City	Stations A and C	100,000.00
D (part-time)	0.139	Bodega Bay	Stations A and C	70,000.00
E (network)	0.25	Fairvale	Stations B, D, and E	120,000.00
TOTAL DSEs	2.472		TOTAL GROSS RECEIPTS	\$600,000.00
Balladian Can Takal	Cross Dessists		¢c00 000 00	

\$170,000.00

\$1,907.71

\$1,907.71

1,808.80

1.083

98.91

Minimum Fee Total Gross Receipts \$600,000.00 x .01064 \$6,384.00

First Subscriber Gre	oup	Second Subscribe	e r Group
(Santa Rosa)		(Rapid City and Bo	dega Bay)
Gross receipts	\$310,000.00	Gross receipts	
DSEs	2.472	DSEs	
Base rate fee	\$6,497.20	Base rate fee	
\$310,000 x .01064 x	1.0 = 3,298.40	\$170,000 x .01064	
\$310,000 x .00701 x	1.472 = 3,198.80	\$170,000 x .00701	
Base rate fee	\$6,497.20	Base rate fee	

Third Subscriber Group
(Fairvale)

Gross receipts \$120,000.00
DSEs 1.389
Base rate fee \$1,604.03
\$120,000 x .01064 x 1.0 = 1,276.80
\$120,000 x .00701 x .389 = 327.23

Base rate fee \$1,604.03

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

1

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SkyBest Communications, Inc.

63054

2

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 ".25."

Computation of DSEs for Category "O" Stations

		CATEGORY "O" ST	ATIONS: DSE	S	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
WAXN	1.00	WETP	0.25	WUNL	0.25
WCCB	1.00	WETP-2	0.25	WUNL-2	0.25
WCCB-2	1.00	WETP-3	0.25	WUNL-3	0.25
				WUNL-4	0.25

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.

4.75

Name	LEGAL NAME OF OWNER O	OF CABLE SYSTEM:					
Name	SkyBest Communi	cations, Inc.				63054	
Computation of DSEs for Stations Carried Part Time Due to Lack of Activated	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 DSF. (For more information on rounding, see page (viii) of the general instructions.)						
Channel Capacity		CATEGO	RY LAC STATIO	NS: COMPUTATION	ON OF DSEs		
	1. CALL SIGN	2. NUMBER OF HOURS CARRIED BY SYSTEM	3. NUMBER OF HOURS STATION ON AIR	4. BASIS OF CARRIAGE VALUE	5. TYPE VALUE	6. DSE	
			• • — — — — — — — — — — — — — — — — — —	=	x	=	
		f	÷	=	_ x		
				= <u> </u>	- · x	=	
		<u> </u>		=	_ x	=	
		·		=	x	=	
	SUM OF DSEs OF C. Add the DSEs of each Enter the sum here			•			
Computation of DSEs for Substitute-Basis Stations	Instructions: Column 1: Give the call sign of each station listed in space I (page 5, the Log of Substitute Programs) if that station: • Was carried by your system in substitution for a program that your system was permitted to delete under FCC rules and regulations in effect on October 19, 1976 (as shown by the letter "P" in column 7 of space I); and • Broadcast one or more live, nonnetwork programs during that optional carriage (as shown by the word "Yes" in column 2 of space I). Column 2: For each station give the number of live, nonnetwork programs carried in substitution for programs that were deleted at your option. This figure should correspond with the information in space I. Column 3: Enter the number of days in the calendar year: 365, except in a leap year. Column 4: Divide the figure in column 2 by the figure in column 3, and give the result in column 4. Round to no less than the third decimal point. This is the station's DSE (For more information on rounding, see page (viii) of the general instructions.)						
		SUBSTITU	TE-BASIS STATI	омѕ: сомрита	TION OF DSEs	T:	
	SIGN OF	OGRAMS IN Y	DAYS EAR	1. CALL 2 SIGN	OF OI PROGRAMS IN	UMBER 4. DSE F DAYS I YEAR	
		÷	= = =		÷	=	
		·····	=				
		÷	=		÷	= =	
	SUM OF DSEs OF SU Add the DSEs of each Enter the sum here						
5 Total Number of DSEs	number of DSEs appli 1. Number of DSEs 2. Number of DSEs 3. Number of DSEs	cable to your system s from part 2 ······ s from part 3 ······ s from part 4 ······			> 3		

	OF OWNER OF CABLES									Name
SkyBest	Communications,	Inc.						63054		
In block A If your a	answer if "Yes," leav	re the remaind		and part 7 of the D	SE schedule	e blank and	comp	llete part 8, (p	age 16) of the	6 Computation of
		•		A: TELEVISION I	MARKETS					3.75 Fee
tions in ef	fect on June 24, 198	31? [*] of the schedul	of all major	and smaller markets	s as defined	under sect			es and regula-	
	BLOCK B: CARRIAGE OF PERMITTED DSEs									
Column 1: CALL SIGN List the call signs of distant stations listed in part 2, 3, and 4 of this schedule that your system was permitted to carry under FCC rules and regulations prior to June 25, 1981. For further explanation of permitted stations, see the instructions for the DSE Schedule. (Note: The letter M below refers to an exempt multicast stream as set forth in the Satellite Television Extension and Localism Act of 2010.)										
Column 2: BASIS OF PERMITTED CARRIAGE A Stations carried pursuant to the FCC market quota rules [76.57, 76.59(b), 76.61(b)(c), 76.63(a) referring to 76.61(b)(c)] B Specialty station as defined in 76.59(c), 76.61(d), 76.63(a) referring to 76.61(d)] D Grandfathered station (76.65) (see paragraph regarding substitution of grandfathered stations in the instructions for DSE schedule). E Carried pursuant to individual waiver of FCC rules (76.7) *F A station previously carried on a part-time or substitute basis prior to June 25, 1981 G Commercial UHF station within grade-B contour, [76.59(d)(5), 76.61(e)(5), 76.63(a) referring to 76.61(e)(5)] M Retransmission of a distant multicast stream. O Other Column 3: List the DSE for each distant station listed in parts 2, 3, and 4 of the schedule.										
1 CALL		ose stations in to determine		the letter "F" in colu	3. DSE	1. CALL		e worksheet o	an page 14 of	
1. CALL SIGN	BASIS	3. D3E	SIGN	BASIS	3. D3L	SIGN		ASIS		
WAXN WCCB	0	1.00	Wetp-2	M	0.25	Wunl-4	<u>M</u>		0.25	
WCCB-2	. <u>О</u> М	1.00	Wetp-3. WUNL	<u>М</u>	0.25		· <u>····</u>	• • • • • • • • • • • • • • • • • • • •		
								· · · · · · · · · · · · · · · · · · ·		
			Wunl-2	<u>M.</u>	0.25	<u></u>	·			
WETP	<u>.c</u>	0.25	Wunl-3	<u>M </u>	0.25	<u> </u>	· <u></u>	<u> </u>	·)
								4.75		
		BL	OCK C: (COMPUTATION	OF 3.75 F	EE				
Line 1: Ent	ter the total number	of DSEs from	part 5 of th	is schedule			▶			
Line 2: Ent	ter the sum of permi	itted DSEs fro	m block B a	above			▶			
				per of DSEs subject ort 7 of this schedule			▶	<u>.</u>	<u>.</u> .	Do any of the
Line 4: Ent	ter gross receipts fro	om space K (p	age 7) .						.0375	DSEs represent partially permited/
Line 5: Mu	Itiply line 4 by 0.037	'5 and enter s	um here	••••••			▶	\$ ×		partially non- permitted
Line 6: Ent	ter total number of E	OSEs from line	3		••••••	••••••	▶			carriage? If yes, see part 9 instructions.
Line 7: Mu	Itiply line 6 by line 5	and enter he	re and on lir	ne 2, block 3, space	L (page 7).		▶	\$ 0.00		

Name	LEGAL NAME OF OWNER OF	F CABLE SYSTEM:						
	SkyBest Communication	ations, Inc.			6	3054		
Worksheet for Computating the DSE Schedule for Permitted Part-Time and Substitute Carriage	stations carried prior to Column 1: List the call Column 2: Indicate the Column 3: Indicate the Column 4: Indicate the (Note that to A—Part-time 76.59(d) B—Late-nime 76.61(e) S—Substitute general Column 5: Indicate the Column 6: Compare the in block B,	Instructions: You must complete this worksheet for those stations identified 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 identified 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 76.59(d)(1), 76.61(e)(1), or 76.63 (referring to 76.61(e)(1)). B—Late-night programming: Carriage under FCC rules, sections 76.59(d)(3), 76.61(e)(3), or 76.63 (referring to 76.61(e)(3)). S—Substitute carriage under certain FCC rules, regulations, or authorizations. For further explanation, see page (vi) of the general instructions. Column 5: Indicate the station's DSE for the current accounting period as computed in parts 2, 3, and 4 of this schedule. Column 6: Compare the DSE figures listed in columns 2 and 5 and list the smaller of the two figures here. This figure should be entered in block B, column 3 of part 6 for this station. IMPORTANT: The information you give in columns 2, 3, and 4 must be accurate and is subject to verification from the designated						
	F	PERMITTED DSE FOR	R STATIONS CARRIED	ON A PART-TIME AND S	SUBSTITUTE BASIS			
	1. CALL SIGN	2. PRIOR DSE	3. ACCOUNTING PERIOD	4. BASIS OF CARRIAGE	5. PRESENT DSE	6. PERMITTED DSE		
						Se talahan da kacamatan		
	•							
				·		Casan mananan		
								
				·				
7	Instructions: Block A must be completed. In block A: If your answer is "Yes," complete blocks B and C, below. If your answer is "No," leave blocks B and C blank and complete part 8 of the DSE schedule.							
Computation of the	BLOCK A: MAJOR TELEVISION MARKET							
Syndicated Exclusivity Surcharge	Is any portion of the cable system within a top 100 major television market as defined by section 76.5 of FCC rules in effect June 24, 1981? Yes—Complete blocks B and C. No—Proceed to part 8							
	DI COK D. Carrier	1 / UE / O 1 - D	Ot Otations	DI OCK C	O	DOE-		
	BLOCK B: Carriag Is any station listed in commercial VHF statio or in part, over the cab	block B of part 6 the	primary stream of a	BLOCK C: Computation of Exempt DSEs Was any station listed in block B of part 7 carried in any community served by the cable system prior to March 31, 1972? (refer to former FCC rule 76.159)				
		•	priate permitted DSE	Yes—List each station below with its appropriate permitted DSE				
	☐ No—Enter zero and	proceed to part 8.		No – Enter zero and complete block D.				
	CALL SIGN	DSE CALL	SIGN DSE	CALL SIGN	DSE CALL	SIGN DSE		
	J. LL GIGIT							
	-							
						505		
		TOTAL	DSEs		TOTAL	USEs		

r			
LEGAL N	AME OF OWNER OF CABLE SYSTEM:		Name
SkyB	est Communications, Inc.	63054	
	BLOCK D: COMPUTATION OF THE SYNDICATED EXCLUSIVITY SURCE	HARGE	7
Section 1	Enter the amount of gross receipts from space K (page 7)		1
Section 2	A. Enter the total DSEs from block B of part 7		Computation of the Syndicated
	B. Enter the total number of exempt DSEs from block C of part 7.		Exclusivity Surcharge
	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.		
• is an	portion of the cable system within a top 50 television market as defined by the FCC? No—Complete section 3 below.		
	SECTION 3: TOP 50 TELEVISION MARKET		
Section 3a	• Did your cable system retransmit the signals of any partially distant television stations during the a Yes—Complete part 9 of this schedule. No—Complete the applicable section belo		
	If the figure in section 2, line C is 4.000 or less, compute your surcharge here and leave section 3b bis 1.0 or less, multiply the gross receipts by .00599 by the DSE. Enter the result on line A below.	olank. NOTE: If the DSE	
	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	If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 3	3a blank.	
3b	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 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 \$\$\$		
,	SECTION 4: SECOND 50 TELEVISION MARKET		
Section 4a	Did your cable system retransmit the signals of any partially distant television stations during the action of the Schedule.	counting period?	
	If the figure in section 2, line C is 4.000 or less, compute your surcharge here and leave section 4b 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)	blank. NOTE: If the DSE	
	B. Enter 0.00189 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 in line 2, block 4, space L (page 7) Syndicated Exclusivity Surcharge		

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:							
Name	SkyBest Communications, Inc. 63054							
Computation of the Syndicated Exclusivity Surcharge	Section 4b	If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave set A. Enter 0.00300 of gross receipts (the amount in section 1). B. Enter 0.00189 of gross receipts (the amount in section 1). C. Multiply line B by 3.000 and enter here. D. Enter 0.00089 of gross receipts (the amount in section 1). E. Subtract 4.000 from the total DSEs (the figure on line C in section 2) and enter here. F. Multiply line D by line E and enter here. G. Add lines A, C, and F. This is your surcharge. Enter here and on line 2, block 4, space L (page 7) Syndicated Exclusivity Surcharge.						
8 Computation	You mu 6 was • In bl • If yo	Instructions: You must complete this part of the DSE schedule for the SUM OF PERMITTED DSEs in part 6, block B; however, 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.						
Base Rate Fee	blan What i were lo	• If your answer is "Yes" (that is, if you carried one or more partially distant stations), you must complete part 9. Leave block B below blank. What is a partially distant station? A station is "partially distant" if, at the time your system carried it, some of your subscribers were located within that station's local service area and others were located outside that area. For the definition of a station's "local service area," see page (v) of the general instructions.						
		BLOCK A: CARRIAGE OF PARTIALLY DISTANT STATIONS						
	• Did y	our cable system retransmit the signals of any partially distant television stations during the acc	counting period?					
		Yes—Complete part 9 of this schedule. No—Complete the following sections.	è:					
		BLOCK B: NO PARTIALLY DISTANT STATIONS—COMPUTATION OF BA	SE RATE FEE					
	Section 1	Enter the amount of gross receipts from space K (page 7)						
	Section 2	Enter the total number of permitted DSEs from block B, part 6 of this schedule. (If block A of part 6 was checked "Yes," use the total number of DSEs from part 5.)						
	Section 3	If the figure in section 2 is 4.000 or less , compute your base rate fee here and leave section 4 NOTE: If the DSE is 1.0 or less, multiply the gross receipts by 0.01064 by the DSE. Enter the real A. Enter 0.01064 of gross receipts (the amount in section 1)	esult on line A below.					
	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						
		E. Add lines A, and D. This is your base rate fee. Enter here and in block 3, line 1, space L (page 7) Base Rate Fee \$						

LEGAL N	AME OF OWNER OF CABLE SYSTEM:		
SkyB	est Communications, Inc.	63054	Name
Section 4	If the figure in section 2 is more than 4.000, compute your base rate fee here and leave section 3 black. 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. 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.		8 Computation of Base Rate Fee

IMPORTANT: It is no longer necessary to report television signals on a system-wide basis. Carriage of television broadcast signals shall instead be reported on a community-by-community basis (subscriber groups) if the cable system reported multiple channel line-ups in Space G.

In General: If any of the stations you carried were partially distant, the statute allows you, in computing your base rate fee, to exclude receipts from subscribers located within the station's local service area, from your system's total gross receipts. To take advantage of this exclusion, you must:

First: Divide all of your subscribers into subscriber groups, each group consisting entirely of **subscribers** that are distant to the same station or the same group of stations. **Next:** Treat each subscriber group as if it were a separate cable system. Determine the number of DSEs and the portion of your system's gross receipts attributable to that group, and calculate a separate base rate fee for each group.

Finally: Add up the separate base rate fees for each subscriber group. That total is the base rate fee for your system.

NOTE: If any portion of your cable system is located within the top 100 television market and the station is *not exempt in part 7*, you must also compute a Syndicated Exclusivity Surcharge for each subscriber group. In this case, complete both block A and B below. However, if your cable system is wholly located outside all major television markets, complete block A only.

How to Identify a Subscriber Group for Partially Distant Stations

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

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

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

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

In each section:

- · Identify the communities/areas represented by each subscriber group.
- Give the call sign for each of the stations in the subscriber group's complement—that is, each station that is distant to all of the subscribers in the group.
- If
- 1) your system is located wholly outside all major and smaller television markets, give each station's DSE as you gave it in parts 2, 3, and 4 of this schedule; or,
- 2) any portion of your system is located in a major or smaller televison market, give each station's DSE as you gave it in block B, part 6 of this schedule.
- · Add the DSEs for each station. This gives you the total DSEs for the particular subscriber group.
- · Calculate gross receipts for the subscriber group. For further explanation of gross receipts see page (vii) of the general instructions.
- Compute a base rate fee for each subscriber group using the formula outline in block B of part 8 of this schedule on the preceding
 page. In making this computation, use the DSE and gross recipts figure applicable to the particular subscriber group (that is, the
 total DSEs for that group's complement of stations and total gross receipts from the subscribers in that group). You do not need
 to show your actual calculations on the form.

9

Computation
of
Base Rate Fee
and
Syndicated
Exclusivity
Surcharge
for
Partially
Distant
Stations, and
for Partially
Permitted
Stations

	DSE SCHEDULE. PAGE 18.						
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:						
Name	SkyBest Communications, Inc. 63054						
	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.						
	2						

LEGAL NAME OF OWNER OF CABLE SYSTEM:							Name	
SkyBest Communications, Inc. 63054								rano
BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP								
FIRST SUBSCRIBER GROUP COMMUNITY/ AREA Banner Elk, Beech Mountain,				SECOND SUBSCRIBER GROUP COMMUNITY/ AREA Boone				9
Sugar Mountain, Linville			CONNICIONITY AREA SYSTEM				Computation	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of Base Rate Fee
<u>WUNL</u>	.25	· <u></u>		WUNL	.25		<u> </u>	and
WUNL-2	.25	, , , , , , , , , , , , , , , , , , ,		WUNL-2	.25			Syndicated
WUNL-3	.25			WUNL-3	.25			Exclusivity
WUNL-4	.25			WUNL-4	.25			Surcharge
						<u></u>		for Partially
								Distant
WETP	.25			WETP	.25			Stations
WETP-2	.25			WETP-2	.25			,
WETP-3	.25			WETP-3	.25			
					1	1,000 (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010)		
					<u>-1</u> 1			
					1	1	[
Total DSEs		1.75		Total DSEs		1.75		1
Gross Receipts First	t Group	. \$ 35	8989.59	Gross Receipts Se	cond Group	\$	95198.26	
aross receipts rins	c aloup	```			оо			
Base Rate Fee Firs	t Group	\$	5707.04	Base Rate Fee Se	cond Group	\$	1513.41	
Dase Nate Lee 1 113	t Gloup			2000 11010 1 00 00				
THIRD SUBSCRIBER GROUP			FOURTH SUBSCRIBER GROUP					
COMMUNITY/ ARE	Δ Creston, F	leetwood, Glenda	le Sprqs	COMMUNITY/ AREA . Seven Devils, Sugar Grove, Vilas,				
Grassy Creek, Jeff	erson, Lansi	ing, Todd, West J	efferson	Valle Crucis, Zionville, Blowing Rock, Lenoir				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
CALL SIGN	DGL	OALL SIGN	DOL	O' ILLE GIGIN	1 202	0,122 0,011		İ
			·				-	
		·····		WETD	.25			
WETP	.25			WETP				
WETP-2	.25			WETP-2	.25	<u> </u>	-	
WETP-3	.25			WETP-3	.25			
				WUNL	.25			
	<u></u> .			WUNL-2	.25			
				WUNL-3	.25			
				WUNL-4	.25			
<u></u>					_		<u>- </u>	
		1			<u></u>			1
		1						
	***************************************				<u> </u>			I
								1
T. I. I. D.C.E.	ent :	0.75	P. S	Total DSEs	5/0	1.75		
lotal DSEs				Iotal DSES				
Gross Receipts Thir	\$ 92	Gross Receipts Fo	ourth Group	\$	248,743.85			
		262		11			2.054.44	
Base Rate Fee Third Group \$ 7,378.72				Base Rate Fee Fo	ourth Group	\$	3,951.41	
						†		
Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above. Enter here and in block 3, line 1, space L (page 7)								
in the boxes above.	Enter here ar	nd in block 3, line 1,	space L (pa	age 7)	\$		25,735.33	

	LEGAL NAME OF OWNER OF CABLE SYSTEM:							
Name	SkyBest Communications, Inc.	63054						
		VITY SUBCHARGE FOR EACH SUBSCRIBER GROUP						
9 Samuelation	BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP If your cable system is located within a top 100 television market and the station is <i>not exempt</i> in Part 7, you must <i>also</i> compute a Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined by section 76.5 of FCC rules in effect on June 24, 1981:							
Computation of	First 50 major television market	Second 50 major television market						
Base Rate Fee and	INSTRUCTIONS: Step 1: In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block A, part 9 of							
Syndicated Exclusivity Surcharge for Partially Distant Stations	 Step 1: In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block A, part 9 of this schedule. Step 2: In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were classified as Exempt DSEs in block C, part 7 of this schedule. If none enter zero. Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge. Step 4: Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show your actual calculations on this form. 							
	FIRST SUBSCRIBER GROUP	SECOND SUBSCRIBER GROUP						
	Line 1: Enter the VHF DSEs	Line 1: Enter the VHF DSEs						
	Line 2: Enter the Exempt DSEs	Line 2: Enter the Exempt DSEs						
	Line 3: Subract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation	Line 3: Subract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation						
	THIRD SUBSCRIBER GROUP	FOURTH SUBSCRIBER GROUP						
	Line 1: Enter the VHF DSEs Line 2: Enter the Exempt DSEs Line 3: Subract line 2 from line 1 and enter here. This is the	Line 1: Enter the VHF DSEs Line 2: Enter the Exempt DSEs Line 3: Subract line 2 from line 1 and enter here. This is the						
	total number of DSEs for this subscriber group subject to the surcharge computation	total number of DSEs for this subscriber group subject to the surcharge computation						
	SURCHARGE Third Group\$	SURCHARGE Fourth Group\$						
	SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for in the boxes above. Enter here and in block 4, line 2 of space L (page 1) and the surcharge for in the boxes above.							