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

Return completed workbook by email to

coplicsoa@copyright.gov

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

STATEMENT OF ACCOUNT

for Secondary Transmissions by Cable Systems (Long Form)

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

Α	ACCOUNTING PERIOD COVERED	BY THIS STATEMENT:							
Accounting	2022/2								
Period									
B Owner	Instructions: Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corpo rate title of the subsidiary, not that of the parent corporation List any other name or names under which the owner conducts the business of the cable system If there were different owners during the accounting period, only the owner on the last day of the accounting period should submi a single statement of account and royalty fee payment covering the entire accounting period Check here if this is the system's filling. If not, enter the system's ID number assigned by the Licensing Division. 63110								
	LEGAL NAME OF OWNER/MAILING ADDR	RESS OF CABLE SYSTEM							
	North State Communications	, LLC							
	North State Communications								
				6311	020222				
				63110	2022/2				
	4100 Mendenhall Oaks Parkw High Point, NC 27265	/ay, Suite 300							
С		ess or trade names used to identify the busines 2, give the mailing address of the system, if diffe							
System	1 IDENTIFICATION OF CABLE SYSTEM:								
	MAILING ADDRESS OF CABLE SYSTEM:								
	2 (Number, street, rural route, apartment, or suite numb	er)							
	(City, town, state, zip code)								
D		uctions, see page 1b. Identify only the first com	nunity served below and re	list on page					
-		actions, see page 1b. Identity only the list com	numity served below and re	list on page	10				
Area Served	with all communities. CITY OR TOWN	STATE							
First	High Point	NC							
Community	•	ities if you report multiple channel line-ups in S	oace G						
	CITY OR TOWN (SAMPLE)	STATE	CH LINE UP	SUB	GRP#				
Sample	Alda	MD	Α		1				
Sample	Alliance	MD	В		2				
	Gering	MD	В		3				
Privacy Act Notice	Section 111 of Title 17 of the United States Code au	thorizes the Copyright Office to collect the personally identif	ving information (PII) requested or	n th					
-		ormation that can be used to identify or trace an individual,							
• •		ablish and maintain a public record, which includes appearir requested is that it may delay processing of your statement	•						

FOR COPYRIGHT OFFICE USE ONLY

\$

AMOUNT

ALLOCATION NUMBER

DATE RECEIVED

02/28/23

LEGAL NAME OF OWNER OF CABLE SYSTEM:			SYSTEM ID#						
North State Communications, LLC 63110									
Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined 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 first community that you list will serve as a form of system identification hereafter known as the "first community." Please use it as the first community on all future filings.									
Note: Entities and properties such as hotels, apartments, condominiums, or mobile hom below the identified city or town.	-	-	entheses						
If all communities receive the same complement of television broadcast stations (i.e., one channel line-up for all), then either associate all communities with the channel line-up "A" in the appropriate column below or leave the column blank. If you report any stations on a partially distant or partially permitted basis in the DSE Schedule, associate each relevant community with a subscriber group, designated by a number (based on your reporting from Part 9).									
When reporting the carriage of television broadcast stations on a community-by-community basis, associate each community with a channel line-up designated by an alpha-letter(s) (based on your Space G reporting) and a subscriber group designated by a number (based on your reporting from Part 9 of the DSE Schedule) in the appropriate columns below.									
CITY OR TOWN	STATE	CH LINE UP	SUB GRP#						
High Point	NC			First					
Archdale	NC			Community					
Asheboro	NC								
Greensboro	NC								
Jamestown	NC								
Kernersville	NC			Cool in structions for					
Randleman	NC			See instructions for additional information					
				on alphabetization.					
Thomasville	NC			on aphabetization.					
Trinity	NC								
				Add rows as necessary.					
				Add rows as necessary.					
				1					

								FORM	I SA3E. PAGE 2.
Nomo	LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM: SYSTEM								
Name	North State Communica	ations, LLC							63110
E Secondary Transmission Service: Sub- scribers 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								
	Block 2: If your cable system printed in block 1 (for example, t with the number of subscribers a sufficient.	iers of services	s that in	clude one or m	ore second	dary transmissio	ons), list th	em, together	
	BLO	OCK 1					BLOC		
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		RATE	CATE	EGORY OF SEI		NO. OF SUBSCRIBERS	RATE
	Residential:	SUBSCRIB	ENG		CAIL		VICL	SUBSCRIBERS	NAIL
	Service to first set Service to additional set(s)		9,521 \$ 28.00						
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial Converter								
	Residential								
	Non-residential								
F Services Other Than Secondary Transmissions: Rates	enter only the letters "PP" in the rate column.								
		BLO	CK 1					BLOCK 2	
	CATEGORY OF SERVICE	RATE		GORY OF SER		RATE	CATEGO	ORY OF SERVICE	RATE
	Continuing Services: Pay cable			lation: Non-res otel, hotel	sidential	\$ 399.00			
	• Pay cable—add'l channel			ommercial		φ <u>3</u> 93.00			
	Fire protection			y cable					
	•Burglar protection		• Pa	iy cable-add'l cl	nannel				
	Installation: Residential			e protection					
	 First set Additional set(s) 			irglar protection services:	l				
	 FM radio (if separate rate) Converter 		• Re	econnect		\$ 38.00			
			• OL	utlet relocation	ess	\$ 20.00 \$ 50.00			

G

Primary

Transmitters:

Television

SYSTEM ID#

63110

LEGAL NAME OF OWNER OF CABLE SYSTEM North State Communications, LLC

PRIMARY TRANSMITTERS: TELEVISION	PRIMARY T	RANSMITTERS:	TELEVISION
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In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program

basis under specific FCC rules, regulations, or authorizations:

• Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis.

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

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

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

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

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

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

For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the

FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified.

,	5 1				I	
		CHANN	EL LINE-UP	AA		
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION	
WCWG	16.1	I			Lexington, NC	
WFMY-5	35.5	N-M			Greensboro, NC	See instructions for
WFMY-3	35.3	N-M			Greensboro, NC	additional information
WFMY-1	35.1	N-M			Greensboro, NC	on alphabetization.
WFMY-4	35.4	N-M			Greensboro, NC	
WFMY-2	35.2	N-M			Greensboro, NC	
WGHP-4	31.4	N-M			High Point, NC	
WGHP-5	31.5	N-M			High Point, NC	
WGHP-6	31.5	N-M			High Point, NC	
WGHP-3	31.3	N-M			High Point, NC	
WGPX	26.3	I			Burlington, NC	
WLXI	20.17	I-M			Greensboro, NC	
WMYV-5	28.5	I-M			Greensboro, NC	
WMYV-4	28.4	I-M			Greensboro, NC	
WMYV-3	28.3	I			Greensboro, NC	
WUNL-4	33.4	E-M			Winston Salem, NC	
WUNL-6	33.6	E-M			Winston Salem, NC	
WUNL-5	33.5	E-M			Winston Salem, NC	

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

G

Primary

Transmitters:

Television

SYSTEM ID#

63110

LEGAL NAME OF OWNER OF CABLE SYSTEM: North State Communications, LLC

PRIMARY TRANSMITTERS: TELEVISION

In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph. **Substitute Basis Stations**: With respect to any distant stations carried by your cable system on a substitute program

basis under specific FCC rules, regulations, or authorizations:

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

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

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

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

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

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

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

	•	CHANN	EL LINE-UP	AB					
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	-	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION				
WUNL-3	33.3	E-M			Winston Salem, NC				
WXII-2	16.2	N-M			Winston Salem, NC				
WXII-1	16.1	N			Winston Salem, NC				
WXLV-3	29.3	N			Winston Salem, NC				
WXLV-5	29.5	N-M			Winston Salem, NC				
WXLV-6	29.6	N-M			Winston Salem, NC				
WXLV-4	29.4	N-M			Winston Salem, NC				

G

Primary

Transmitters:

Television

SYSTEM ID#

63110

North State Communications, LLC

LEGAL NAME OF OWNER OF CABLE SYSTEM

PRIMARY TRANSMITTERS: TELEVISION

In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph. **Substitute Basis Stations:** With respect to any distant stations carried by your cable system on a substitute program

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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 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.

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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 explanation of local service area, see page (v) of the general instructions located in the paper SA3 form.

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

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

· · · · ,	5 1	1,			l.
		CHANN	EL LINE-UP	AC	
1. CALL	2. B'CAST	3. TYPE	4. DISTANT?	5. BASIS OF	6. LOCATION OF STATION
SIGN	CHANNEL	-	(Yes or No)	CARRIAGE	
0.0.1	NUMBER	STATION		(If Distant)	
		0		(

G

Primary

Transmitters:

Television

SYSTEM ID#

63110

North State Communications, LLC

LEGAL NAME OF OWNER OF CABLE SYSTEM

PRIMARY TRANSMITTERS: TELEVISION

In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program

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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 in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station.

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

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

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

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		CHANN	EL LINE-UP	AD					
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)					

G

Primary

Transmitters:

Television

SYSTEM ID#

63110

North State Communications, LLC

LEGAL NAME OF OWNER OF CABLE SYSTEM

PRIMARY TRANSMITTERS: TELEVISION

In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program

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FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed.

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

		CHANN	EL LINE-UP	AE					
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				
				•••••••••••••••••••••••••••••••••••••••					

G

Primary

Transmitters:

Television

SYSTEM ID#

63110

North State Communications, LLC

LEGAL NAME OF OWNER OF CABLE SYSTEM

PRIMARY TRANSMITTERS: TELEVISION

In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program

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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 in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station.

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

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

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

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

		CHANN	EL LINE-UP	AF					
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)					

G

Primary

Transmitters:

Television

SYSTEM ID#

63110

North State Communications, LLC

LEGAL NAME OF OWNER OF CABLE SYSTEM

PRIMARY TRANSMITTERS: TELEVISION

In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph. **Substitute Basis Stations:** With respect to any distant stations carried by your cable system on a substitute program

basis under specific FCC rules, regulations, or authorizations:

 Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis.

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

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

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

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

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

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		CHANN	EL LINE-UP	AG	
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)	
				•••••••••••••••••••••••••••••••••••••••	

G

Primary

Transmitters:

Television

SYSTEM ID#

63110

North State Communications, LLC

LEGAL NAME OF OWNER OF CABLE SYSTEM

PRIMARY TRANSMITTERS: TELEVISION

In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph. **Substitute Basis Stations:** With respect to any distant stations carried by your cable system on a substitute program

basis under specific FCC rules, regulations, or authorizations:

 Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis.

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

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

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

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

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

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

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CHANNEL LINE-UP AH										
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)						
	1	1		1						

G

Primary

Transmitters:

Television

SYSTEM ID#

63110

North State Communications, LLC

LEGAL NAME OF OWNER OF CABLE SYSTEM

PRIMARY TRANSMITTERS: TELEVISION

In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program

basis under specific FCC rules, regulations, or authorizations:

 Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis.

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

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

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

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

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

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

For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. **Column 6:** Give the location of each station. For U.S. stations, list the community to which the station is licensed by the

FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed.

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

CHANNEL LINE-UP AI									
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				
				•••••••••••••••••••••••••••••••••••••••					

G

Primary

Transmitters:

Television

SYSTEM ID#

63110

North State Communications, LLC

LEGAL NAME OF OWNER OF CABLE SYSTEM

PRIMARY TRANSMITTERS: TELEVISION

In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program

basis under specific FCC rules, regulations, or authorizations:

 Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis.

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

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

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

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

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

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

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

CHANNEL LINE-UP AJ									
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)					
				, ,					

G

Primary

Transmitters:

Television

SYSTEM ID#

63110

LEGAL NAME OF OWNER OF CABLE SYSTEM: North State Communications, LLC

PRIMARY TRANSMITTERS: TELEVISION

In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program

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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 in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station.

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

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

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

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FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed.

Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.									
CHANNEL LINE-UP AK									
1. CALL SIGN	2. B'CAST CHANNEL NUMBER		(Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION				

G

Primary

Transmitters:

Television

SYSTEM ID#

63110

North State Communications, LLC

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LEGAL NAME OF OWNER OF CABLE SYSTEM

PRIMARY TRANSMITTERS: TELEVISION

In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program

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

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

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

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

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

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

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FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed.

vole. Il you are utilizing multiple channel inte-ups, use a separate space o for each channel inte-up.								
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	(Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION			

G

Primary

Transmitters:

Television

SYSTEM ID#

63110

LEGAL NAME OF OWNER OF CABLE SYSTEM: North State Communications, LLC

PRIMARY TRANSMITTERS: TELEVISION

In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program

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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 explanation of local service area, see page (v) of the general instructions located in the paper SA3 form.

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

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CHANNEL LINE-UP AM										
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)						

G

Primary

Transmitters:

Television

SYSTEM ID#

63110

North State Communications, LLC

LEGAL NAME OF OWNER OF CABLE SYSTEM

PRIMARY TRANSMITTERS: TELEVISION

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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 in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station.

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

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

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

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

	CHANNEL LINE-UP AN									
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)						

G

Primary

Transmitters:

Television

SYSTEM ID#

63110

North State Communications, LLC

LEGAL NAME OF OWNER OF CABLE SYSTEM

PRIMARY TRANSMITTERS: TELEVISION

In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph. **Substitute Basis Stations:** With respect to any distant stations carried by your cable system on a substitute program

basis under specific FCC rules, regulations, or authorizations:

 Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis.

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

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

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

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

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

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

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

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CHANNEL LINE-UP AO										
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)						
		1								

G

Primary

Transmitters:

Television

SYSTEM ID#

63110

North State Communications, LLC

LEGAL NAME OF OWNER OF CABLE SYSTEM

PRIMARY TRANSMITTERS: TELEVISION

In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph. **Substitute Basis Stations:** With respect to any distant stations carried by your cable system on a substitute program

basis under specific FCC rules, regulations, or authorizations:

 Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis.

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

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

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

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

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

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

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

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CHANNEL LINE-UP AP										
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)						

G

Primary

Transmitters:

Television

SYSTEM ID#

63110

North State Communications, LLC

LEGAL NAME OF OWNER OF CABLE SYSTEM

PRIMARY TRANSMITTERS: TELEVISION

In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program

basis under specific FCC rules, regulations, or authorizations:
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 List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form.

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

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

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

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

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

For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. **Column 6:** Give the location of each station. For U.S. stations, list the community to which the station is licensed by the

FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed.

Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.									
CHANNEL LINE-UP AQ									
1. CALL SIGN	2. B'CAST CHANNEL NUMBER		(Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION				

G

Primary

Transmitters:

Television

SYSTEM ID#

63110

North State Communications, LLC

LEGAL NAME OF OWNER OF CABLE SYSTEM

PRIMARY TRANSMITTERS: TELEVISION

In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph. **Substitute Basis Stations:** With respect to any distant stations carried by your cable system on a substitute program

basis under specific FCC rules, regulations, or authorizations:

 Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis.

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

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

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

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

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

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

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

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CHANNEL LINE-UP AR										
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)						

G

Primary

Transmitters:

Television

SYSTEM ID#

63110

North State Communications, LLC

LEGAL NAME OF OWNER OF CABLE SYSTEM

PRIMARY TRANSMITTERS: TELEVISION

In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph. **Substitute Basis Stations:** With respect to any distant stations carried by your cable system on a substitute program

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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 in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station.

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

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

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

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CHANNEL LINE-UP AS										
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)						
				, , ,						

G

Primary

Transmitters:

Television

SYSTEM ID#

63110

LEGAL NAME OF OWNER OF CABLE SYSTEM: North State Communications, LLC

PRIMARY TRANSMITTERS: TELEVISION

In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program

basis under specific FCC rules, regulations, or authorizations:

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

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

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

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

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

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

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Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.										
	CHANNEL LINE-UP AT									
1. CALL SIGN	2. B'CAST CHANNEL NUMBER		(Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION					

G

Primary

Transmitters:

Television

SYSTEM ID#

63110

North State Communications, LLC

LEGAL NAME OF OWNER OF CABLE SYSTEM

PRIMARY TRANSMITTERS: TELEVISION

In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph. **Substitute Basis Stations:** With respect to any distant stations carried by your cable system on a substitute program

basis under specific FCC rules, regulations, or authorizations:

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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 in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station.

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

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

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

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	CHANN	EL LINE-UP	AU	
2. B'CAST	3. TYPE	4. DISTANT?	5. BASIS OF	6. LOCATION OF STATION
CHANNEL	OF	(Yes or No)	CARRIAGE	
	-			
	CHANNEL NUMBER	2. B'CAST CHANNEL NUMBER STATION	2. B'CAST CHANNEL NUMBER 3. TYPE OF STATION 4. DISTANT? (Yes or No) STATION	CHANNEL OF (Yes or No) CARRIAGE NUMBER STATION (If Distant) Image:

G

Primary

Transmitters:

Television

SYSTEM ID#

63110

North State Communications, LLC

LEGAL NAME OF OWNER OF CABLE SYSTEM

PRIMARY TRANSMITTERS: TELEVISION

In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph. **Substitute Basis Stations:** With respect to any distant stations carried by your cable system on a substitute program

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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 in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station.

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

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

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

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FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed.

Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.										
	CHANNEL LINE-UP AV									
1. CALL SIGN	2. B'CAST CHANNEL NUMBER		4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION					

U.S. Copyright Office

G

Primary

Transmitters:

Television

SYSTEM ID#

63110

LEGAL NAME OF OWNER OF CABLE SYSTEM: North State Communications, LLC

PRIMARY TRANSMITTERS: TELEVISION

In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program

basis under 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

Do not list the station here in space G—but do list it in station was carried only on a substitute basis.

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

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

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

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

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

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

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

	CHANNEL LINE-UP AW									
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)						

Name	LEGAL NAME OF (SYSTEM ID# 63110			
Н	PRIMARY TRANSMITTERS: RADIO In General: List every radio station carried on a separate and discrete basis and list those FM stations carried on an all-band basis whose signals were "generally receivable" by your cable system during the accounting period.											
Primary Transmitters: Radio	Special Instruct receivable if (1) on the basis of For detailed info located in the p Column 1: lo Column 2: S Column 3: If signal, indicate Column 4: C	 pecial Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally eceivable if (1) it is carried by the system whenever it is received at the system's headend, and (2) it can be expected, in the basis of monitoring, to be received at the headend, with the system's FM antenna, during certain stated intervals. or detailed information about the the Copyright Office regulations on this point, see page (vi) of the general instructions ocated in the paper SA3 form. Column 1: Identify the call sign of each station carried. Column 3: If the radio station's signal was electronically processed by the cable system as a separate and discrete ignal, 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 lexican 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			
					·							
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					·							
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LEGAL NAME OF OWNER OF	CABLE SYST	EM:				5	SYSTEM ID#				
North State Communic	ations, L	LC					63110	Name			
SUBSTITUTE CARRIAGE	: SPECIAL	STATEMEN	T AND PROGRAM LOG								
In General: In space I, identi substitute basis during the ac explanation of the programm	counting pe	riod, under spe	cific present and former FC	C rules, regula	ations, or au	thorizations.	For a further	l Substitute			
explanation of the programming that must be included in this log, see page (v) of the general instructions located in the paper SA3 form. 1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE											
During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program											
broadcast by a distant station?											
Note: If your answer is "No, log in block 2.	" leave the	rest of this pag	e blank. If your answer is '	'Yes," you mu	ust complete	the program	n	Program Log			
period, was broadcast by a under certain FCC rules, reg SA3 form for futher informat titles, for example, "I Love L Column 2: If the program Column 3: Give the call s Column 4: Give the broat the case of Mexican or Can Column 5: Give the mon first. Example: for May 7 giv Column 6: State the time to the nearest five minutes. stated as "6:00–6:30 p.m."	itute progra ce, please a of every nor distant stati gulations, o tion. Do no ucy" or "NB n was broad sign of the s dcast statio dth and day " re "5/7." as when the Example: a er "R" if the nd regulatic ogramming	m on a separa attach additiona network televi ion and that yo r authorizations t use general c A Basketball: lcast live, enter station broadca on's location (th ns, if any, the c when your system substitute prop program carrie listed program ons in effect du	al pages. sion program (substitute p ur cable system substitute s. See page (vi) of the gen ategories like "movies", or 76ers vs. Bulls." "Yes." Otherwise enter "N sting the substitute progra e community to which the community with which the tem carried the substitute p gram was carried by your of ed by a system from 6:01:" was substituted for progra	rogram) that, d for the prog eral instructio "basketball". lo." m. station is licer station is iden brogram. Use cable system. 15 p.m. to 6:2 mming that ye ; enter the let	during the a ramming of ons located i List specifi nsed by the ntified). numerals, w List the tim 8:30 p.m. sl our system ter "P" if the	Accounting another stat in the paper c program FCC or, in with the more es accurated hould be was required listed pro	tion Ith Iy				
s	UBSTITUT	E PROGRAM			EN SUBSTI		7. REASON FOR				
1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH		IMES	DELETION				
	Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM -	— то					
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FORM SA3E. PAGE 5.

ACCOUNTING PERIOD: 2022/2

ACCOUNTING PERIOD: 2022/2

	LEGAL NAME OF (OWNER OF CABLE	SYSTEM:						SYSTEM ID#		
Name	North State	Communica	tions, LLC						63110		
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 oc- curred during the accounting period. Give the month and day when the carriage occurred. Use numerals, with the month first. Example: for April 10 give "4/10." State the starting and ending times of carriage to the nearest quarter hour. In any case where carriage ran to the end of the television station's broadcast day, you may give an approximate ending hour, followed by the abbreviation "app." Example: "12:30 a.m 3:15 a.m. app." You may group together any dates when the hours of carriage were the same. Example: "5/10-5/14, 6:00 p.m 12:00 p.m." 										
		[DATES	AND HOURS C	DF PA	ART-TIME CAF	RIAGE				
		WHEN	I CARRIAGE OCCU	RRED			WHEN	I CARRIAGE OCCI	JRRED		
	CALL SIGN	DATE	HOUR	s то		CALL SIGN	DATE	RS TO			
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r	SA3E. PAGE 7.		
LEGA	AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	Name
Nor	rth State Communications, LLC	63110	Nume
Inst all a (as i page	OSS RECEIPTS irructions: The figure you give in this space determines the form you file and the amount you irructions (gross receipts) paid to your cable system by subscribers for the system's secondar identified in space E) during the accounting period. For a further explanation of how to comp e (vii) of the general instructions. Gross receipts from subscribers for secondary transmission service(s) during the accounting period. ORTANT: You must complete a statement in space P concerning gross receipts.	y transmission service	K Gross Receipts
Instru • Com • Com • If yo fee f • If yo	(RIGHT ROYALTY FEE Inctions : Use the blocks in this space L to determine the royalty fee you owe: nplete block 1, showing your minimum fee. nplete block 2, showing whether your system carried any distant television stations. pur system did not carry any distant television stations, leave block 3 blank. Enter the amoun from block 1 on line 1 of block 4, and calculate the total royalty fee. pur system did carry any distant television stations, you must complete the applicable parts o companying this form and attach the schedule to your statement of account.		L Copyright Royalty Fee
bloc	art 8 or part 9, block A, of the DSE schedule was completed, the base rate fee should be ent of 3 below.		
	art 6 of the DSE schedule was completed, the amount from line 7 of block C should be enter elow.	rea on line 2 in block	
	art 7 or part 9, block B, of the DSE schedule was completed, the surcharge amount should b block 4 below.	e entered on line	
1	MINIMUM FEE: All cable systems with semiannual gross receipts of \$527,600 or more are least the minimum fee, regardless of whether they carried any distant stations. This fee is 1 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.	\$ 3,089,882.59	
	This is your minimum fee.	32,876.35	
2	 space G. If, in space G, you identified any stations as "distant" by stating "Yes" in column 4, "Yes" in this block. Did your cable system carry any distant television stations during the accounting period? Yes—Complete the DSE schedule. X No—Leave block 3 below blank and comp Line 1. BASE RATE FEE: Enter the base rate fee from either part 8, section 3 or 		
Block 3	4, or part 9, block A of the DSE schedule. If none, enter zero.	\$ -	
	Line 2. 3.75 Fee: Enter the total fee from line 7, block C, part 6 of the DSE schedule. If none, enter zero.	0.00	
	Line 3. Add lines 1 and 2 and enter here.	-	
Block 4	Line 1. BASE RATE FEE/3.75 FEE or MINIMUM FEE: Enter either the minimum fee from block 1 or the sum of the base rate fee / 3.75 fee from block 3, line 3, whichever is larger.	\$ 32,876.35	Cable systems
	Line 2. SYNDICATED EXCLUSIVITY SURCHARGE: Enter the fee from either part 7 (block D, section 3 or 4) or part 9 (block B) of the DSE schedule. If none, enter zero.	0.00	submitting 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	the Licensing additional fees. Division for the
	TOTAL ROYALTY AND FILING FEES DUE FOR ACCOUNTING PERIOD. Add Lines 1, 2 and 3 of block 4 and enter total here \$	33,601.35	appropriate form for submitting the
	EFT Trace # or TRANSACTION ID #		additional fees.
	Remit this amount via <i>electronic payment</i> payable to Register of Copyrights. (See general instructions located in the paper SA3 form and the Excel instructions tab for		

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NELS ctions: You must giv ubscribers and (2) th er the total number of m carried television er the total number of hich the cable system onbroadcast service DUAL TO BE CONT n contact about this service Tim Pressle	ve (1) the number of he cable system's to of channels on which broadcast stations . of activated channels m carried television es	atal number of activated n the cable s broadcast stations	channels, during the account	ting period. 						
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n contact about this s		ER INFORMATION IS								
		INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED: (Identify an individual we can contact about this statement of account.)								
	≽γ			Telephone 336-821-8650						
ess 4100 Mende (Number, street, rur High Point,	NC: 27265	ulle number)								
(City, town, state, zi	ip)									
Tim	pressley@Lumo	osfiber.com	Fax (optional)							
	proceeding		Tax (optional)							
ICATION (This state	ement of account mu	ust be certified and sign	ed in accordance with Copyri	ight Office regulations.						
undersigned, hereby	certify that (Check on	ne, <i>but only one</i> , of the b	oxes.)							
5, ,		, , ,	,							
ner other than corp	oration or partnersh	hip) I am the owner of the	cable system as identified in I	line 1 of space B; or						
(Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as identified in line 1 of space B and that the owner is not a corporation or partnership; or										
(Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner of the cable system in line 1 of space B.										
 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/ Alison J. E	Brown								
(e.g.,	/s/ John Smith). Befor	re entering the first forwar	slash of the /s/ signature, place	e your cursor in the box and press the "F2"						
	ed or printed name:	A. J. Brown								
Туре										
		tion held in corporation or pa	nership)							
	e, complete, and corr a.C., Section 1001(19) Enter (e.g., butto	e, complete, and correct to the best of my a.C., Section 1001(1986)]	e, complete, and correct to the best of my knowledge, information, a a.C., Section 1001(1986)]	e, complete, and correct to the best of my knowledge, information, and belief, and are made in go a.C., Section 1001(1986)]						

form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address, and telephor numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Office's public indexes and search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in th completed record of statements of account, and it may affect the legal sufficiency of the filing, a determination that would be made by a court of lav

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 INTEREST ASSESSMENTS You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions in the paper SA3 form.	LEGAL NAME OF OWNER OF CABLE S			SYSTEM ID# 63110	Name
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 paried did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners? Image to the total here and list the satellite carrier(s) below. Image to the total here and list the satellite carrier(s) below. Image to the total here and list the satellite carrier(s) below. Image to the total here and list the satellite carrier(s) below. Image to the total here and list the satellite carrier(s) below. Image to the total here and list the satellite carrier(s) below. Image to the total here and list the satellite carrier(s) below. Image to the total here and list the satellite carrier(s) below. Image to the total here and list the satellite carrier(s) below. Image to the total here and list the satellite carrier(s) below. Image to the total here and list the satellite carrier(s) below. Image to the total here and list the satellite carrier(s) below. Image to the total here and list the satellite carrier(s) below. Image to the total here and list the satellite carrier(s) below. Image to the total here and list the satellite carrier (s) below. Image to the total here and list the satellite carrier (s) below. Image to the total here and list the satellite carrier (s) below. Image to the total here and list the satellite carrier (s) below. Image to the total here and list the satellite carrier (s) below. Image to the total here and list the satellite carrier (s) below. </td <td>The Satellite Home Viewer Ac lowing sentence: "In determining the tota service of providing se</td> <td>et of 1988 amended Title 17, section al number of subscribers and the gro condary transmissions of primary bro</td> <td>111(d)(1)(A), of the Copyright Act by adding oss amounts paid to the cable system for the oadcast transmitters, the system shall not in</td> <td>e basic iclude sub-</td> <td>Special Statement</td>	The Satellite Home Viewer Ac lowing sentence: "In determining the tota service of providing se	et of 1988 amended Title 17, section al number of subscribers and the gro condary transmissions of primary bro	111(d)(1)(A), of the Copyright Act by adding oss amounts paid to the cable system for the oadcast transmitters, the system shall not in	e basic iclude sub-	Special Statement
Name Name Maining Address Maining Address INTEREST ASSESSMENTS Maining Address You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions in the paper SA3 form. Interest Line 1 Enter the amount of late payment or underpayment	paper SA3 form. During the accounting period made by satellite carriers to sa X NO	did the cable system exclude any an atellite dish owners?	nounts of gross receipts for secondary trans		Gross Receipts
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. Image: Comparison of interest assessment, see page (viii) of the general instructions in the paper SA3 form. Image: Comparison of interest assessment, see page (viii) of the general instructions in the paper SA3 form. Image: Comparison of interest assessment, see page (viii) of the general instructions in the paper SA3 form. Image: Comparison of interest assessment, see page (viii) of the general instructions in the paper SA3 form. Image: Comparison of interest assessment, see page (viii) of the general instructions in the paper SA3 form. Image: Comparison of interest assessment, see page (viii) of the general instructions in the paper SA3 form. Image: Comparison of interest assessment, see page (viii) of the general instructions in the paper SA3 form. Image: Comparison of interest assessment, see page (viii) of the general instructions in the paper SA3 form. Image: Comparison of interest assessment, see page (viii) of the general instructions in the paper SA3 form. Image: Comparison of interest assessment, see page: Comparison of interest assessment, see page: Comparison of interest assessment, see page: Comparison of interest page. Image: Comparison of interest page: Comparison of interest assessment for one day late. Image: Comparison of interest page: Comparison of interest page: Comparison of interest given in the original filing. Image: Comparison of interest given in the original filing. Image: Comparison of interest given in the original filing. Image: Comparison of interest given in the original filing. Image: Comparison of interest given in the original filing. Image: Comparison of interest given in the or	Name		Name		
Line 1 Either the antidation of rate payment of underpayment	You must complete this works	sheet for those royalty payments sub		rpayment.	Q
x			x		Interest Assessment
To view the interest rate chart click on <i>www.copyright.gov/licensing/interest-rate.pdf</i> . For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@copyright.gov. ** This is the decimal equivalent of 1/365, which is the interest assessment for one day late. NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Office, please list below the owner, address, first community served, accounting period, and ID number as given in the original filing. Owner Address First community served Accounting period	Line 3 Multiply line 2 by the r	number of days late and enter the su 274** enter here and on line 3, block	x	-	
please list below the owner, address, first community served, accounting period, and ID number as given in the original filing. Owner Address First community served Accounting period	contact the Licensing Di	vision at (202) 707-8150 or licensing	ensing/interest-rate.pdf. For further assistar g@copyright.gov.	0,	
Address First community served Accounting period	please list below the owner, a	-			
Accounting period	Address				
	Accounting period				

form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address, and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Office's public indexes and in search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal sufficiency of the filing, a determination that would be made by a court of law.

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 LISTEL IN SPACE G OF SA3E (LONG FORM)

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

Independent: its type-value is	1.00
• Network: its type-value is	0.25
Noncommercial educational: its type-value is	0.25
Note that local stations are not counted at all in computing DSEs.	

Step 2: Calculate the station's basis of carriage value: The DSE of a station also depends on its basis of carriage. If, as shown in space G of your Form SA3E, the station was carried part time because of lack of activated channel capacity, its basis of carriage value is determined by (1) calculating the number of hours the cable system carried the station during the accounting period, and (2) dividing that number by the total number of hours the station solver 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 anc 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 nor subject to the 3.75 fee or the Syndicated Exclusivity Surcharge. Distant simulcast streams are not subject to any royalty payment

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

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

The Minimum Fee/Base Rate Fee/3.75 Percent Fee. All cable sys-

tems 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

2) A station first carried after June 24, 1981, which could have been

carried under FCC rules in effect on June 24, 1981, if such carriage would not have exceeded the market quota imposed for the importation of distant stations under those rules.

3) A station of the same type substituted for a carried network, noncommercial 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-tim∉ 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, 1981, 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.

DSE SCHEDULE. PAGE 11.

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

Determine whether any of the stations you carried were partially distantthat 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 DSF 1.064% of gross receipts

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

0.330% of gross receipts PARTIALLY DISTANT STATIONS—PART 9 OF THE DSE SCHEDULE

· If any of the stations were partially distant:

1. Divide all of your subscribers into subscriber groups depending on their location. A particular subscriber group consists of all subscribers who are distant with respect to exactly the same complement of stations.

2. Identify the communities/areas represented by each subscriber group. 3. For each subscriber group, calculate the total number of DSEs of

that group's complement of stations.

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

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

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

Calculate a separate base rate fee for each subscriber group, using (1) the rates given above; (2) the total number of DSEs for that group's complement of stations; and (3) the amount of gross receipts attributable to that group.

6. Add together the base rate fees for each subscriber group to determine the system's total base rate fee.

7. If any portion of the cable system is located in whole or in part within a major television market, you may also need to complete part 9, block B of the Schedule to determine the Syndicated Exclusivity Surcharge.

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

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

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

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

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

CITY

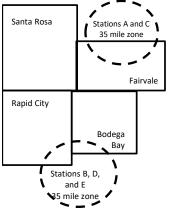
Santa Rosa

Rapid City

Fairvale

Bodega Bay

Distant Stations Carried STATION DSE In most cases under current FCC rules, all of Fairvale would be within A (independent) 1.0 B (independent) 1.0 the local service area of both stations C (part-time) 0.083 A and C and all of Rapid City and Bo-D (part-time) 0.139 dega Bay would be within the local service areas of stations B, D, and E. E (network) 0.25 TOTAL DSEs 2 4 7 2



Minimum Fee Total Gross R	Receipts	\$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	Gross receipts	\$120,000.00
DSEs	2.472	DSEs	1.083	DSEs	1.389
Base rate fee	\$6,497.20	Base rate fee	\$1,907.71	Base rate fee	\$1,604.03
\$310,000 x .01064 x 1.0 =	3,298.40	\$170,000 x .01064 x 1.0 =	1,808.80	\$120,000 x .01064 x 1.0 =	1,276.80
\$310,000 x .00701 x 1.472 =	3,198.80	\$170,000 x .00701 x .083 =	98.91	\$120,000 x .00701 x .389 =	327.23
Base rate fee	\$6,497.20	Base rate fee	\$1,907.71	Base rate fee	\$1,604.03

Identification of Subscriber Groups

OUTSIDE LOCAL

Stations A and C

Stations A and C

Stations B, D, and E

TOTAL GROSS RECEIPTS

SERVICE AREA OF

Stations A, B, C, D , E

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

GROSS RECEIPTS

\$310,000.00

100,000.00

70,000.00

120,000.00

\$600.000.00

FROM SUBSCRIBERS

ACCOUNTING PERIOD: 2022/2

DSE SCHEDULE. PAGE 11. (CONTINUED)

4	LEGAL NAME OF OWNER OF CABLE	SYSTEM:			S	STEM ID#		
1	North State Communications, LLC 63							
	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. 0.00							
•	Instructions:			L				
2	In the column headed "Call Sign": list the call signs of all distant stations identified by the letter "O" in column 5							
Computation	of space G (page 3). In the column headed "DSE"	for each indepe	ndent station give the DSF	as "1 0"· for ea	ch network or noncom-			
Computation of DSEs for	mercial educational station, giv	e the DSE as ".2	5."					
Category "O"	CATEGORY "O" STATIONS: DSEs							
Stations	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE		
Add rows as								
necessary.								
Remember to copy all								
formula into new								
rows.								
				<mark>.</mark>				
		I		<u> </u>				

Name		-						S	YSTEM II
	North State	Communications, L	LC						631
3 Computation of DSEs for Stations Carried Part Time Due to Lack of Activated Channel Capacity	Column 2 figure should Column 2 be carried ou Column 2 give the type Column 0	 ist the call sign of all dista 2: For each station, give correspond with the info 3: For each station, give 4: Divide the figure in coll t at least to the third decis 5: For each independent -value as ".25." 6: Multiply the figure in congoint. This is the station' 	the number of rmation given the total numb umn 2 by the f mal point. This station, give th blumn 4 by the s DSE. (For m	hours your cable syste in space J. Calculate of ber of hours that the sta figure in column 3, and s is the "basis of carria he "type-value" as "1.0 e figure in column 5, ar hore information on rou	em carried the st only one DSE for ation broadcast o I give the result ir ge value" for the ." For each netwo ad give the result inding, see page	ation during th each station. over the air dur n decimals in o station. ork or noncom in column 6. F (viii) of the ge	ing the accc column 4. Th mercial edu Round to no neral instruc	ounting period. his figure must cational station, less than the	
capacity		C	ATEGORY	LAC STATIONS:	COMPUTAT	ION OF DS	SEs		
	1. CALL SIGN	2. NUMBE OF HO CARRII SYSTE	URS ED BY	3. NUMBER OF HOURS STATION ON AIR	4. BASIS O CARRIAO VALUE		5. TYPE VALUE	6. DS	SE
			÷		=	X		=	
			÷		-	x x		=	
			÷		=	x		=	
			÷		=	x		=	
			÷ ÷		=	X		=	
					=	x x			
4	 Was carried 	ve the call sign of each si d by your system in subs ect on October 19, 1976	titution for a pr	rogram that your syste	m was permitted	to delete und		s and regular-	
- Computation of DSEs for Substitute-	Column 1: Giv • Was carried tions in effer • Broadcast of space I). Column 2: at your option. Column 3: Column 4:	d by your system in subs ect on October 19, 1976 one or more live, nonnetw For each station give the This figure should corre Enter the number of day Divide the figure in colur	titution for a pr (as shown by f ork programs of a number of liv spond with the s in the calence nn 2 by the fig	rogram that your syste the letter "P" in columr during that optional car re, nonnetwork program e information in space Jar year: 365, except in ure in column 3, and c	m was permitted 17 of space I); ar riage (as shown b ns carried in sub I. n a leap year. give the result in o	to delete und nd ny the word "Ye istitution for pr column 4. Rou	er FCC rules s″ in column : ograms that ind to no les	2 of were deleted s than the third	prm).
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Computation of DSEs for Substitute- Basis Stations	Column 1: Giv • Was carried tions in eff • Broadcast of space I). Column 2: at your option. Column 3: Column 4: decimal point. 1. CALL SIGN SUM OF DSE: Add the DSEs Enter the si TOTAL NUMB number of DSE	d by your system in subs ect on October 19, 1976 one or more live, nonnetw For each station give the This figure should corre Enter the number of day Divide the figure in colur This is the station's DSE SU 2. NUMBER OF PROGRAMS SI S OF SUBSTITUTE-BAS of each station. um here and in line 3 of p ER OF DSEs: Give the an	titution for a pr (as shown by) fork programs of e number of live spond with the s in the calend nn 2 by the fig (For more infor BSTITUTE) 3. NUMB OF DA' IN YEA SIS STATIONS bart 5 of this so mounts from the	rogram that your syste the letter "P" in column during that optional car re, nonnetwork program e information in space dar year: 365, except in jure in column 3, and g ormation on rounding, -BASIS STATION ER 4. DSE YS 4. DSE = = = = = = = = = = = = = = = = =	m was permitted n 7 of space I); ar riage (as shown b ms carried in sub I. n a leap year. ive the result in o see page (viii) of IS: COMPUT/ 1. CALL SIGN	i to delete undend not sy the word "Yes estitution for pre- column 4. Roug f the general in ATION OF 2. NUM OF PRO- PRO-	er FCC rules s" in column : ograms that ind to no les instructions ir DSEs BER GRAMS ÷ ÷ ÷ ÷	2 of were deleted s than the third n the paper SA3 for 3. NUMBER OF DAYS IN YEAR	4. DSI
Computation of DSEs for Substitute- Basis Stations	Column 1: Giv • Was carried tions in eff • Broadcast of space I). Column 2: at your option. Column 3: Column 4: decimal point. 1. CALL SIGN SUM OF DSE: Add the DSEs Enter the su TOTAL NUMB: number of DSE 1. Number of	d by your system in subs ect on October 19, 1976 one or more live, nonnetw For each station give the This figure should corre Enter the number of day Divide the figure in colur This is the station's DSE SU 2. NUMBER OF PROGRAMS sof SUBSTITUTE-BAS of each station. um here and in line 3 of p ER OF DSEs: Give the an is applicable to your system	titution for a pr (as shown by) fork programs of e number of live spond with the s in the calend nn 2 by the fig (For more infor BSTITUTE) 3. NUMB OF DA' IN YEA SIS STATIONS bart 5 of this so mounts from the	rogram that your syste the letter "P" in column during that optional car re, nonnetwork program e information in space dar year: 365, except in jure in column 3, and g ormation on rounding, -BASIS STATION ER 4. DSE YS 4. DSE = = = = = = = = = = = = = = = = =	m was permitted n 7 of space I); ar riage (as shown b ms carried in sub I. n a leap year. ive the result in o see page (viii) of IS: COMPUT/ 1. CALL SIGN	i to delete undend not sy the word "Yes estitution for pre- column 4. Roug f the general in ATION OF 2. NUM OF PRO- PRO-	er FCC rules s" in column : ograms that ind to no les instructions ir DSEs BER GRAMS ÷ ÷ ÷ ÷	2 of were deleted s than the third n the paper SA3 fo 3. NUMBER OF DAYS IN YEAR	4. DS
Computation of DSEs for Substitute- Basis Stations	Column 1: Giv • Was carried tions in eff • Broadcast of space I). Column 2: at your option. Column 3: Column 4: decimal point. 1. CALL SIGN SUM OF DSE: Add the DSEs Enter the si TOTAL NUMB number of DSE	d by your system in subs ect on October 19, 1976 one or more live, nonnetw For each station give the This figure should corre Enter the number of day Divide the figure in colur This is the station's DSE SU 2. NUMBER OF PROGRAMS sof SUBSTITUTE-BAS of each station. um here and in line 3 of p ER OF DSEs: Give the an is applicable to your system	titution for a pr (as shown by) fork programs of e number of live spond with the s in the calend nn 2 by the fig (For more infor BSTITUTE) 3. NUMB OF DA' IN YEA SIS STATIONS bart 5 of this so mounts from the	rogram that your syste the letter "P" in column during that optional car re, nonnetwork program e information in space dar year: 365, except in jure in column 3, and g ormation on rounding, -BASIS STATION ER 4. DSE YS 4. DSE = = = = = = = = = = = = = = = = =	m was permitted n 7 of space I); ar riage (as shown b ms carried in sub I. n a leap year. ive the result in o see page (viii) of IS: COMPUT/ 1. CALL SIGN	i to delete undend not sy the word "Yes estitution for pre- column 4. Roug f the general in ATION OF 2. NUM OF PRO- PRO-	er FCC rules s" in column : ograms that ind to no les instructions ir DSEs BER GRAMS ÷ ÷ ÷ ÷	2 of were deleted s than the third n the paper SA3 fo 3. NUMBER OF DAYS IN YEAR	4. = = = =

LEGAL NAME OF C							S	YSTEM ID# 63110	Name
-		·						63110	
Instructions: Bloc In block A: • If your answer if schedule.			part 6 and part	7 of the DSE sche	dule blank ar	nd complete pa	art 8, (page 16) of	the	6
 If your answer if 	"No," complete blo	ocks B and C	below.						
BLOCK A: TELEVISION MARKETS Is the cable system located wholly outside of all major and smaller markets as defined under section 76.5 of FCC rules and regulations in									Computation of 3.75 Fee
effect on June 24,	1981?	schedule—[PLETE THE REMA				guiations in	
		BLOO	CK B: CARR	IAGE OF PERM	MITTED DS	Es			
Column 1: CALL SIGN	under FCC rules	and regulations of the second se	ons prior to Jur dule. (Note: Th	part 2, 3, and 4 of ne 25, 1981. For fu ne letter M below re Act of 2010.)	irther explana	ation of permitt	ed stations, see tl	ne	
Column 2: BASIS OF PERMITTED CARRIAGE	(Note the FCC ru A Stations carrie 76.61(b)(c)] B Specialty stati C Noncommeric D Grandfathered instructions fo E Carried pursua *F A station pre	Iles and regu ed pursuant t on as defined al educationa d station (76. r DSE sched ant to individu viously carrie IHF station w	lations cited be to the FCC ma d in 76.5(kk) (7 al station [76.5 65) (see parag lule). Jal waiver of F ad on a part-tin rithin grade-B o	ne or substitute ba contour, [76.59(d)(se in effect or 6.57, 76.59(b e)(1), 76.63(a 63(a) referring ostitution of g sis prior to Ju	n June 24, 198), 76.61(b)(c),) referring to 7 g to 76.61(d) randfathered s une 25, 198	76.63(a) referring 6.61(e)(1 stations in the		
Column 3:		e stations ide	ntified by the l	parts 2, 3, and 4 etter "F" in column 2. PERMITTED		complete the v	vorksheet on page	r	
1. CALL SIGN	2. PERMITTED BASIS	3. DSE	SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	
								0.00	
		В	LOCK C: CO	MPUTATION OF	3.75 FEE				
Line 1: Enter the	total number of	DSEs from	part 5 of this	schedule				-	
Line 2: Enter the	sum of permitte	d DSEs fror	n block B abo	ove			. <u>.</u>	-	
Line 3: Subtract (If zero, I				r of DSEs subjec 7 of this schedu		rate.		0.00	
Line 4: Enter gro	oss receipts from	space K (p	age 7)				x 0.03	375	Do any of the DSEs represent partially
Line 5: Multiply I	ine 4 by 0.0375 a	and enter su	ım here				X		permited/ partially nonpermitted
Line 6: Enter tota	al number of DSI	Es from line	3					-	carriage? If yes, see part 9 instructions.
Line 7: Multiply I	ine 6 by line 5 ar	nd enter her	e and on line	2, block 3, space	e L (page 7)			0.00	

DSE SCHEDULE. PAGE 13.

ACCOUNTING PERIOD: 2022/2

		OWNER OF CABLE						S	YSTEM ID# 63110	Name
		•	BLOCK	A: TELEVI	SION MARKET	S (CONTIN	UED)			
	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	6
										Computation o 3.75 Fee

								D	SE SCHEDULE. PAGE 14.
Name	LEGAL NAME OF OWN								SYSTEM ID#
	North State Co	mmunications,							63110
Worksheet for Computating the DSE Schedule for Permitted Part-Time and Substitute Carriage	 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 in the paper SA3 form. Column 5: Indicate the Station's DSE for the current accounting period as computed in parts 2, 3, and 4 of this schedule Column 6: Compare the DSE figures listed in columns 2 and 5 and list the smaller of the two figures here. This figure should be enterer 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 verifcation from the designated statement of account on fle in the Licensing Division. 								
				TIONS CARRIE	חי	ON A PART-TIME A		TUTE BASIS	
	1. CALL	2. PRIOR		OUNTING		4. BASIS OF	1	RESENT	6. PERMITTED
	SIGN	DSE		RIOD		CARRIAGE	[DSE	DSE
7 Computation of the Syndicated	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. BLOCK A: MAJOR TELEVISION MARKET								
Exclusivity			BLUCK	A. MAJUR					
Surcharge	 Is any portion of the of 	cable system within a	a top 100 majo	or television mar	ket	as defned by section	76.5 of FCC	Crules in effect	June 24, 1981?
	Yes—Complete	blocks B and C .			rket as defned by section 76.5 of FCC rules in effect June 24, 1981?				
	BLOCK B: Ca	arriage of VHF/Grac	le B Contour	Stations		BLOCK	K C: Compu	itation of Exemp	ot DSEs
	BLOCK B: Carriage of VHF/Grade B Contour Stations Is any station listed in block B of part 6 the primary stream of a commercial VHF station that places a grade B contour, in whole or in part, over the cable system?					Was any station listed in block B of part 7 carried in any commu- nity served by the cable system prior to March 31, 1972? (refe to former FCC rule 76.159)			
	Yes—List each s	tation below with its a	ppropriate perr	nitted DSE		Yes—List each st	tation below	with its appropria	te permitted DSE
	X No—Enter zero a	and proceed to part 8.				X No—Enter zero a	ind proceed t	to part 8.	
	CALL SIGN	DSE C	ALL SIGN	DSE		CALL SIGN	DSE	CALL SIGN	N DSE
				202			202	0,122 0101	
		т.	DTAL DSEs	0.00		<u> </u>	ļ ļ	TOTAL DSE	s 0.00
				0.00				IOTAL DOL	

LEGAL NA	ME OF OWNER OF CABLE SYSTEM: North State Communications, LLC	SYSTEM ID# 63110	Name
	BLOCK D: COMPUTATION OF THE SYNDICATED EXCLUSIVITY SURCHARGE		
Section 1	Enter the amount of gross receipts from space K (page 7)	3,089,882.59	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? X Yes—Complete part 9 of this schedule. No—Complete the applicable section below.		
	If the figure in section 2, line C is 4.000 or less, compute your surcharge here and leave section 3b blank. NOTE: If the DS is 1.0 or less, multiply the gross receipts by .00599 by the DSE. Enter the result on line A below.	ε	
	A. Enter 0.00599 of gross receipts (the amount in section1)		
	B. Enter 0.00377 of gross receipts (the amount in section.1)		
	C. Subtract 1.000 from total permitted DSEs (the figure on line C in section 2) and enter here		
	D. Multiply line B by line C and enter here		
	E. Add lines A and D. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7) Syndicated Exclusivity Surcharge		
Section 3b	If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 3a blank.		
	A. Enter 0.00599 of gross receipts (the amount in section 1)		
	B. Enter 0.00377 of gross receipts (the amount in section 1)		
	C. Multiply line B by 3.000 and enter here		
	D. Enter 0.00178 of gross receipts (the amount in section 1)		
	E. Subtract 4.000 from total DSEs (the fgure on line C in section 2) and enter here	_	
	F. Multiply line D by line E and enter here		
	G. Add lines A, C, and F. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7) Syndicated Exclusivity Surcharge		
	SECTION 4: SECOND 50 TELEVISION MARKET		
Section	Did your cable system retransmit the signals of any partially distant television stations during the accounting period?		
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		

ACCOUNTING PERIOD: 2022/2

Name		ME OF OWNER OF CABLE SYSTEM: SYSTEM: SYSTEM: SYSTEM:	63110
7 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 section 4a blank. 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. C. Multiply line B by 3.000 and enter here. D. Enter 0.00089 of gross receipts (the amount in section 1). \$ D. Enter 0.00089 of gross receipts (the amount in section 1). \$ C. Multiply line B by 3.000 and enter here. 5 C. Multiply line B by 3.000 and enter here. 5 C. Multiply line D by line E and enter here. 5 C. M	
8 Computation of Base Rate Fee	You m 6 was • In blo • If you • If you blank What i were lo	ctions: uust complete this part of the DSE schedule for the SUM OF PERMITTED DSEs in part 6, block B; however, if block A of part checked "Yes," use the total number of DSEs from part 5. bock A, indicate, by checking "Yes" or "No," whether your system carried any partially distant stations. ur answer is "No," compute your system's base rate fee in block B. Leave part 9 blank. ur answer is "Yes" (that is, if you carried one or more partially distant stations), you must complete part 9. Leave block B below t. is a partially distant station? A station is "partially distant" if, at the time your system carried it, some of your subscribers bocated within that station's local service area and others were located outside that area. For the definition of a station's "local the area," see page (v) of the general instructions.	
		BLOCK A: CARRIAGE OF PARTIALLY DISTANT STATIONS rour cable system retransmit the signals of any partially distant television stations during the accounting period? Image: Type - Complete part 9 of this schedule. Image: No-Complete the following sections. BLOCK B: NO PARTIALLY DISTANT STATIONS—COMPUTATION OF BASE RATE FEE Enter the amount of gross receipts from space K (page 7). Image: State of this schedule. (If block A of part 6 was checked "Yes,"	
	Section 3	use the total number of DSEs from part 5.)	0.00

LEGAL N	AME OF OWNER OF CABLE SYSTEM: SYSTEM ID#	Nama
North	State Communications, LLC 63110	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	A. Enter 0.01064 of gross receipts	8
	(the amount in section 1)	
	B. Enter 0.00701 of gross receipts	Computation
	(the amount in section 1)► \$	of
	C. Multiply line B by 3.000 and enter here ►	Base Rate Fee
	D. Enter 0.00330 of gross receipts (the amount in section 1) ▶ \$	
	E. Subtract 4.000 from total DSEs	
	(the figure in section 2) and enter here	
	F. Multiply line D by line E and enter here	
	G. Add lines A, C, and F. This is your base rate fee.	
	Enter here and in block 3, line 1, space L (page 7) Base Rate Fee 5 0.00	
	TANT: It is no longer necessary to report television signals on a system-wide basis. Carriage of television broadcast signals shall be reported on a community-by-community basis (subscriber groups) if the cable system reported multiple channel line-ups in G.	9
In Gen	eral: If any of the stations you carried were partially distant, the statute allows you, in computing your base rate fee, to exclude	Computation
	s from subscribers located within the station's local service area, from your system's total gross receipts. To take advantage of this on, you must:	of Base Rate Fee
First: [ivide all of your subscribers into subscriber groups, each group consisting entirely of subscribers that are distant to the same	and
station	or the same group of stations. Next: Treat each subscriber group as if it were a separate cable system. Determine the number of and the portion of your system's gross receipts attributable to that group, and calculate a separate base rate fee for each group.	Syndicated Exclusivity
	Add up the separate base rate fees for each subscriber group. That total is the base rate fee for your system.	Surcharge for
	If any portion of your cable system is located within the top 100 television market and the station is not exempt in part 7, you must	Partially
	mpute a Syndicated Exclusivity Surcharge for each subscriber group. In this case, complete both block A and B below. However, cable system is wholly located outside all major television markets, complete block A only.	Distant Stations, and
How to	Identify a Subscriber Group for Partially Distant Stations	for Partially Permitted
•	: For each community served, determine the local service area of each wholly distant and each partially distant station you to that community.	Stations
Step 2 outside	For each wholly distant and each partially distant station you carried, determine which of your subscribers were located the station's local service area. A subscriber located outside the local service area of a station is distant to that station (and, by ne token, the station is distant to the subscriber.)	
Step 3	Divide your subscribers into subscriber groups according to the complement of stations to which they are distant. Each	
	ber group must consist entirely of subscribers who are distant to exactly the same complement of stations. Note that a cable will have only one subscriber group when the distant stations it carried have local service areas that coincide.	
Compu groups	ting the base rate fee for each subscriber group: Block A contains separate sections, one for each of your system's subscriber	
	section:	
	fy the communities/areas represented by each subscriber group. he call sign for each of the stations in the subscriber group's complement—that is, each station that is distant to all of the	
	bers in the group.	
• lf:		
	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 s schedule; or,	
, .	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, 6 of this schedule.	
•	ne DSEs for each station. This gives you the total DSEs for the particular subscriber group.	
	late gross receipts for the subscriber group. For further explanation of gross receipts see page (vii) of the general instructions paper SA3 form.	
• Comp	ute a base rate fee for each subscriber group using the formula outline in block B of part 8 of this schedule on the preceding	
DSEs f	In making this computation, use the DSE and gross receipts figure applicable to the particular subscriber group (that is, the total or that group's complement of stations and total gross receipts from the subscribers in that group). You do not need to show your calculations on the form.	

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: SY	STEM I
	North State Communications, LLC	6311
	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 signals. Write "Nonpermitted 3.75 stations" at the top of this page. Multiply the subscriber group gross receipts by total DSEs by	distant
	.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 OWN North State Com						S	63110	Name
E				TE FEES FOR EA				
COMMUNITY/ AREA	FIRST	SUBSCRIBER GRC	0 0	SECOND SUBSCRIBER GROUP COMMUNITY/ AREA 0				9
CALL SIGN	ALL SIGN DSE CALL SIGN DSE				DSE	CALL SIGN	DSE	Computation of
				CALL SIGN				Base Rate Fee
								and Sundiastad
								Syndicated Exclusivity
		-						Surcharge
								for Partially
								Distant
		-						Stations
		-						
Total DSEs		<u> </u>	0.00	Total DSEs		11	0.00	
Gross Receipts First (Froup	\$	0.00	Gross Receipts Se	cond Group	\$	0.00	
C	5. o up	·				· ·		
Base Rate Fee First (Group	\$	0.00	Base Rate Fee See	cond Group	\$	0.00	
	THIRD	SUBSCRIBER GRC				I SUBSCRIBER GRO		
COMMUNITY/ AREA			0	COMMUNITY/ ARE	EA		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		-						
		-						
		-						
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts For	urth Group	\$	0.00	
Paga Data Eco Thind	Croup	•	0.00	Basa Bata Fee Fee	urth Crown	¢	0.00	
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee For	urun Group	\$	0.00	
Base Rate Fee: Add t	he hase re i	e fees for each subs	criber aroun	as shown in the box	es above	<u> </u>		
Enter here and in bloc	k 3, line 1, s	space L (page 7)	silbor group		50 above.	\$	0.00	

	FORM	SA3E.	PAGE	19.
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LEGAL NAME OF OWNE North State Comm						SI	STEM ID# 63110	Name
BL				TE FEES FOR EACH				
COMMUNITY/ AREA	FIFTH	SUBSCRIBER GROU	IP 0	SIXTH SUBSCRIBER GROUP COMMUNITY/ AREA 0				9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
						-		Base Rate Fee
								and Syndicated
						-		Exclusivity
						-		Surcharge
								for Partially
								Distant
						-		Stations
Total DSEs	ļ		0.00	Total DSEs		11	0.00	
					d Charles			
Gross Receipts First Gr	oup	\$	0.00	Gross Receipts Second	a Group	\$	0.00	
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Second	d Group	\$	0.00	
9	EVENTH	SUBSCRIBER GROU	IP		EIGHTH	SUBSCRIBER GROU	Р	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
						-		
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	roup	\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
Doop Date East And the	- heee	o food for anoth such -	ribor aress	as shown in the base				
Enter here and in block			inei gioup	as shown in the boxes a	aDUVE.	\$		

	FORM	SA3E.	PAGE	19.
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LEGAL NAME OF OWNE						SY	STEM ID# 63110	Name
BL				TE FEES FOR EACH				
COMMUNITY/ AREA	NINTH	SUBSCRIBER GROU	^{IP} 0	COMMUNITY/ AREA	TENTH SUBSCRIBER GROUP COMMUNITY/ AREA 0			
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 Gr	oup	\$	0.00	Gross Receipts Second	d Group	\$	0.00	
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Second	d Group	\$	0.00	
EL	EVENTH	SUBSCRIBER GROU	IP	-	TWELVTH	SUBSCRIBER GROUI	þ	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		-						
		-						
						-		
		-				-		
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	roup	\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
Base Rate Fee: Add th	e base rat	e fees for each subsc	riber aroun	as shown in the boxes a	above.			
Enter here and in block			J P			\$		

FORM SA3E. PA	AGE 19.
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LEGAL NAME OF OWN North State Com						S	YSTEM ID# 63110	Name
TH COMMUNITY/ AREA	IKIEENTH	SUBSCRIBER GRO	UP 0	FOL COMMUNITY/ AREA	JKIEENTH	SUBSCRIBER GROU	JP 0	9
			•					Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	CALL SIGN DSE CALL SIGN DSE			
								Base Rate Fee and
								Syndicated
								Exclusivity
								Surcharge
								for Partially
								Distant
								Stations
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First (Group	\$	0.00	Gross Receipts Secor	nd Group	\$	0.00	
Base Rate Fee First (\$	0.00	Base Rate Fee Secor		\$	0.00	
		SUBSCRIBER GRO	UP 0	S COMMUNITY/ AREA	SIXTEENTH	SUBSCRIBER GROU	JP 0	
COMMUNITY/ AREA			U				U	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		-						
		-						
								
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fourth	n Group	\$	0.00	
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fourth	n Group	\$	0.00	
				<u>11</u>				
Base Rate Fee: Add Enter here and in bloc			riber group	as shown in the boxes	above.	\$		
	.,,							

FORM SA3E. PA	AGE 19.
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LEGAL NAME OF OWNE						SI	(STEM ID# 63110	Name
				TE FEES FOR EACH				
SEVEI COMMUNITY/ AREA	NTEENTH	SUBSCRIBER GROU	JP 0	EIG COMMUNITY/ AREA	HTEENTH	SUBSCRIBER GROU	P 0	9
			_					
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
		-						Base Rate Fee and
								Syndicated
								Exclusivity
								Surcharge
								for
								Partially Distant
		-						Stations
		-						
		-						
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	roup	\$	0.00	Gross Receipts Secon	d Group	\$	0.00	
Base Rate Fee First G		\$	0.00	Base Rate Fee Second		\$ SUBSCRIBER GROU	0.00	
	NTEENTH	SUBSCRIBER GROU	<u>лр</u> О		P 0			
COMMUNITY/ AREA			U	COMMUNITY/ AREA			v	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		-						
		-						
						-		
		-						
		-						
						-		
		-						
Total DSEs			0.00	Total DSEs			0.00	
					0	-		
Gross Receipts Third C	proup	\$	0.00	Gross Receipts Fourth	Group	<u>\$</u>	0.00	
Base Rate Fee Third G	Group	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
Base Rate Fee: Add th Enter here and in block			riber group	as shown in the boxes a	above.	\$		

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LEGAL NAME OF OWNE						S	YSTEM ID# 63110	Name
		COMPUTATION OF SUBSCRIBER GROU		TE FEES FOR EACH			IP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA	TWENTY-SECOND SUBSCRIBER GROUP COMMUNITY/ AREA 0			9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	CALL SIGN DSE CALL SIGN DSE			
						-		Base Rate Fee
								and Syndicated
								Exclusivity
						-		Surcharge
		-						for Partially
								Distant
								Stations
		-						
		-						
Total DSEs	ļ	LI.	0.00	Total DSEs			0.00	
						•		
Gross Receipts First G	roup	\$	0.00	Gross Receipts Seco	nd Group	\$	0.00	
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Secor	nd Group	\$	0.00	
	TY-THIRD	SUBSCRIBER GROU		11		SUBSCRIBER GROU	_	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		-						
		-						
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third C	Group	\$	0.00	Gross Receipts Fourt	h Group	\$	0.00	
Base Rate Fee Third G	Group	\$	0.00	Base Rate Fee Fourt	h Group	\$	0.00	
	ie base rat	e fees for each subsc	riber group	as shown in the boxes	above.			
Enter here and in block			•			\$		

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LEGAL NAME OF OWNE North State Comn						S	YSTEM ID# 63110	Name
		COMPUTATION OF SUBSCRIBER GROU				RIBER GROUP SUBSCRIBER GROU	IP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA		- SOBGORIBER GROU	0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	CALL SIGN DSE CALL SIGN DSE			
								Base Rate Fee
								and Syndicated
								Exclusivity
								Surcharge
								for Partially
								Distant
								Stations
							0.00	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	roup	\$	0.00	Gross Receipts Secor	nd Group	\$	0.00	
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Secor	nd Group	\$	0.00	
	SEVENTH	SUBSCRIBER GROU		11		SUBSCRIBER GROU	_	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		-						
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	Group	\$	0.00	Gross Receipts Fourth	n Group	\$	0.00	
Base Rate Fee Third G	Group	\$	0.00	Base Rate Fee Fourth	n Group	\$	0.00	
			riber group	as shown in the boxes	above.			
Enter here and in block	x 3, line 1, s	space L (page 7)				\$		

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LEGAL NAME OF OWNE North State Comn						S	YSTEM ID# 63110	Name
COMMUNITY/ AREA	I Y-NIN I H	SUBSCRIBER GROU	<u>קר</u> ס	COMMUNITY/ AREA	IHIKIIEIH	SUBSCRIBER GROU	0	9
			Ŭ					Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	CALL SIGN DSE CALL SIGN DSE			
								Base Rate Fee and
								Syndicated
								Exclusivity
								Surcharge
								for Partially
		-						Distant
								Stations
		-						
Fotal DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	roup	\$	0.00	Gross Receipts Secor	nd Group	\$	0.00	
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Secor	nd Group	\$	0.00	
THIR	TY-FIRST	SUBSCRIBER GROU		11		SUBSCRIBER GROU	JP	
COMMUNITY/ AREA		0		COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		-						
		-						
Fotal DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third C	Group	\$	0.00	Gross Receipts Fourth	n Group	\$	0.00	
Base Rate Fee Third G	Group	\$	0.00	Base Rate Fee Fourth	n Group	\$	0.00	
			riber group	as shown in the boxes	above.			
Enter here and in block						\$		

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LEGAL NAME OF OWNEF						SI	(STEM ID# 63110	Name		
	BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP THIRTY-THIRD SUBSCRIBER GROUP THIRTY-FOURTH SUBSCRIBER GROUP									
COMMUNITY/ AREA		JUBJUKIBEK GRUL	<u>مر</u> 0	COMMUNITY/ AREA	I-FUUKIH	SUBSUKIBER GROU	р 0	9		
							-	Computation		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	CALL SIGN DSE CALL SIGN DSE					
								Base Rate Fee and		
								Syndicated		
								Exclusivity Surcharge		
								for		
						-		Partially		
								Distant Stations		
								otations		
			<u> </u>							
Total DSEs			0.00	Total DSEs			0.00			
Gross Receipts First Gro	Jup	\$	0.00	Gross Receipts Secon	nd Group	\$	0.00			
Base Rate Fee First Gro	oup	\$	0.00	Base Rate Fee Secon	ld Group	\$	0.00			
тырт		SUBSCRIBER GROU		ТЫБ		SUBSCRIBER GROU	D			
COMMUNITY/ AREA		SUBSCRIBER GROU	0	COMMUNITY/ AREA						
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN DSE CALL SIGN DSE						
			1							
	1									
Total DSEs			0.00	Total DSEs			0.00			
	oup	S	0.00		Group	S				
	oup		0.00	Total DSEs Gross Receipts Fourth	Group	S	0.00			
Total DSEs Gross Receipts Third Gr Base Rate Fee Third Gr		S S				S S				
Gross Receipts Third Gr	oup	\$	0.00	Gross Receipts Fourth Base Rate Fee Fourth	ı Group		0.00			

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LEGAL NAME OF OWNE						SY	STEM ID# 63110	Name
	BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP THIRTY-SEVENTH SUBSCRIBER GROUP THIRTY-EIGHTH SUBSCRIBER GROUP							
THIRTY-S COMMUNITY/ AREA	SEVENTH	SUBSCRIBER GROU	JP 0	THIRT COMMUNITY/ AREA	٥ ٥			
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of		
CALL SIGN	DOL	CALL SIGN	DOL	CALL SIGN	DSE	CALL SIGN	DGL	Base Rate Fee
		-						and
		-						Syndicated
								Exclusivity Surcharge
								for
								Partially
								Distant
								Stations
		-						
Total DSEs	ļ	<u> </u>	0.00	Total DSEs		·····	0.00	
Gross Receipts First G	roup	\$	0.00	Gross Receipts Secon	d Group	\$	0.00	
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Secon	d Group	\$	0.00	
THIR	TY-NINTH	SUBSCRIBER GROU	JP		ORTIETH	SUBSCRIBER GROUP	D C	
COMMUNITY/ AREA			0	COMMUNITY/ AREA				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
						-		
						-		
		-						
		-				-		
		-						
Total DSEs	•		0.00	Total DSEs	•		0.00	
Gross Receipts Third G	iroup	\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
Base Rate Fee Third G	iroup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
Baco Data Ease Add th	o haan ref	o foos for each sub-	riber group	as shown in the boxes a	abovo			
Enter here and in block			noor group	as shown in the boxes a	100VC.	\$		

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LEGAL NAME OF OWNE						S	YSTEM ID# 63110	Name		
BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP FORTY-FIRST SUBSCRIBER GROUP FORTY-SECOND SUBSCRIBER GROUP										
COMMUNITY/ AREA	1 11/01		0	COMMUNITY/ AREA 0				9 Computation		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	CALL SIGN DSE CALL SIGN DSE					
								Base Rate Fee		
								and Syndicated		
		-						Exclusivity		
		-						Surcharge		
								for Partially		
		-						Distant		
		-						Stations		
		-								
Total DSEs			0.00	Total DSEs			0.00			
Gross Receipts First G	roup	\$	0.00	Gross Receipts Secon	d Group	\$	0.00			
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Secon	d Group	\$	0.00			
	TY-THIRD	SUBSCRIBER GROU			/-FOURTH	SUBSCRIBER GROU	IP 0			
COMMUNITY/ AREA			0	COMMUNITY/ AREA						
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE			
		-								
		-								
						-				
						-				
Total DSEs			0.00	Total DSEs			0.00			
Gross Receipts Third C	Group	\$	0.00	Gross Receipts Fourth	Group	\$	0.00			
Base Rate Fee Third G	Group	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00			
							1			
	e base rat	e fees for each subsc	riber aroun	as shown in the boxes a	above.					

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LEGAL NAME OF OWNE						SY	STEM ID# 63110	Name
	BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP							
FOR COMMUNITY/ AREA	ry-FIFTH	SUBSCRIBER GROU	IP 0	FORTY-SIXTH SUBSCRIBER GROUP COMMUNITY/ AREA 0				9
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of
								Base Rate Fee
								and
		-						Syndicated Exclusivity
								Surcharge
								for
								Partially
		-				-		Distant
								Stations
		-						
Total DSEs	ļ		0.00	Total DSEs	ļ	11	0.00	
Gross Receipts First Gr	oup	\$	0.00	Gross Receipts Second	d Group	\$	0.00	
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Second	d Group	\$	0.00	
FORTY-S	EVENTH	SUBSCRIBER GROU	IP	FORT	Y-EIGHTH	SUBSCRIBER GROUP	D	
COMMUNITY/ AREA			0	COMMUNITY/ AREA	0			
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		-				-		
		-						
		-						
		-						
						-		
		-						
		-						
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	roup	\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
Paga Pata Face Add 4		• for each autor	ribor error		hava			
Enter here and in block			noer group	as shown in the boxes a		\$		

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LEGAL NAME OF OWN North State Com						S	YSTEM ID# 63110	Name	
							10		
COMMUNITY/ AREA	FORTY-NINTH SUBSCRIBER GROUP				FIFILEIR	SUBSCRIBER GROU	0 0	9	
		II							
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of Base Rate Fee	
		-						and	
								Syndicated	
								Exclusivity Surcharge	
								for	
								Partially	
								Distant	
								Stations	
		-							
Total DSEs	÷	**	0.00	Total DSEs	*		0.00		
Gross Receipts First (Froup	\$	0.00	Gross Receipts Secor					
					ia croap	\$	0.00		
Base Rate Fee First C	Group	\$	0.00	Base Rate Fee Secor	nd Group	\$	0.00		
	TY-FIRST	SUBSCRIBER GRO				SUBSCRIBER GROU	JP 0		
COMMUNITY/ AREA			0	COMMUNITY/ AREA					
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE		
		-							
Total DSEs			0.00	Total DSEs			0.00		
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fourt	h Group	\$	0.00		
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fourth	n Group	\$	0.00		
			criber group	as shown in the boxes	above.				
Enter here and in bloc	k 3, line 1, :	space L (page 7)				\$			

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LEGAL NAME OF OWNE						SY	STEM ID# 63110	Name
	BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP							
FIF COMMUNITY/ AREA	COMMUNITY/ AREA 0			FIFTY-FOURTH SUBSCRIBER GROUP COMMUNITY/ AREA 0				9 Computation
CALL SIGN	DSE	CALL SIGN	DSE CALL SIGN DSE CALL SIGN DSE					
0,122,01011					502			of Base Rate Fee
								and
								Syndicated Exclusivity
								Surcharge
								for
								Partially
								Distant Stations
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	iroup	\$	0.00	Gross Receipts Secon	d Group	\$	0.00	
Base Rate Fee First G		\$	0.00	Base Rate Fee Secon		\$ SUBSCRIBER GROU	0.00	
	·IY-FIFIH	SUBSCRIBER GROU	קו 0	FIF COMMUNITY/ AREA	р О			
			Ŭ					
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
						-		
						-		
		-						
						-		
Total DSEs			0.00	Total DSEs			0.00	
					Crour	<u></u>		
Gross Receipts Third (Joup	\$	0.00	Gross Receipts Fourth	Group	<u>\$</u>	0.00	
Base Rate Fee Third C	Group	\$	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.	\$		

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LEGAL NAME OF OWNE						SY	STEM ID# 63110	Name		
				TE FEES FOR EACH						
FIFTY-S COMMUNITY/ AREA	SEVENTH	SUBSCRIBER GROL	IP 0	FIFTY-EIGHTH SUBSCRIBER GROUP COMMUNITY/ AREA 0				9 Computation		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	CALL SIGN DSE CALL SIGN DSE					
								of Base Rate Fee		
								and		
								Syndicated Exclusivity		
								Surcharge		
								for		
								Partially Distant		
								Stations		
						-				
Total DSEs			0.00	Total DSEs			0.00			
Gross Receipts First Gr	oup	\$	0.00	Gross Receipts Second	d Group	\$	0.00			
Base Rate Fee First Gr		\$	0.00	Base Rate Fee Second		\$ SUBSCRIBER GROUI	0.00			
	Y-NINTH	SUBSCRIBER GROU								
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0			
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE			
						-				
						-				
Total DSEs			0.00	Total DSEs		· · ·	0.00			
Gross Receipts Third G	roup	\$	0.00	Gross Receipts Fourth	Group	\$	0.00			
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00			
Bass Bots Free Add the		for each autor	ribor error	as about in the bases						
Enter here and in block			nber group	as shown in the boxes a	aDUVE.	\$				

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LEGAL NAME OF OWNE						S	YSTEM ID# 63110	Name
		COMPUTATION OF		TE FEES FOR EACH			IP	
COMMUNITY/ AREA			0	SIXTY-SECOND SUBSCRIBER GROUP COMMUNITY/ AREA 0				9
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of
								Base Rate Fee
								and
								Syndicated Exclusivity
								Surcharge
								for Doutielly
								Partially Distant
								Stations
							0.00	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	oup	\$	0.00	Gross Receipts Secor	nd Group	\$	0.00	
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Secor	nd Group	\$	0.00	
	TY-THIRD	SUBSCRIBER GROU			Y-FOURTH	SUBSCRIBER GROU	JP 0	
COMMUNITY/ AREA			0	COMMUNITY/ AREA				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	roup	\$	0.00	Gross Receipts Fourth	n Group	\$	0.00	
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourth	n Group	\$	0.00	
				11				
Doop Doto East And the	o heer	o food for each and -	ribor are	as shown in the boxes	abova			

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LEGAL NAME OF OWNE						S	YSTEM ID# 63110	Name
		COMPUTATION OF						
COMMUNITY/ AREA		JUBJURIDEK GRUI	0P 0	SIXTY-SIXTH SUBSCRIBER GROUP COMMUNITY/ AREA 0				9
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of
	202		501					Base Rate Fee
		-						and
								Syndicated Exclusivity
								Surcharge
		-						for
								Partially Distant
		-						Stations
			ļ					
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	oup	\$	0.00	Gross Receipts Secor	ld Group	\$	0.00	
Base Rate Fee First G	oup	\$	0.00	Base Rate Fee Secon		\$	0.00	
	SEVENTH	SUBSCRIBER GROU			Y-EIGHTH	SUBSCRIBER GROU	_	
COMMUNITY/ AREA			0	COMMUNITY/ AREA	0			
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		-						
		-						
		-						
		-						
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	roup	\$	0.00	Gross Receipts Fourth	n Group	\$	0.00	
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourth	ı Group	\$	0.00	
				11				
Base Rate Fee: Add th	e hase ret	e fees for each subsc	criher aroun	as shown in the boxes	ahove			

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LEGAL NAME OF OWNE						S	YSTEM ID# 63110	Name		
COMMUNITY/ AREA	I Y-NIN I H	SUBSCRIBER GROU	<u>ч</u>	COMMUNITY/ AREA		I SUBSCRIBER GROU	م ر 0	9		
							-	Computation		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	CALL SIGN DSE CALL SIGN DSE					
								Base Rate Fee and		
		-						Syndicated		
								Exclusivity		
		-						Surcharge for		
								Partially		
								Distant		
								Stations		
Total DSEs	<u> </u>	11	0.00	Total DSEs	<u> </u>	11	0.00			
	-				d Croup	•	0.00			
Gross Receipts First G	roup	\$	0.00	Gross Receipts Secor	ia Group	\$	0.00			
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Secor	nd Group	\$	0.00			
	ITY-FIRST	SUBSCRIBER GROU	JP			SUBSCRIBER GROU	JP			
COMMUNITY/ AREA			0	COMMUNITY/ AREA						
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE			
		-								
		-								
]				_				
Total DSEs			0.00	Total DSEs			0.00			
Gross Receipts Third (Group	\$	0.00	Gross Receipts Fourth	n Group	\$	0.00			
Base Rate Fee Third C	Group	\$	0.00	Base Rate Fee Fourth	n Group	\$	0.00			
			riber group	as shown in the boxes	above.					
Enter here and in block	< 3, line 1, s	space L (page 7)				\$				

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LEGAL NAME OF OWNE						SY	STEM ID# 63110	Name		
				TE FEES FOR EACH						
SEVENT	Y-THIRD	SUBSCRIBER GROU	JP 0	SEVENTY COMMUNITY/ AREA	-FOURTH	SUBSCRIBER GROUP	<u> </u>	9		
COMMONIT I/ AREA			v				U I	Computation		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN						
						-		Base Rate Fee		
								and Syndicated		
		-						Exclusivity		
						-		Surcharge		
		-						for Destiolly		
								Partially Distant		
		-						Stations		
		-								
		-								
Total DSEs			0.00	Total DSEs			0.00			
Gross Receipts First Gr	oup	\$	0.00	Gross Receipts Secon	d Group	\$	0.00			
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Secon	d Group	\$	0.00			
	TY-FIFTH	SUBSCRIBER GROU		11	ITY-SIXTH	SUBSCRIBER GROUP	> 0			
COMMUNITY/ AREA			0	COMMUNITY/ AREA						
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE			
		-				-				
		-				-				
		-								
		-								
Total DSEs			0.00	Total DSEs			0.00			
Gross Receipts Third G	roup	\$	0.00	Gross Receipts Fourth	Group	\$	0.00			
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00			
			.,	n <i></i> .						
Base Rate Fee: Add the Enter here and in block			riber group	as shown in the boxes a	apove.	\$				

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LEGAL NAME OF OWNE						SY	STEM ID# 63110	Name		
				TE FEES FOR EACH						
	EVENTH	SUBSCRIBER GROU			Y-EIGHTH	SUBSCRIBER GROUI		9		
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	Computation		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN						
								Base Rate Fee		
								and Sundianted		
								Syndicated Exclusivity		
								Surcharge		
		-						for		
								Partially		
								Distant		
								Stations		
		-								
						-				
Total DSEs			0.00	Total DSEs			0.00			
Gross Receipts First Gr	oup	\$	0.00	Gross Receipts Secon	d Group	\$	0.00			
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Secon	d Group	\$	0.00			
SEVENT	Y-NINTH	SUBSCRIBER GROU	JP	E	IGHTIETH	SUBSCRIBER GROUI	D			
COMMUNITY/ AREA			0	COMMUNITY/ AREA						
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE			
						-				
		-				-				
		-								
		-								
						-				
						-				
						-				
Total DSEs			0.00	Total DSEs			0.00			
Gross Receipts Third G	roup	\$	0.00	Gross Receipts Fourth	Group	\$	0.00			
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00			
Base Rate Fee: Add the	e base rat	e fees for each subsc	riber aroun	as shown in the hoves	above					
Enter here and in block						\$				

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LEGAL NAME OF OWNE						S	STEM ID# 63110	Name		
	BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP EIGHTY-FIRST SUBSCRIBER GROUP									
COMMUNITY/ AREA			0	COMMUNITY/ AREA 0				9		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of		
								and Syndicated		
								Exclusivity		
								Surcharge		
								for Partially		
								Distant		
								Stations		
		-								
Total DSEs			0.00	Total DSEs			0.00			
Gross Receipts First G	roup	\$	0.00	Gross Receipts Secor	nd Group	\$	0.00			
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Secor	nd Group	\$	0.00			
	TY-THIRD	SUBSCRIBER GROU		11	Y-FOURTH	SUBSCRIBER GROU	_			
COMMUNITY/ AREA			0	COMMUNITY/ AREA 0						
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE			
		-								
		-								
Total DSEs			0.00	Total DSEs			0.00			
Gross Receipts Third G	Group	\$	0.00	Gross Receipts Fourth	n Group	\$	0.00			
Base Rate Fee Third G	iroup	\$	0.00	Base Rate Fee Fourth	n Group	\$	0.00			
		<u></u>		Base Rate Fee Fourth		\$	0.00			

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LEGAL NAME OF OWNE North State Comm						SY	STEM ID# 63110	Name		
				TE FEES FOR EACH						
EIGH COMMUNITY/ AREA	TY-FIFTH	SUBSCRIBER GROU	IP 0	EIGHTY-SIXTH SUBSCRIBER GROUP COMMUNITY/ AREA 0				9 Computation		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	CALL SIGN DSE CALL SIGN DSE					
								and		
								Syndicated Exclusivity		
		-						Surcharge		
						-		for		
								Partially Distant		
								Stations		
		-								
						-				
Total DSEs			0.00	Total DSEs			0.00			
Gross Receipts First Gr	oup	\$	0.00	Gross Receipts Secon	d Group	\$	0.00			
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Second	d Group	\$	0.00			
EIGHTY-S	SEVENTH	SUBSCRIBER GROU	IP	EIGHT	Y-EIGHTH	SUBSCRIBER GROUI	D C			
COMMUNITY/ AREA			0	COMMUNITY/ AREA 0						
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE			
		-								
						-				
Total DSEs			0.00	Total DSEs			0.00			
Gross Receipts Third G	roup	\$	0.00	Gross Receipts Fourth	Group	\$	0.00			
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00			
Base Rate Fee: Add th	e hase rat	e fees for each subsc	riber aroun	as shown in the boxes a	above					
Enter here and in block			3 .04p			\$				

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LEGAL NAME OF OWNE						S	YSTEM ID# 63110	Name		
		COMPUTATION OF SUBSCRIBER GROU		TE FEES FOR EACH		RIBER GROUP SUBSCRIBER GROU				
COMMUNITY/ AREA		JUDJUKIBEK GKUL	0	COMMUNITY/ AREA	0	9				
	DSE		Dec							
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	CALL SIGN DSE CALL SIGN DSE					
								and		
		-						Syndicated		
								Exclusivity Surcharge		
		-						for		
								Partially		
								Distant Stations		
								Stations		
Total DSEs			0.00	Total DSEs			0.00			
Gross Receipts First G	roup	\$	0.00	Gross Receipts Secon	d Group	\$	0.00			
Base Rate Fee First G		\$	0.00	Base Rate Fee Secon		\$	0.00			
	TY-FIRST	SUBSCRIBER GROU		ii	-SECOND	SUBSCRIBER GROU	_			
COMMUNITY/ AREA			0	COMMUNITY/ AREA 0						
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE			
		-								
		-								
		-								
		-								
		-								
Total DSEs			0.00	Total DSEs			0.00			
Gross Receipts Third G	Group	\$	0.00	Gross Receipts Fourth	Group	\$	0.00			
Base Rate Fee Third G	iroup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00			
			riber group	as shown in the boxes	above.					
Enter here and in block	3, line 1, s	space L (page 7)				\$				

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LEGAL NAME OF OWNEF						S	YSTEM ID# 63110	Name	
BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP NINETY-THIRD SUBSCRIBER GROUP NINETY-FOURTH SUBSCRIBER GROUP									
COMMUNITY/ AREA		SUBSCRIBER GROU	0	COMMUNITY/ AREA 0				9	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of	
	DOL	ONEE OION	DOL						
								and	
								Syndicated Exclusivity	
								Surcharge	
								for	
								Partially Distant	
								Stations	
						-			
Total DSEs			0.00	Total DSEs			0.00		
Gross Receipts First Gro	oup	\$	0.00	Gross Receipts Secor	nd Group	\$	0.00		
Base Rate Fee First Gro	oup	\$	0.00	Base Rate Fee Secor	nd Group	\$	0.00		
	Y-FIFTH	SUBSCRIBER GROU				SUBSCRIBER GROU	_		
COMMUNITY/ AREA			0	COMMUNITY/ AREA 0					
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE		
						-			
					••• • ••••••••••••••••••••••••••••••••				
Fotal DSEs			0.00	Total DSEs			0.00		
	oup	<u> </u>	0.00	Total DSEs Gross Receipts Fourth	h Group	\$	0.00		
Total DSEs Gross Receipts Third Gr Base Rate Fee Third Gr		<u>\$</u>				\$\$			
Gross Receipts Third Gr	oup	\$	0.00	Gross Receipts Fourth Base Rate Fee Fourth	h Group		0.00		

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LEGAL NAME OF OWNE						SY	STEM ID# 63110	Name		
				TE FEES FOR EACH						
NINETY-S COMMUNITY/ AREA	EVENTH	SUBSCRIBER GROU	JP 0	NINETY-EIGHTH SUBSCRIBER GROUP COMMUNITY/ AREA 0				9		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	CALL SIGN DSE CALL SIGN DSE					
								and		
								Syndicated		
								Exclusivity Surcharge		
								for		
								Partially		
								Distant		
								Stations		
Total DSEs		<u></u>	0.00	Total DSEs		<u> </u>	0.00			
Gross Receipts First Gr	oup	\$	0.00	Gross Receipts Secon	d Group	\$	0.00			
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Secon	d Group	\$	0.00			
NINET	Y-NINTH	SUBSCRIBER GROU	JP	ONE HU	NDREDTH	SUBSCRIBER GROUP	D C			
COMMUNITY/ AREA			0	COMMUNITY/ AREA 0						
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE			
						-				
Total DSEs			0.00	Total DSEs			0.00			
Gross Receipts Third G	roup	\$	0.00	Gross Receipts Fourth	Group	\$	0.00			
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00			
		- f f		u	- h					
Base Rate Fee: Add the Enter here and in block			nber group	as snown in the doxes a	evoue.	\$				

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LEGAL NAME OF OWNE						SY	STEM ID# 63110	Name			
	BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP										
	ED FIRST	SUBSCRIBER GROU			SECOND	SUBSCRIBER GROUP		9			
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	Computation			
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	CALL SIGN DSE CALL SIGN DSE						
								Base Rate Fee			
								and Syndicated			
								Exclusivity			
								Surcharge			
								for			
								Partially Distant			
								Stations			
						-					
Total DSEs			0.00	Total DSEs			0.00				
Gross Receipts First Gr	roup	\$	0.00	Gross Receipts Secon	d Group	\$	0.00				
Base Rate Fee First Gr	roup	\$	0.00	Base Rate Fee Secon	d Group	\$	0.00				
	ED THIRD	SUBSCRIBER GROU		11	FOURTH	SUBSCRIBER GROUP	2				
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE				
		-									
						-					
		-									
		-									
		-				-					
		-									
Total DSEs			0.00	Total DSEs			0.00				
Gross Receipts Third G	iroup	\$	0.00	Gross Receipts Fourth	Group	\$	0.00				
Base Rate Fee Third G	iroup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00				
Base Rate Fee: Add th	o hann ***	o foos for each autor	riber group	as shown in the house	abovo						
Enter here and in block			ibei gioup		aDUVC.	\$					

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LEGAL NAME OF OWNER North State Comm						SY	STEM ID# 63110	Name
				TE FEES FOR EACH				
ONE HUNDRED FIFTH SUBSCRIBER GROUP				ONE HUNDRED SIXTH SUBSCRIBER GROUP				9
COMMUNITY/ AREA 0			0	COMMUNITY/ AREA 0				Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
		-						Base Rate Fee
								and
								Syndicated Exclusivity
								Surcharge
								for
								Partially
		-						Distant
		-						Stations
			0.00]]	0.00	
Total DSEs Gross Receipts First Gr	0.10	¢.	0.00	Total DSEs 0.00 Gross Receipts Second Group \$				
	oup	<u>\$</u>	0.00	Gross Receipts Secon	u Group	\$	0.00	
Base Rate Fee First Gr		\$	0.00	Base Rate Fee Secon		\$	0.00	
	EVENTH	SUBSCRIBER GROU			D EIGHTH	SUBSCRIBER GROUI		
COMMUNITY/ AREA 0				COMMUNITY/ AREA 0				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
						-		
		-				-		
		-						
		-						
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	roup	\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
	·				•			
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block			riber group	as shown in the boxes a	above.	\$		

LEGAL NAME OF OWNER North State Comm						SY	STEM ID# 63110	Name
				TE FEES FOR EACH				
ONE HUNDRED NINTH SUBSCRIBER GROUP COMMUNITY/ AREA 0								9
				COMMUNITY/ AREA 0				Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
		-				-		Base Rate Fee
								and Syndicated
								Exclusivity
		-						Surcharge
		-						for Partially
								Distant
								Stations
		-				-		
		-						
Total DSEs	<u> </u>		0.00	Total DSEs			0.00	
Gross Receipts First Gr	oup	\$	0.00	Gross Receipts Secon	d Group	\$	0.00	
	•				- 1	·		
Base Rate Fee First Gr		\$	0.00	Base Rate Fee Secon		\$	0.00	
	EVENTH	SUBSCRIBER GROU		11	TWELVTH	SUBSCRIBER GROU		
COMMUNITY/ AREA			0	COMMUNITY/ AREA 0				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		-						
				· · · · · · · · · · · · · · · · · · ·				
		-						
		-				-		
		-						
Total DSEs			0.00	Total DSEs	1		0.00	
Gross Receipts Third G	roup	\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block			riber group	as shown in the boxes a	above.	\$		

LEGAL NAME OF OWNER North State Comm						S	YSTEM ID# 63110	Name	
				TE FEES FOR EACH					
ONE HUNDRED THIR	TEENTH	SUBSCRIBER GROU	JP 0	ONE HUNDRED FOURTEENTH SUBSCRIBER GROUP COMMUNITY/ AREA 0				9 Computation	
CALL SIGN	CALL SIGN DSE CALL SIGN DSE			CALL SIGN	CALL SIGN DSE CALL SIGN DSE				
								of Base Rate Fee	
						-		and	
		-						Syndicated Exclusivity	
								Surcharge	
								for	
								Partially	
						-		Distant	
						-		Stations	
						-			
					ļ				
Total DSEs			0.00	Total DSEs			0.00		
Gross Receipts First Gr	oup	\$	0.00	Gross Receipts Secon	ld Group	\$	0.00		
Base Rate Fee First Gr		\$	0.00	Base Rate Fee Secon		\$	0.00		
	TEENTH	SUBSCRIBER GROU			IXTEENTH	SUBSCRIBER GROU			
COMMUNITY/ AREA			0	COMMUNITY/ AREA 0					
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE		
		-							
						-			
	•								
						-			
Total DSEs			0.00	Total DSEs			0.00		
Gross Receipts Third G	roup	\$	0.00	Gross Receipts Fourth	Group	\$	0.00		
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourth	ı Group	\$	0.00		
Base Rate Fee: Add the	e base rat	e fees for each subsc	riber aroun	as shown in the boxes	above.				
Enter here and in block			U F			\$			

LEGAL NAME OF OWNE						S	YSTEM ID# 63110	Name
				TE FEES FOR EACH				
DNE HUNDRED SEVENTEENTH SUBSCRIBER GROUP						SUBSCRIBER GROU		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA 0				Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and Syndicated
		-						Exclusivity
								Surcharge
						-		for
								Partially Distant
						-		Stations
		-						
						_		
Total DSEs	<u> </u>	H.	0.00	Total DSEs		++	0.00	
Gross Receipts First Gr	oup	\$	0.00	Gross Receipts Seco	nd Group	\$	0.00	
	oup	<u> </u>				÷		
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Secon	nd Group	\$	0.00	
	TEENTH	SUBSCRIBER GROU				SUBSCRIBER GROU		
COMMUNITY/ AREA			0	COMMUNITY/ AREA 0				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		-				-		
		-						
						-		
						-		
						-		
		-				-		
		-				-		
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third Group \$ 0.00		0.00	Gross Receipts Fourt	h Group	\$	0.00		
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourt	h Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block			riber group	as shown in the boxes	above.	\$		
						1		

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LEGAL NAME OF OWNE						SY	STEM ID# 63110	Name
				TE FEES FOR EACH				
COMMUNITY/ AREA	DNE HUNDRED TWENTY-FIRST SUBSCRIBER GROUP DMMUNITY/ AREA 0			ONE HUNDRED TWENTY-SECOND SUBSCRIBER GROUP COMMUNITY/ AREA 0				9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and Syndicated
		-						Exclusivity
								Surcharge
		-						for Partially
		-						Distant
						-		Stations
		-						
Total DSEs	Į	<u> </u>	0.00	Total DSEs		ļļ	0.00	
Gross Receipts First Gr	oup	\$	0.00	Gross Receipts Secon	d Group	\$	0.00	
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Secon	d Group	\$	0.00	
ONE HUNDRED TWEN	TY-THIRD	SUBSCRIBER GROUP		ONE HUNDRED TWENT	Y-FOURTH	SUBSCRIBER GROUP		
COMMUNITY/ AREA			0	COMMUNITY/ AREA 0				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		-						
		-						
		-				-		
		-						
		-						
		-				-		
		-						
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	roup	\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
Baso Data East Add 4	a hann ref	o foos for each sub-	riber group	as shown in the bayes -	abovo			
Base Rate Fee: Add the Enter here and in block			noer group	as shown in the boxes a	aDUVE.	\$		

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LEGAL NAME OF OWNER North State Comm						SY	STEM ID# 63110	Name
				TE FEES FOR EACH				
ONE HUNDRED TWEN	ITY-FIFTH	SUBSCRIBER GROUP	0	ONE HUNDRED TWE	ONE HUNDRED TWENTY-SIXTH SUBSCRIBER GROUP COMMUNITY/ AREA 0			
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of
								Base Rate Fee
		-						and Ourselise to d
								Syndicated Exclusivity
								Surcharge
		-						for
		-						Partially Distant
		-						Stations
		-						
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gr	oup	\$	0.00	Gross Receipts Secon	d Group	\$	0.00	
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Secon	d Group	\$	0.00	
NE HUNDRED TWENTY-	SEVENTH	SUBSCRIBER GROUP		ONE HUNDRED TWEN	TY-EIGHTH	SUBSCRIBER GROUP		
COMMUNITY/ AREA			0	COMMUNITY/ AREA 0				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		-						
		-						
		-						
		-						
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	roup	\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
	ba f	- f	ulla a		- h - 1 · -			
Base Rate Fee: Add the Enter here and in block			nber group	as shown in the doxes a	anove.	\$		

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LEGAL NAME OF OWNER						SI	(STEM ID# 63110	Name
BL	OCK A: C	COMPUTATION OF	BASE RA	TE FEES FOR EACH	SUBSCR	IBER GROUP		
ONE HUNDRED TWEN	TY-NINTH	SUBSCRIBER GROUP		ONE HUNDRED THIRTIETH SUBSCRIBER GROUP				9
COMMUNITY/ AREA			0	COMMUNITY/ AREA 0				3 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
						-		Base Rate Fee
		-				-		and Syndicated
						-		Exclusivity
						-		Surcharge
								for
								Partially
								Distant
		-				-		Stations
					•			
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gr	oup	\$	0.00	Gross Receipts Second	d Group	\$	0.00	
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Second	d Group	\$	0.00	
ONE HUNDRED THIF	TY-FIRST	SUBSCRIBER GROUP		ONE HUNDRED THIRT	Y-SECOND	SUBSCRIBER GROUP		
COMMUNITY/ AREA			0	COMMUNITY/ AREA 0				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
						-		
						-		
		-						
		-				-		
					.			
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	roup	\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
				n				
Base Rate Fee: Add the Enter here and in block			nber group	as shown in the doxes a	aDOVE.	\$		

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LEGAL NAME OF OWNE North State Comm						SY	STEM ID# 63110	Name
				TE FEES FOR EACH				
ONE HUNDRED THIR	I Y-THIRD	SUBSCRIBER GROUP	0	ONE HUNDRED THIRTY-FOURTH SUBSCRIBER GROUP COMMUNITY/ AREA 0				9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of
						-		Base Rate Fee
		-				-		and Syndicated
								Syndicated Exclusivity
								Surcharge
		-						for
								Partially Distant
								Stations
		-						
		-						
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gr	oup	\$	0.00	Gross Receipts Secon	d Group	\$	0.00	
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Secon	d Group	\$	0.00	
ONE HUNDRED THIF	RTY-FIFTH	SUBSCRIBER GROUP		ONE HUNDRED TH	RTY-SIXTH	SUBSCRIBER GROUP		
COMMUNITY/ AREA			0	COMMUNITY/ AREA 0				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		-						
						-		
		-						
		-				-		
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	roup	\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
Dees Data Erry Addut	- h	- for a state and						
Base Rate Fee: Add the Enter here and in block			nber group	as shown in the doxes a	anove.	\$		

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LEGAL NAME OF OWNE						SY	STEM ID# 63110	Name
			BASE RA	TE FEES FOR EACH	SUBSCR	IBER GROUP		
ONE HUNDRED THIRTY-	SEVENTH	SUBSCRIBER GROUP			TY-EIGHTH	SUBSCRIBER GROUP		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	J Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee and
								Syndicated
								Exclusivity
								Surcharge
		-				-		for Partially
								Distant
		-						Stations
		-						
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gr	oup	\$	0.00	Gross Receipts Secon	d Group	\$	0.00	
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Secon	d Group	\$	0.00	
ONE HUNDRED THIR	TY-NINTH	SUBSCRIBER GROUP			ORTIETH	SUBSCRIBER GROUI	5	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
						-		
		-						
		-						
		-						
						-		
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third Group \$ 0.00		0.00	Gross Receipts Fourth	Group	\$	0.00		
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
Paga Pata Eage Add 4	- heee	o food for oach autor	ribor aress	as shown in the barren				
Base Rate Fee: Add the Enter here and in block			noei group	as shown in the boxes a	100ve.	\$		

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LEGAL NAME OF OWNE						SI	(STEM ID# 63110	Name
			BASE RA	TE FEES FOR EACH	SUBSCR	IBER GROUP		
	RTY-FIRST	SUBSCRIBER GROUP			Y-SECOND	SUBSCRIBER GROUP		9
COMMUNITY/ AREA 0			0	COMMUNITY/ AREA			0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
						-		Base Rate Fee and
								Syndicated
						-		Exclusivity
								Surcharge
		-				-		for Destiolly
								Partially Distant
								Stations
		-						
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gr	oup	\$	0.00	Gross Receipts Secon	d Group	\$	0.00	
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Secon	d Group	\$	0.00	
ONE HUNDRED FOR	TY-THIRD	SUBSCRIBER GROUP			Y-FOURTH	SUBSCRIBER GROUP		
COMMUNITY/ AREA 0			COMMUNITY/ AREA			0		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		-						
		-				-		
		-						
		-				-		
		-				-		
		-						
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	roup	\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
Bana Data East Add 44	- heee	a face for each sub-	ribor are	no chown in the house				
Base Rate Fee: Add the Enter here and in block			noer group	as shown in the DUXES a		\$		

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LEGAL NAME OF OWNER North State Comm						SY	STEM ID# 63110	Name
			BASE RA	TE FEES FOR EACH				
ONE HUNDRED FOR COMMUNITY/ AREA	TY-FIFTH	SUBSCRIBER GROUP	0	ONE HUNDRED FO	0	9		
			V				v	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
						-		Base Rate Fee
								and Syndicated
								Exclusivity
								Surcharge
								for Partially
						-		Distant
								Stations
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gr	oup	\$	0.00	Gross Receipts Secon	d Group	\$	0.00	
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Second	d Group	\$	0.00	
ONE HUNDRED FORTY-	SEVENTH	SUBSCRIBER GROUP			TY-EIGHTH	SUBSCRIBER GROUP		
COMMUNITY/ AREA			0	COMMUNITY/ AREA	0			
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
						-		
-								
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	roup	\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
				11				
Base Rate Fee: Add the Enter here and in block			riber group	as shown in the boxes a	above.	\$		

LEGAL NAME OF OWNE						S	YSTEM ID# 63110	Name
BL ONE HUNDRED FOR						NIBER GROUP SUBSCRIBER GROU	IP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA	9			
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of
								Base Rate Fee
								and Syndicated
								Exclusivity
		-						Surcharge for
								Partially
		-						Distant
								Stations
				· · · · · · · · · · · · · · · · · · ·				
		-				-		
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	roup	\$	0.00	Gross Receipts Secor	nd Group	\$	0.00	
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Secor	nd Group	\$	0.00	
ONE HUNDRED FIF	TY-FIRST	SUBSCRIBER GROU	JP	ONE HUNDRED FIFT	Y-SECOND	SUBSCRIBER GROU	IP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA 0				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		-						
		-						
		-						
						-		
Total DSEs	1		0.00	Total DSEs			0.00	
		0.00	Gross Receipts Fourth	h Group	\$	0.00		
					·			
Base Rate Fee Third G	iroup	\$	0.00	Base Rate Fee Fourth	h Group	\$	0.00	
Base Rate Fee: Add th	e base rat	e fees for each subsc	riber aroun	as shown in the boxes	above.			
Enter here and in block			3 up			\$		

LEGAL NAME OF OWNER North State Comm						SY	STEM ID# 63110	Name
				TE FEES FOR EACH				
ONE HUNDRED FIFT	Y-THIRD	SUBSCRIBER GROU	<u>р</u> 0	ONE HUNDRED FIFTY-FOURTH SUBSCRIBER GROUP COMMUNITY/ AREA 0				9
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of
	DOL	CALL OIGH	DOL	GALL GIGN	DOL		DOL	Base Rate Fee
		-						and
								Syndicated
								Exclusivity Surcharge
		-						for
								Partially
		-						Distant
								Stations
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gro	oup	\$	0.00	Gross Receipts Secon	d Group	\$	0.00	
Base Rate Fee First Gro		\$	0.00	Base Rate Fee Second		\$	0.00	
ONE HUNDRED FIFT	Y-FIFTH	SUBSCRIBER GROU		ONE HUNDRED FIF	TY-SIXTH	SUBSCRIBER GROUI	>	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		-						
		-						
		-						
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third Group \$ 0.00		0.00	Gross Receipts Fourth	Group	\$	0.00		
Base Rate Fee Third G	oup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block			riber group	as shown in the boxes a	above.	\$		

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LEGAL NAME OF OWNE						SI	(STEM ID# 63110	Name
			BASE RA	TE FEES FOR EACH	SUBSCR	IBER GROUP		
ONE HUNDRED FIFTY	-SEVENTH	SUBSCRIBER GROUP		ONE HUNDRED FIF		9		
COMMUNITY/ AREA			0	COMMUNITY/ AREA	0	Computation		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
		-						Syndicated Exclusivity
								Exclusivity Surcharge
						-		for
								Partially
						-		Distant
								Stations
						-		
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	roup	\$	0.00	Gross Receipts Secon				
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Second	d Group	\$	0.00	
	TY-NINTH	SUBSCRIBER GROUP		ONE HUNDREI				
COMMUNITY/ AREA	NITY/ AREA 0			COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
						-		
		-						
		-						
						-		
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	Group	\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
	•				·			
Base Rate Fee Third G	iroup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
Base Rate Fee: Add th Enter here and in block			riber group	as shown in the boxes a	above.	\$		

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Nonpermitted 3.75 Stations

		ons, LLC					63110	t Na	
				ATE FEES FOR EAG					
		SUBSCRIBER GR				SUBSCRIBER GRO		9	
OMMUNITY/ AREA	IMUNITY/ AREA 0			COMMUNITY/ AREA 0					
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Comput of	
								Base Rat	
								and	
								Syndica	
								Exclusi	
								Surcha for	
								Partia	
								Distar	
								Statio	
otal DSEs			0.00	Total DSEs			0.00		
ross Receipts First	Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00		
ase Rate Fee First	Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00		
					FOURT				
		SUBSCRIBER GR	00P 0			I SUBSCRIBER GRO	0		
OMMUNITY/ AREA	\ 		U	COMMUNITY/ ARE	А		U		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE		
		-							
					<u></u>	. 🔲			
		-							
otal DSEs				Total DSEs			0.00		
	I Group	s		Total DSEs Gross Receipts Fou	rth Group		0.00		
	I Group	s			rth Group	 Image: Second sec			
otal DSEs iross Receipts Thiro		s	0.00	Gross Receipts Fou			0.00		
		s s				 			
ross Receipts Third		s s	0.00	Gross Receipts Fou			0.00		
ross Receipts Thiro ase Rate Fee Thiro	d Group	\$	0.00	Gross Receipts Fou	rth Group		0.00		

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		OMPUTATION OF	BASE DI						
BLO		SUBSCRIBER GROU				I SUBSCRIBER GRO	UP		
OMMUNITY/ AREA		0		COMMUNITY/ ARE	REA 0				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Comp	
								Base F	
								а	
								Synd	
								Exclu	
								Surc f	
								Part	
								Dis	
								Stat	
otal DSEs			0.00	Total DSEs			0.00		
ross Receipts First Grou	qu	\$	0.00	Gross Receipts Sec	Gross Receipts Second Group \$ 0		0.00	\$ 0.00	
		[
ase Rate Fee First Grou	qu	\$	0.00	Base Rate Fee Sec	cond Group	\$	0.00		
SE	VENTH	SUBSCRIBER GROU	IP		EIGHTH	I SUBSCRIBER GRO	UP		
OMMUNITY/ AREA		0	COMMUNITY/ ARE	A		0			
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE		
otal DSEs			0.00	Total DSEs			0.00		
otal DSEs ross Receipts Third Gro	bup	<u> </u>	0.00	Total DSEs Gross Receipts Fou	Irth Group	\$	0.00		
	pup				Irth Group	<u> </u>			
		<u>\$</u> \$				\$ \$			

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	I	IBER GROUP	H SUBSCR	IF FFFS FOR FAC	BASE RA	COMPUTATION OF	OCK A.C	RI	
	UP	SUBSCRIBER GROU				SUBSCRIBER GROU		DL	
Comp	GROUP 0 DSE			COMMUNITY/ AREA	0		DMMUNITY/ AREA		
Compi c	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	
Base R									
ar Syndi						-			
Exclu						-			
Surch									
fo									
Part						-			
Dist Stati						-			
otati						-			
						-			
	0.00			Total DSEs	0.00	4		otal DSEs	
	0.00	•	nd Crown		0.00	•			
	0.00	\$	na Group	Gross Receipts Seco	0.00	\$	oup	oss Receipts First Gr	
	0.00	\$	nd Group	Base Rate Fee Seco	0.00	\$	oup	ise Rate Fee First Gro	
	UP	SUBSCRIBER GROL	TWELVTH		UP	SUBSCRIBER GRO	EVENTH	EL	
	0			COMMUNITY/ AREA	0			OMMUNITY/ AREA	
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	
						-			
						-			
				Total DSEs	0.00			tal DSEs	
	0.00								
		\$	h Group	Gross Receipts Four	0.00	\$	iroup	oss Receipts Third G	
	0.00	\$	h Group	Gross Receipts Four	0.00	\$	iroup	ross Receipts Third G	

				ATE FEES FOR EA						
OMMUNITY/ AREA	RICENTH	SUBSCRIBER GR	<u>, 100</u>	F COMMUNITY/ ARE		I SUBSCRIBER GRO	0 0			
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE			
		-								
		-								
		-								
tal DSEs			0.00	Total DSEs			0.00			
oss Receipts First C	Group	\$	0.00	Gross Receipts Se	cond Group	\$	0.00			
se Rate Fee First G	Group	\$	0.00	Base Rate Fee Sec	cond Group	\$	0.00			
F	IFTEENTH	SUBSCRIBER GR	OUP		SIXTEENTH	I SUBSCRIBER GRO				
MMUNITY/ AREA			0	COMMUNITY/ ARE			RIBER GROUP			
ALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE			
		-								
		-				• <mark></mark>				
tal DSEs			0.00	Total DSEs			0.00			
oss Receipts Third	Group	\$	0.00	Gross Receipts For	urth Group	\$	0.00			
	Group	\$	0.00	Base Rate Fee Fou	urth Group	\$	0.00			
ase Rate Fee Third	Jioup		0.00							
se Rate Fee Third	oloup	*	0.00		F	Ľ				
		<u></u>				·				
	he base rat	e fees for each sub		as shown in the box		\$				

SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE SIGEs 0.00 Total DSEs 0.00 Gross Receipts Second Group \$ 0.00 Receipts First Group \$ 0.00 Base Rate Fee Second Group \$ 0.00 NINTEENTH SUBSCRIBER GROUP TWENTIETH SUBSCRIBER GROUP UNITY/ AREA 0 0 0 SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN									
UNITY AREA 0 COMMUNITY AREA 0 CALL SIGN DSE 0.00 SEs 0.00 NINTERTH SUBSCRIBER GROUP NINTEENTH SUBSCRIBER GROUP NINTEENTH SUBSCRIBER GROUP COMMUNITY AREA 0								UP	
SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE SIGN DSE	DMMUNITY/ AREA							0	
SEs 0.00 Total DSEs 0.00 Receipts First Group \$ 0.00 Receipts First Group \$ 0.00 NINTEENTH SUBSCRIBER GROUP Total DSEs 0.00 NINTEENTH SUBSCRIBER GROUP TVENTIETH SUBSCRIBER GROUP \$ UNITY/ AREA 0 COMMUNITY/ AREA 0 SIGN DSE CALL SIGN DSE CALL SIGN DSE SIGN DSE CALL SIGN DSE								_	
Receipts First Group \$ 0.00 Gross Receipts Second Group \$ 0.00 NINTEENTH SUBSCRIBER GROUP ININTEENTH SUBSCRIBER GROUP ININTEENTH SUBSCRIBER GROUP ININTEENTH SUBSCRIBER GROUP ININTEINTH SUBSCRIBER GROUP SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE SIGN DSE CALL SIGN DSE CALL SI	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
Receipts First Group \$ 0.00 Gross Receipts Second Group \$ 0.00 NINTEENTH SUBSCRIBER GROUP ININTEENTH SUBSCRIBER GROUP ININTEENTH SUBSCRIBER GROUP ININTEENTH SUBSCRIBER GROUP ININTEINTH SUBSCRIBER GROUP SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE SIGN DSE CALL SIGN DSE CALL SI									
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ase Rate Fee Third	Group	\$	0.00	Base Rate Fee For	urth Group	\$	0.00	
ase Rate Fee: Add t nter here and in bloc		te fees for each subso space L (page 7)	criber group	o as shown in the box	es above.	\$		
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North State Commu	unicatio	ns, LLC					63110	N
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ase Rate Fee First Group \$ 0.00			0.00	Base Rate Fee Sec	cond Group	\$	0.00	
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ase Rate Fee: Add the nter here and in block 3			riber group	as shown in the box	es above.			

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BI	LOCK A: (COMPUTATION OF	BASE RA	ATE FEES FOR EA	CH SUBSCF	RIBER GROUP		
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ase Rate Fee: Add the nter here and in block		te fees for each subso space L (page 7)	riber group	o as shown in the box	es above.	\$		
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		ons, LLC					63110	Name
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s Receipts First Group	\$	0.00	Gross Receipts Sec	cond Group	\$	0.00
e Rate Fee First Group	\$	0.00	Base Rate Fee Sec	cond Group	\$	0.00
HUNDRED THIRTY-NINT	H SUBSCRIBER GRO	UP	ONE HUNDRE	D FORTIETH	SUBSCRIBER GRO	UP
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oss Receipts First G	oup	\$	0.00	Gross Receipts See	cona Group	\$	0.00	
i se Rate Fee First Gi	oup	\$	0.00	Base Rate Fee Sec	cond Group	\$	0.00	
NE HUNDRED FORTY	-SEVENTH	SUBSCRIBER GROU	IP	ONE HUNDRED F	ORTY-EIGHTH	I SUBSCRIBER GROU	P	
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tal DSEs			0.00	Total DSEs			0.00	
oss Receipts Third G	iroup	\$	0.00	Gross Receipts For	urth Group	\$	0.00	
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non Data Ena Third C		\$	0.00	IDASE RALE FOL		\$	0.00	
ase Rate Fee Third G	ioup	<u> </u>						

	OCK A: C	COMPUTATION O		TE EEEO EOD EA				
				ATE FEES FOR EA	CH SUBSCE	RIBER GROUP		
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CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
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tal DSEs			0.00	Total DSEs			0.00	
oss Receipts First Gr	oup	\$	0.00	Gross Receipts Sec	cond Group	\$	0.00	
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se Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Sec	cond Group	\$	0.00	
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tal DSEs			0.00	Total DSEs			0.00	
oss Receipts Third G	roup	\$	0.00	Gross Receipts For	urth Group	\$	0.00	
i se Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fou	irth Group	\$	0.00	
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		IBER GROUP	H SUBSCR	TE FEES FOR EAC	BASE RA	COMPUTATION OF	LOCK A: 0	В
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North State Communic							
			TE FEES FOR EA				
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otal DSEs		0.00	Total DSEs			0.00	
ross Receipts First Group	\$	0.00	Gross Receipts Sec	cond Group	\$	0.00	
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ase Rate Fee First Group	\$	0.00	Base Rate Fee Sec	cond Group	\$	0.00	
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ONE HUNDRED FIFTY-NIN	·			ED SIXTIETH			
ONE HUNDRED FIFTY-NIN OMMUNITY/ AREA	TH SUBSCRIBER G	ROUP	ONE HUNDR	ED SIXTIETH		DUP	
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ONE HUNDRED FIFTY-NIN OMMUNITY/ AREA	TH SUBSCRIBER G	ROUP 0	ONE HUNDR	ED SIXTIETH	SUBSCRIBER GRC	DUP 0	
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ONE HUNDRED FIFTY-NIN OMMUNITY/ AREA	TH SUBSCRIBER G	ROUP 0	ONE HUNDR	ED SIXTIETH	SUBSCRIBER GRC	DUP 0	
ONE HUNDRED FIFTY-NIN OMMUNITY/ AREA	TH SUBSCRIBER G	ROUP 0	ONE HUNDR	ED SIXTIETH	SUBSCRIBER GRC	DUP 0	
ONE HUNDRED FIFTY-NIN OMMUNITY/ AREA	TH SUBSCRIBER G	ROUP 0	ONE HUNDR	ED SIXTIETH	SUBSCRIBER GRC	DUP 0	
ONE HUNDRED FIFTY-NIN OMMUNITY/ AREA	TH SUBSCRIBER G	ROUP 0	ONE HUNDR	ED SIXTIETH	SUBSCRIBER GRC	DUP 0	
ONE HUNDRED FIFTY-NIN OMMUNITY/ AREA	TH SUBSCRIBER G	SROUP 0 DSE	ONE HUNDR	ED SIXTIETH	SUBSCRIBER GRC	DUP 0	
ONE HUNDRED FIFTY-NIN OMMUNITY/ AREA	TH SUBSCRIBER G	SROUP 0 DSE	ONE HUNDR COMMUNITY/ ARE CALL SIGN CALL SIGN ONE HUNDR Total DSEs		SUBSCRIBER GRC	DUP 0 DSE	
ONE HUNDRED FIFTY-NIN OMMUNITY/ AREA	TH SUBSCRIBER G	SROUP 0 DSE	ONE HUNDR COMMUNITY/ ARE CALL SIGN		SUBSCRIBER GRC	DUP 0	
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ONE HUNDRED FIFTY-NIN OMMUNITY/ AREA	TH SUBSCRIBER G	SROUP 0 DSE	ONE HUNDR COMMUNITY/ ARE CALL SIGN CALL SIGN ONE HUNDR Total DSEs	ED SIXTIETH	SUBSCRIBER GRC	DUP 0 DSE	

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: North State Communications, LLC	FORM SA3E, PAGE 20. SYSTEM ID# 63110
	BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FO	
9	If your cable system is located within a top 100 television market and the station is not exempt in Pa Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable s by section 76.5 of FCC rules in effect on June 24, 1981:	rt 7, you mustalso compute a
Computation of	☐ First 50 major television market ☐ Second 50 major televisio	on market
Base Rate Fee	INSTRUCTIONS:	
and Syndicated Exclusivity	 Step 1: In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour sta this schedule. Step 2: In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour states and the total number of DSEs by subscriber group for the VHF Grade B contour states and the total number of DSEs by subscriber group for the VHF Grade B contour states and the total number of DSEs by subscriber group for the VHF Grade B contour states and the total number of DSEs by subscriber group for the VHF Grade B contour states and the total number of DSEs by subscriber group for the VHF Grade B contour states and the total number of DSEs by subscriber group for the VHF Grade B contour states and the total number of DSEs by subscriber group for the VHF Grade B contour states and the total number of DSEs by subscriber group for the VHF Grade B contour states and the total number of DSEs by subscriber group for the VHF Grade B contour states and the total number of DSEs by subscriber group for the VHF Grade B contour states and the total number of DSEs by subscriber group for the VHF Grade B contour states and the total number of DSEs by subscriber group for the VHF Grade B contour states and the total number of DSEs by subscriber group for the VHF Grade B contour states and the total number of DSEs by subscriber group for the VHF Grade B contour states and the total number of DSEs by subscriber group for the VHF Grade B contour states and the total number of DSEs by subscriber group for the VHF Grade B contour states and the total number of DSEs by subscriber group for the VHF Grade B contour states and the total number of DSEs by subscriber group for the VHF Grade B contour states and the total number of DSEs by subscriber group for the VHF Grade B contour states and the total number of DSEs by subscriber group for the VHF Grade B contour states and the total number of DSEs by subscriber group for the total number of DSEs by subscriber group for total number of DSEs	
Surcharge for	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 s	surcharge.
Partially Distant Stations	Step 4: Compute the surcharge for each subscriber group using the formula outlined in block D, se schedule. In making this computation, use gross receipts figures applicable to the particula your actual calculations on this form.	
	FIRST SUBSCRIBER GROUP SECON	ID SUBSCRIBER GROUP
	Line 1: Enter the VHF DSEs	
	Line 2: Enter the Exempt DSEs Line 2: Enter the Exempt Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the	
	total number of DSEs fortotal number of Dthis subscriber groupthis subscriber gsubject to the surchargesubject to the su	DSEs for roup
	SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSI SURCHARGE SURCHARGE First Group Second Group	VITY
	THIRD SUBSCRIBER GROUP FOURT	H SUBSCRIBER GROUP
	Line 1: Enter the VHF DSEs Line 1: Enter the VHF DS	
	Line 2: Enter the Exempt DSEs. Line 2: Enter the Exempt Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of D	om line 1 Fhis is the
	this subscriber group this subscriber g subject to the surcharge subject to the su computation	
	SYNDICATED EXCLUSIVITY SURCHARGE Third Group	vity \$
	SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as show in the boxes above. Enter here and in block 4, line 2 of space L (page 7)	

Nome	LEGAL NAME OF OWNER OF CABLE SYSTEM: SYS	TEM ID#
Name	North State Communications, LLC	63110
	BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROU	Р
9	If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you mustalso compute a 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	INSTRUCTIONS: Step 1: In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block A, part 9 of	
and Syndicated Exclusivity Surcharge for Partially	 Step 1: In line 1, give the total DOEs by subscriber group for commercial VTI Orace D contour stations listed in block A, part 5 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 	
Distant Stations	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.	
	FIFTH SUBSCRIBER GROUP SIXTH SUBSCRIBER GROUP	
	Line 1: Enter the VHF DSEs	
	Line 2: Enter the Exempt DSEs Line 2: Enter the Exempt DSEs	
	Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation	-
	SYNDICATED EXCLUSIVITY SURCHARGE First Group	
	SEVENTH SUBSCRIBER GROUP EIGHTH SUBSCRIBER GROUP	
	Line 1: Enter the VHF DSEs	
	Line 2: Enter the Exempt DSEs. Line 2: Enter the Exempt DSEs. Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group subject to the surcharge computation -	-
	SYNDICATED EXCLUSIVITY SURCHARGE Third Group \$	
	SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown in the boxes above. Enter here and in block 4, line 2 of space L (page 7)	

	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	North State Communications, LLC	63110
	BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIB	ER GROUP
9	If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you mustalso comp Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as o 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	INSTRUCTIONS:	
and Syndicated	Step 1: In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block A, p	art 9 of
Syndicated Exclusivity Surcharge	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 class Exempt DSEs in block C, part 7 of this schedule. If none enter zero.	ified as
for Partially Distant Stations	 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 schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not new your actual calculations on this form. 	
	NINTH SUBSCRIBER GROUP TENTH SUBSCRIBER GROU	JP
	Line 2: Enter the Exempt DSEs Line 2: Enter the Exempt DSEs	
	Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group subject to the surcharge computation	-
	SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE	
	ELEVENTH SUBSCRIBER GROUP TWELVTH SUBSCRIBER GRO)UP
	Line 1: Enter the VHF DSEs	
	Line 2: Enter the Exempt DSEs	
	Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation	
	SYNDICATED EXCLUSIVITY SURCHARGE Third Group \$	
	SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown in the boxes above. Enter here and in block 4, line 2 of space L (page 7)	

	LEGAL NAME OF OWNER OF CABLE SYSTEM:	FORM SA3E, PAGE 20. SYSTEM ID#
Name	North State Communications, LLC	63110
	BLOCK B: COMPUTATION OF SYNDICATED EXCLUS	IVITY SURCHARGE FOR EACH SUBSCRIBER GROUP
9	If your cable system is located within a top 100 television market and the Syndicated Exclusivity Surcharge. Indicate which major television market 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	INSTRUCTIONS:	
and Syndicated	Step 1: In line 1, give the total DSEs by subscriber group for commerce	ial VHF Grade B contour stations listed in block A, part 9 of
Exclusivity Surcharge	this schedule.Step 2: In line 2, give the total number of DSEs by subscriber group fo Exempt DSEs in block C, part 7 of this schedule. If none enter	zero.
for Partially Distant Stations	 Step 3: In line 3, subtract line 2 from line 1. This is the total number of Step 4: Compute the surcharge for each subscriber group using the fo schedule. In making this computation, use gross receipts figur your actual calculations on this form. 	
	THIRTEENTH SUBSCRIBER GROUP	FOURTEENTH SUBSCRIBER GROUP
	Line 1: Enter the VHF DSEs	Line 1: Enter the VHF DSEs
	Line 2: Enter the Exempt DSEs	Line 1: Enter the VHF DSEs
	Line 3: Subtract line 2 from line 1	Line 3: Subtract line 2 from line 1
	and enter here. This is the	and enter here. This is the
	total number of DSEs for this subscriber group	total number of DSEs for this subscriber group
	subject to the surcharge	subject to the surcharge
	computation	computation
	SYNDICATED EXCLUSIVITY SURCHARGE	SYNDICATED EXCLUSIVITY SURCHARGE
	First Group	Second Group
	FIFTEENTH SUBSCRIBER GROUP	SIXTEENTH SUBSCRIBER GROUP
	Line 1: Enter the VHF DSEs	Line 1: Enter the VHF DSEs
	Line 2: Enter the Exempt DSEs.	Line 2: Enter the Exempt DSEs
	Line 3: Subtract line 2 from line 1	Line 3: Subtract line 2 from line 1
	and enter here. This is the total number of DSEs for	and enter here. This is the total number of DSEs for
	this subscriber group	this subscriber group
	subject to the surcharge	subject to the surcharge
	computation	
	SYNDICATED EXCLUSIVITY SURCHARGE	SYNDICATED EXCLUSIVITY SURCHARGE
	Third Group	Fourth Group
	SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for ea in the boxes above. Enter here and in block 4, line 2 of space L (page 7	

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	FORM SA3E. PAC	M ID#
	North State Communications, LLC		3110
	BLOCK B: COMPUTATION OF SYNDICATED EXCLUSI	/ITY SURCHARGE FOR EACH SUBSCRIBER GROUP	
9	If your cable system is located within a top 100 television market and the Syndicated Exclusivity Surcharge. Indicate which major television market by section 76.5 of FCC rules in effect on June 24, 1981:		
Computation	Eirst 50 major talavisian market	Second 50 major tolovision market	
of Base Rate Fee	First 50 major television market INSTRUCTIONS:	Second 50 major television market	
and	Step 1: In line 1, give the total DSEs by subscriber group for commercia	I VHF Grade B contour stations listed in block A, part 9 of	
Syndicated Exclusivity	this schedule. Step 2: In line 2, give the total number of DSEs by subscriber group for the step of the subscriber group for the step of	the VHF Grade B contour stations that were classified as	
Surcharge	Exempt DSEs in block C, part 7 of this schedule. If none enter z	zero.	
for Partially Distant	 Step 3: In line 3, subtract line 2 from line 1. This is the total number of D Step 4: Compute the surcharge for each subscriber group using the form schedule. In making this computation, use gross receipts figure: 	nula outlined in block D, section 3 or 4 of part 7 of this	
Stations	your actual calculations on this form.		
	SEVENTEENTH SUBSCRIBER GROUP	EIGHTEENTH SUBSCRIBER GROUP	
	Line 1: Enter the VHF DSEs	Line 1: Enter the VHF DSEs	
	Line 2: Enter the Exempt DSEs	Line 2: Enter the Exempt DSEs	
	Line 3: Subtract line 2 from line 1	Line 3: Subtract line 2 from line 1	
	and enter here. This is the	and enter here. This is the	
	total number of DSEs for this subscriber group	total number of DSEs for this subscriber group	
	subject to the surcharge	subject to the surcharge	
	computation	computation	_
	SYNDICATED EXCLUSIVITY	SYNDICATED EXCLUSIVITY	
	SURCHARGE	SURCHARGE	
	First Group	Second Group	<u></u>
	NINEENTH SUBSCRIBER GROUP	TWENTYTH SUBSCRIBER GROUP	
	Line 1: Enter the VHF DSEs	Line 1: Enter the VHF DSEs	
	Line 2: Enter the Exempt DSEs.	Line 2: Enter the Exempt DSEs.	
	Line 3: Subtract line 2 from line 1	Line 3: Subtract line 2 from line 1	
	and enter here. This is the	and enter here. This is the	
	total number of DSEs for	total number of DSEs for	
	this subscriber group subject to the surcharge	this subscriber group subject to the surcharge	
	computation	computation	
	SYNDICATED EXCLUSIVITY	SYNDICATED EXCLUSIVITY	
	SURCHARGE	SURCHARGE	
	Third Group	Fourth Group \$	<u></u>
	SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each in the boxes above. Enter here and in block 4, line 2 of space L (page 7).	n subscriber group as shown	

9 BLOCK 5: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP 1 fyour cable system is located within a top 100 television market and the station is not exempt in Part 7, you mustalso compute a Syndicated Exclusivity Surcharge indicate which major television market any portion of your cable system is located in as defined by section 75 of FCC rules in effect on June 24, 1981: 0	Name		FAGE 20. FEM ID# 63110
9 If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you mustalso compute a 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 for Base Rate Fee and Syndicated Exclusivity Surcharge for and Syndicated Exclusivity Surcharge for Partially. Step 1: In Ine 1, give the total DSEs by subscriber group for the VHF Grade B contour stations listed in block A, part 9 of this schedule. Step 2: In Ine 3, give the total number of DSEs by subscriber group for the VHF Grade B contour stations. Step 3: In Ine 3, authoration. (See Grade B contour stations in the were classified as Example DSEs in block C, 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. TWENTY-FIRST SUBSCRIBER GROUP TWENTY-SECOND SUBSCRIBER GROUP Line 1: Enter the VHF DSEs Line 1: Enter the VHF DSEs Line 2: Enter the Exempt DSEs for this subscriber group and the subcharge computation. StyDICATED EXCLUSIVITY SUBCLARCE First Group StyDICATED EXCLUSIVITY SUBCLARCE First Group Ine 1 Line 1: Enter the VHF DSEs Line 2: Enter the Exempt DSEs for this subscriber group subject to the surcharge computation StyDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SUBCLARCE Sthe to ta number of DSEs fo			
Computation of	9	If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you mustalso compute a Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined	
Sing 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. Sing 2: In line 1, 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. Sing 3: In line 3, subtract line 2 from line 1 Distant Stations TWENTY-FIRST SUBSCRIBER GROUP TWENTY-FIRST SUBSCRIBER GROUP Line 1: Enter the VHF DSEs Line 2: Enter the Exampt DSEs for this subscriber group subject to the surcharge computation	-		
Syndicated Exclusivity Surcharge for 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 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge. Step 3: 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. Inter 2: Enter the Exempt DSEs Line 1: Enter the VHF DSEs Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation SYNDICATED EXCLUSIVITY SVNICATED EXCLUSIVITY SVNICATED EXCLUSIVITY Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subtract line 2 from line 1 SYNDICATED EXCLUSIVITY Subtract line 2 from line 1 subtract line 2 from line 1 Ine 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subtract line 2 from line 1 SVNDICATED EXCLUSIVITY Line 3: Subtract line 2 from line 1 and enter here. This is the to			
Stations your actual calculations on this form. TWENTY-FIRST SUBSCRIBER GROUP TWENTY-SECOND SUBSCRIBER GROUP Line 1: Enter the VHF DSEs Line 1: Enter the VHF DSEs Line 2: Enter the Exempt DSEs Line 1: Enter the VHF DSEs Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge oomputation SYNDICATED EXCLUSIVITY SURCHARGE Subtract line 2 Enter the VHF DSEs \$ Line 1: Enter the VHF DSEs \$ Uine 1: Enter the VHF DSEs \$ SublicATED EXCLUSIVITY \$ SURCHARGE \$ First Group \$ Line 1: Enter the VHF DSEs \$ Line 2: Enter the Exempt DSEs Line 1: Enter the VHF DSEs Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge Computation Computation \$ Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subjec	Syndicated Exclusivity Surcharge for	 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. 	
Line 1: Enter the VHF DSEs Line 1: Enter the VHF DSEs Line 2: Enter the Exempt DSEs Line 2: Enter the Exempt DSEs Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation			
Line 2: Enter the Exempt DSEs		TWENTY-FIRST SUBSCRIBER GROUP TWENTY-SECOND SUBSCRIBER GROUP	
Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation			
and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation		Line 2: Enter the Exempt DSEs Line 2: Enter the Exempt DSEs	
SURCHARGE s SURCHARGE First Group \$ Second Group \$ TWENTY-THIRD SUBSCRIBER GROUP TWENTY-FOURTH SUBSCRIBER GROUP Line 1: Enter the VHF DSEs		and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation	<u>-</u>
Line 1: Enter the VHF DSEs		SURCHARGE SURCHARGE	
Line 2: Enter the Exempt DSEs. Line 2: Enter the Exempt DSEs. Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation - SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE Line 2: Enter the Exempt DSEs.		TWENTY-THIRD SUBSCRIBER GROUP TWENTY-FOURTH SUBSCRIBER GROUP	
and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group subject to the surcharge computation			
SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE		and enter here. This is theand enter here. This is thetotal number of DSEs fortotal number of DSEs forthis subscriber groupthis subscriber groupsubject to the surchargesubject to the surcharge	-
		SURCHARGE SURCHARGE	
SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown in the boxes above. Enter here and in block 4, line 2 of space L (page 7)		SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown in the boxes above. Enter here and in block 4, line 2 of space L (page 7)	

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: S	VSTEM ID#
	North State Communications, LLC	63110
	BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GR	OUP
9	If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you mustalso compute a Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined by section 76.5 of FCC rules in effect on June 24, 1981:	
Computation	First 50 major television market	
of Base Rate Fee		
and	Step 1: In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block A, part 9 of	
Syndicated Exclusivity Surcharge	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.	
for	Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge.	
Partially Distant Stations	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 sho your actual calculations on this form.	w
	TWENTY-FIFTH SUBSCRIBER GROUP TWENTY-SIXTH SUBSCRIBER GROUP	
	Line 1: Enter the VHF DSEs	
	Line 2: Enter the Exempt DSEs Line 2: Enter the Exempt DSEs	
	Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1	
	and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for	
	this subscriber group this subscriber group	
	subject to the surcharge subject to the surcharge	
	computation	-
	SYNDICATED EXCLUSIVITY SUBCHARCE	
	SURCHARGE First Group	
	TWENTY-SEVENTH SUBSCRIBER GROUP TWENTY-EIGHTH SUBSCRIBER GROUP	
	Line 1: Enter the VHF DSEs	
	Line 2: Enter the Exempt DSEs	
	Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1	
	and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for	
	this subscriber group this subscriber group	
	subject to the surcharge subject to the surcharge	
	computation	-
	SYNDICATED EXCLUSIVITY SURCHARGE	
	Third Group	
	SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown in the boxes above. Enter here and in block 4, line 2 of space L (page 7)	

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	FORM SA3E. PAGE 2 SYSTEM 10
	North State Communications, LLC	6311
	BLOCK B: COMPUTATION OF SYNDICATED EXCLUSI	VITY SURCHARGE FOR EACH SUBSCRIBER GROUP
9	If your cable system is located within a top 100 television market and the Syndicated Exclusivity Surcharge. Indicate which major television marke by section 76.5 of FCC rules in effect on June 24, 1981:	
Computation	Eirst 50 major tolovision market	Second 50 major tolovision market
of Base Rate Fee	First 50 major television market	Second 50 major television market
and	Step 1: In line 1, give the total DSEs by subscriber group for commercia	al VHF Grade B contour stations listed in block A, part 9 of
Syndicated Exclusivity Surcharge	this schedule. Step 2: In line 2, give the total number of DSEs by subscriber group for Exempt DSEs in block C, part 7 of this schedule. If none enter	
for Partially Distant Stations	 Step 3: In line 3, subtract line 2 from line 1. This is the total number of I Step 4: Compute the surcharge for each subscriber group using the for schedule. In making this computation, use gross receipts figure your actual calculations on this form. 	mula outlined in block D, section 3 or 4 of part 7 of this
Stations		
	TWENTY-NINTH SUBSCRIBER GROUP	THIRTIETH SUBSCRIBER GROUP
	Line 1: Enter the VHF DSEs	Line 1: Enter the VHF DSEs
	Line 1: Enter the Exempt DSEs	Line 2: Enter the Exempt DSEs
	Line 3: Subtract line 2 from line 1	Line 3: Subtract line 2 from line 1
	and enter here. This is the	and enter here. This is the
	total number of DSEs for	total number of DSEs for
	this subscriber group subject to the surcharge	this subscriber group subject to the surcharge
	computation	computation
	SYNDICATED EXCLUSIVITY	SYNDICATED EXCLUSIVITY
	SURCHARGE	SURCHARGE
	First Group	Second Group
	THIRTY-FIRST SUBSCRIBER GROUP	THIRTY-SECOND SUBSCRIBER GROUP
	Line 1: Enter the VHF DSEs	Line 1: Enter the VHF DSEs
	Line 2: Enter the Exempt DSEs	Line 2: Enter the Exempt DSEs
	Line 3: Subtract line 2 from line 1	Line 3: Subtract line 2 from line 1
	and enter here. This is the total number of DSEs for	and enter here. This is the total number of DSEs for
	this subscriber group	this subscriber group
	subject to the surcharge	subject to the surcharge
	computation	computation
	SYNDICATED EXCLUSIVITY SURCHARGE	SYNDICATED EXCLUSIVITY SURCHARGE
	Third Group	Fourth Group \$
	SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each in the boxes above. Enter here and in block 4, line 2 of space L (page 7)	sh subscriber group as shown

	LEGAL NAME OF OWNER OF CABLE SYSTEM:	FORM SA3E. PAGE 20.	
Name	North State Communications, LLC	SYSTEM ID# 63110	
	BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP		
9	If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you mustalso c Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in a by section 76.5 of FCC rules in effect on June 24, 1981:	•	
Computation	First 50 major television market First 50 major television market Second 50 major television market		
of Base Rate Fee			
and	Step 1: In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block	A, part 9 of	
Syndicated Exclusivity Surcharge	 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 cleared by the total number of DSEs in block C, part 7 of this schedule. If none enter zero. 	assified as	
for Partially Distant Stations	 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. 		
	THIRTY-THIRD SUBSCRIBER GROUP THIRTY-FOURTH SUBSCRIBE	R GROUP	
	Line 1: Enter the VHF DSEs Line 1: Enter the VHF DSEs		
	Line 2: Enter the Exempt DSEs Line 2: Enter the Exempt DSEs		
	Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surchargeLine 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge		
	computation - computation		
	SURCHARGE First Group		
	THIRTY-FIFTH SUBSCRIBER GROUP THIRTY-SIXTH SUBSCRIBER	RGROUP	
	Line 1: Enter the VHF DSEs		
	Line 2: Enter the Exempt DSEs		
	Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group 		
	SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY		
	SURCHARGE Third Group \$ Surcharge Fourth Group \$		
	SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown in the boxes above. Enter here and in block 4, line 2 of space L (page 7)		

N	LEGAL NAME OF OWNER OF CABLE SYSTEM: SYST	FAGE 20.	
Name	North State Communications, LLC	63110	
	BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP		
9	If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you mustalso compute a Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined by section 76.5 of FCC rules in effect on June 24, 1981:		
Computation	☐ First 50 major television market ☐ Second 50 major television market		
of Base Rate Fee			
and	Step 1: In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block A, part 9 of		
Syndicated Exclusivity Surcharge	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.		
for Partially Distant Stations	 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. 		
	THIRTY-SEVENTH SUBSCRIBER GROUP THIRTY-EIGHTH SUBSCRIBER GROUP		
	Line 1: Enter the VHF DSEs		
	Line 2: Enter the Exempt DSEs		
	Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs forLine 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for		
	this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation -		
	SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE First Group \$ Second Group \$		
	THIRTY-NINTH SUBSCRIBER GROUP FORTIETH SUBSCRIBER GROUP		
	Line 1: Enter the VHF DSEs		
	Line 2: Enter the Exempt DSEs		
	Line 3: Subtract line 2 from line 1Line 3: Subtract line 2 from line 1and enter here. This is theand enter here. This is thetotal number of DSEs fortotal number of DSEs forthis subscriber groupthis subscriber groupsubject to the surchargesubject to the surcharge		
	computation	-	
	SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE Third Group \$		
	SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown in the boxes above. Enter here and in block 4, line 2 of space L (page 7)		

	LEGAL NAME OF OWNER OF CABLE SYSTEM:	FORM SA3E. PAGE 20.	
Name	North State Communications, LLC	SYSTEM ID# 63110	
	BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP		
9	If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you mustals Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located by section 76.5 of FCC rules in effect on June 24, 1981:		
Computation	First 50 major television market Second 50 major television market		
of Base Rate Fee			
and	Step 1: In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in blo	ock A, part 9 of	
Syndicated Exclusivity Surcharge	 this schedule. Step 2: In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that wer 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. 	e classified as	
for Partially Distant Stations	 Step 6: In mile 6, dubtact mile 2 nom mile 1. This is the total number of DOLS dubta 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. 		
	FORTY-FIRST SUBSCRIBER GROUP FORTY-SECOND SUBSCR		
	Line 2: Enter the Exempt DSEs Line 2: Enter the Exempt DSEs		
	Line 3: Subtract line 2 from line 1Line 3: Subtract line 2 from line 1and enter here. This is theand enter here. This is thetotal number of DSEs fortotal number of DSEs forthis subscriber groupthis subscriber group		
	subject to the surcharge subject to the surcharge computation - computation -		
	SYNDICATED EXCLUSIVITY SURCHARGE First Group \$ Support Support	\$	
	FORTY-THIRD SUBSCRIBER GROUP FORTY-FOURTH SUBSCR	IBER GROUP	
	Line 1: Enter the VHF DSEs Line 1: Enter the VHF DSEs		
	Line 2: Enter the Exempt DSEs Line 2: Enter the Exempt DSEs		
	Line 3: Subtract line 2 from line 1Line 3: Subtract line 2 from line 1and enter here. This is theand enter here. This is thetotal number of DSEs fortotal number of DSEs forthis subscriber groupthis subscriber groupsubject to the surchargesubject to the surcharge		
	computation		
	SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE Third Group \$	\$	
	SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown in the boxes above. Enter here and in block 4, line 2 of space L (page 7)	5	

	LEGAL NAME OF OWNER OF CABLE SYSTEM:	STEM ID#	
Name	North State Communications, LLC	63110	
	BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GRO	UP	
9	If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you mustalso compute a 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	INSTRUCTIONS:		
and Syndicated Exclusivity	 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 		
Surcharge for	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.		
Partially Distant Stations	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.		
	FORTY-FIFTH SUBSCRIBER GROUP FORTY-SIXTH SUBSCRIBER GROUP		
	Line 1: Enter the VHF DSEs		
	Line 2: Enter the Exempt DSEs Line 2: Enter the Exempt DSEs		
	Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation		
	SYNDICATED EXCLUSIVITY SURCHARGE First Group \$		
	FORTY-SEVENTH SUBSCRIBER GROUP FORTY-EIGHTH SUBSCRIBER GROUP		
	Line 1: Enter the VHF DSEs		
	Line 2: Enter the Exempt DSEs. Line 2: Enter the Exempt DSEs. Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group whis subscriber group		
	subject to the surcharge subject to the surcharge computation	-	
	SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE Third Group \$		
	SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown in the boxes above. Enter here and in block 4, line 2 of space L (page 7)		

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: SYST North State Communications, LLC	TEM ID# 63110
	BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROU	
9	If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you mustalso compute a 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:	<u>г</u>
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	 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 	
Stations	your actual calculations on this form.	
	FORTY-NINTH SUBSCRIBER GROUP FIFTIETH SUBSCRIBER GROUP	
	Line 1: Enter the VHF DSEs	
	Line 2: Enter the Exempt DSEs Line 2: Enter the Exempt DSEs	
	Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group subject to the surcharge computation	
	SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE First Group Second Group Second Group \$	
	FIFTY-FIRST SUBSCRIBER GROUP FIFTY-SECOND SUBSCRIBER GROUP	
	Line 1: Enter the VHF DSEs Line 1: Enter the VHF DSEs Line 2: Enter the Exempt DSEs Line 2: Enter the Exempt DSEs	
	Line 3: Subtract line 2 from line 1Line 3: Subtract line 2 from line 1and enter here. This is theand enter here. This is thetotal number of DSEs fortotal number of DSEs forthis subscriber groupthis subscriber groupsubject to the surchargesubject to the surchargecomputation	-
	SYNDICATED EXCLUSIVITY SURCHARGE Third Group \$	
	SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown in the boxes above. Enter here and in block 4, line 2 of space L (page 7)	

Name		TEM ID#	
Nume	North State Communications, LLC	63110	
	BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP		
9	If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you mustalso compute a 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	INSTRUCTIONS:		
and Syndicated Exclusivity Surcharge	 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. 		
for Partially Distant Stations	 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. 		
	FIFTY-THIRD SUBSCRIBER GROUP FIFTY-FOURTH SUBSCRIBER GROUP		
	Line 1: Enter the VHF DSEs Line 1: Enter the VHF DSEs Line 2: Enter the Exempt DSEs Line 2: Enter the Exempt DSEs		
	Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation SYNDICATED EXCLUSIVITY SURCHARGE First Group \$	-	
	FIFTY-FIFTH SUBSCRIBER GROUP FIFTY-SIXTH SUBSCRIBER GROUP		
	Line 1: Enter the VHF DSEs Line 1: Enter the VHF DSEs Line 2: Enter the Exempt DSEs. Line 2: Enter the Exempt DSEs. Line 3: Subtract line 2 from line 1 Line 2: Enter the Exempt DSEs. and enter here. This is the Line 3: Subtract line 2 from line 1 and enter here. This is the Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation -		
	SYNDICATED EXCLUSIVITY SURCHARGE Third Group \$		
	SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown in the boxes above. Enter here and in block 4, line 2 of space L (page 7)		

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	FORM SA3E. PAGE 20. SYSTEM ID#	
	North State Communications, LLC	63110	
	BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP		
9	If your cable system is located within a top 100 television market and the station is n Syndicated Exclusivity Surcharge. Indicate which major television market any portion by section 76.5 of FCC rules in effect on June 24, 1981:		
Computation	Eirst 50 maier television market	50 major tolovision market	
of Base Rate Fee	First 50 major television market Second 5 INSTRUCTIONS:	50 major television market	
and	Step 1: In line 1, give the total DSEs by subscriber group for commercial VHF Grad	de B contour stations listed in block A, part 9 of	
Syndicated Exclusivity Surcharge	this schedule. Step 2: In line 2, give the total number of DSEs by subscriber group for the VHF G Exempt DSEs in block C, part 7 of this schedule. If none enter zero.	rade B contour stations that were classified as	
for	Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used		
Partially Distant Stations	Step 4: Compute the surcharge for each subscriber group using the formula outline schedule. In making this computation, use gross receipts figures applicable your actual calculations on this form.	-	
	FIFTY-SEVENTH SUBSCRIBER GROUP	FIFTY-EIGHTH SUBSCRIBER GROUP	
		inter the VHF DSEs	
	Line 2: Enter the Exempt DSEs Line 2: E	inter the Exempt DSEs	
	Line 3: Subtract line 2 from line 1 Line 3: S	Subtract line 2 from line 1	
		and enter here. This is the otal number of DSEs for	
		his subscriber group	
		subject to the surcharge	
	computation		
	SYNDICATED EXCLUSIVITY SYNDIC/ SURCHARGE SURCHA		
	First Group	econd Group	
	FIFTY-NINTH SUBSCRIBER GROUP	SIXTIETH SUBSCRIBER GROUP	
	Line 1: Enter the VHF DSEs Line 1: E	inter the VHF DSEs	
	Line 2: Enter the Exempt DSEs	inter the Exempt DSEs	
		Subtract line 2 from line 1	
		and enter here. This is the otal number of DSEs for	
	this subscriber group t	his subscriber group	
		subject to the surcharge	
		· · · · · · · · · · · · · · · · · · ·	
	SURCHARGE		
	Third Group F	ourth Group	
	SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscribe in the boxes above. Enter here and in block 4, line 2 of space L (page 7)	er group as shown	

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: SYST North State Communications, LLC	FAGE 20. FEM ID# 63110
9	BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROU If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you mustalso compute a 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:	P
Computation of	☐ First 50 major television market ☐ Second 50 major television market	
Base Rate Fee	INSTRUCTIONS:	
and Syndicated Exclusivity Surcharge for Partially Distant	 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 	
Stations	your actual calculations on this form.	
	SIXTY-FIRST SUBSCRIBER GROUP SIXTY-SECOND SUBSCRIBER GROUP	
	Line 1: Enter the VHF DSEs	
	Line 2: Enter the Exempt DSEs Line 2: Enter the Exempt DSEs	
	Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group subject to the surcharge computation -	
	SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE First Group	
	SIXTY-THIRD SUBSCRIBER GROUP SIXTY-FOURTH SUBSCRIBER GROUP	
	Line 1: Enter the VHF DSEs Line 1: Enter the VHF DSEs Line 2: Enter the Exempt DSEs Line 2: Enter the Exempt DSEs Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge	
	computation - computation SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE Third Group \$	-
	SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown in the boxes above. Enter here and in block 4, line 2 of space L (page 7)	

	LEGAL NAME OF OWNER OF CABLE SYSTEM: SYST	FAGE 20.	
Name	North State Communications, LLC	63110	
	BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP		
9	If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you mustalso compute a 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 Syndicated	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		
Exclusivity Surcharge	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.		
for Partially Distant Stations	 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. 		
	SIXTY-FIFTH SUBSCRIBER GROUP SIXTY-SIXTH SUBSCRIBER GROUP		
	Line 1: Enter the VHF DSEs Line 1: Enter the VHF DSEs Line 2: Enter the Exempt DSEs Line 2: Enter the Exempt DSEs		
	Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the		
	total number of DSEs for total number of DSEs for this subscriber group this subscriber group		
	subject to the surcharge subject to the surcharge		
	computation	-	
	SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE First Group \$		
	SIXTY-SEVENTH SUBSCRIBER GROUP SIXTY-EIGHTH SUBSCRIBER GROUP		
	Line 1: Enter the VHF DSEs		
	Line 2: Enter the Exempt DSEs		
	Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the tableau here (DPSE) for		
	total number of DSEs fortotal number of DSEs forthis subscriber groupthis subscriber group		
	subject to the surcharge subject to the surcharge computation	_	
	SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY		
	SURCHARGE SURCHARGE Third Group \$ Fourth Group \$		
	SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown in the boxes above. Enter here and in block 4, line 2 of space L (page 7)		

	LEGAL NAME OF OWNER OF CABLE SYSTEM: SYST	FAGE 20.	
Name	North State Communications, LLC	63110	
	BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP		
9	If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you mustalso compute a 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 Syndicated	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.		
Exclusivity Surcharge	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.		
for Partially Distant Stations	 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. 		
	SIXTY-NINTH SUBSCRIBER GROUP SEVENTIETH SUBSCRIBER GROUP		
	Line 1: Enter the VHF DSEs		
	Line 2: Enter the Exempt DSEs		
	Line 3: Subtract line 2 from line 1		
	and enter here. This is the and enter here. This is the		
	total number of DSEs for total number of DSEs for this subscriber group this subscriber group		
	subject to the surcharge subject to the surcharge		
	computation	-	
	SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE First Group \$		
	SEVENTY-FIRST SUBSCRIBER GROUP SEVENTY-SECOND SUBSCRIBER GROUP		
	Line 1: Enter the VHF DSEs		
	Line 2: Enter the Exempt DSEs		
	Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the		
	total number of DSEs fortotal number of DSEs forthis subscriber groupthis subscriber group		
	subject to the surcharge subject to the surcharge		
	computation		
	SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE Third Group \$		
	SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown in the boxes above. Enter here and in block 4, line 2 of space L (page 7)		

	LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM: SYSTEM:	TEM ID#	
Name	North State Communications, LLC	63110	
	BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROU	Р	
9	If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you mustalso compute a 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 Syndicated	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.		
Exclusivity Surcharge	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.		
for Partially Distant Stations	 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. 		
	SEVENTY-THIRD SUBSCRIBER GROUP SEVENTY-FOURTH SUBSCRIBER GROUP		
	Line 1: Enter the VHF DSEs		
	Line 2: Enter the Exempt DSEs Line 2: Enter the Exempt DSEs		
	Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group subject to the surcharge computation	-	
	SYNDICATED EXCLUSIVITY SURCHARGE First Group		
	SEVENTY-FIFTH SUBSCRIBER GROUP SEVENTY-SIXTH SUBSCRIBER GROUP		
	Line 1: Enter the VHF DSEs		
	Line 2: Enter the Exempt DSEs		
	Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group subject to the surcharge computation -		
	SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE Third Group \$		
	SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown in the boxes above. Enter here and in block 4, line 2 of space L (page 7)		

	LEGAL NAME OF OWNER OF CABLE SYSTEM:		
Name	North State Communications, LLC	TEM ID# 63110	
	BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP		
9	If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you mustalso compute a Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined by section 76.5 of FCC rules in effect on June 24, 1981:		
Computation	First 50 major television market		
of Base Rate Fee			
and	Step 1: In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block A, part 9 of		
Syndicated Exclusivity Surcharge	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.		
for Partially Distant Stations	 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. 		
	SEVENTY-SEVENTH SUBSCRIBER GROUP SEVENTY-EIGHTH SUBSCRIBER GROUP		
	Line 1: Enter the VHF DSEs Line 1: Enter the VHF DSEs		
	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 2: Enter the Exempt Does Line 2: Enter the Exempt Does Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group subject to the surcharge computation	_	
	SYNDICATED EXCLUSIVITY SURCHARGE First Group \$		
	SEVENTY-NINTH SUBSCRIBER GROUP EIGHTIETH SUBSCRIBER GROUP		
	Line 1: Enter the VHF DSEs		
	Line 2: Enter the Exempt DSEs		
	Line 3: Subtract line 2 from line 1Line 3: Subtract line 2 from line 1and enter here. This is theand enter here. This is thetotal number of DSEs fortotal number of DSEs forthis subscriber groupthis subscriber groupsubject to the surchargesubject to the surchargecomputation	-	
	SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE Third Group \$		
	SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown in the boxes above. Enter here and in block 4, line 2 of space L (page 7)		

	LEGAL NAME OF OWNER OF CABLE SYSTEM:	STEM ID#
Name	North State Communications, LLC	63110
	BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GRO	UP
9	If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you mustalso compute a 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 Sundiasted	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	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.	
for Partially Distant Stations	 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. 	
	EIGHTY-FIRST SUBSCRIBER GROUP EIGHTY-SECOND SUBSCRIBER GROUP	
	Line 1: Enter the VHF DSEs Line 1: Enter the VHF DSEs Line 2: Enter the Exempt DSEs Line 2: Enter the Exempt DSEs	
	Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the	
	total number of DSEs for total number of DSEs for	
	this subscriber group this subscriber group subject to the surcharge subject to the surcharge	
	computation	-
	SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE First Group \$	
	EIGHTY-THIRD SUBSCRIBER GROUP EIGHTY-FOURTH SUBSCRIBER GROUP	
	Line 1: Enter the VHF DSEs	
	Line 2: Enter the Exempt DSEs	
	Line 3: Subtract line 2 from line 1	
	and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for	
	this subscriber group this subscriber group	
	subject to the surcharge subject to the surcharge computation	-
	SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY	
	SURCHARGE SURCHARGE Third Group	
	SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown in the boxes above. Enter here and in block 4, line 2 of space L (page 7)	

	LEGAL NAME OF OWNER OF CABLE SYSTEM:	FORM SA3E. PAGE 20.
Name	North State Communications, LLC	63110
	BLOCK B: COMPUTATION OF SYNDICATED EXCLUSI	IVITY SURCHARGE FOR EACH SUBSCRIBER GROUP
9	If your cable system is located within a top 100 television market and the Syndicated Exclusivity Surcharge. Indicate which major television marked 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	INSTRUCTIONS:	
and Syndicated	Step 1: In line 1, give the total DSEs by subscriber group for commerci this schedule.	ial VHF Grade B contour stations listed in block A, part 9 of
Exclusivity Surcharge	Step 2: In line 2, give the total number of DSEs by subscriber group for Exempt DSEs in block C, part 7 of this schedule. If none enter	zero.
for Partially Distant Stations	 Step 3: In line 3, subtract line 2 from line 1. This is the total number of I Step 4: Compute the surcharge for each subscriber group using the for schedule. In making this computation, use gross receipts figure your actual calculations on this form. 	rmula outlined in block D, section 3 or 4 of part 7 of this
	EIGHTY-FIFTH SUBSCRIBER GROUP	EIGHTY-SIXTH SUBSCRIBER GROUP
	Line 1: Enter the V/JE DEE	Line 1: Enter the VHF DSEs
	Line 1: Enter the VHF DSEs Line 2: Enter the Exempt DSEs	Line 1: Enter the VHF DSEs
	Line 3: Subtract line 2 from line 1 and enter here. This is the	Line 3: Subtract line 2 from line 1 and enter here. This is the
	total number of DSEs for this subscriber group	total number of DSEs for this subscriber group
	subject to the surcharge	subject to the surcharge
	computation	computation
	SYNDICATED EXCLUSIVITY SURCHARGE First Group	SYNDICATED EXCLUSIVITY SURCHARGE Second Group
	EIGHTY-SEVENTH SUBSCRIBER GROUP	EIGHTY-EIGHTH SUBSCRIBER GROUP
	Line 1: Enter the VHF DSEs	Line 1: Enter the VHF DSEs
	Line 2: Enter the Exempt DSEs	Line 2: Enter the Exempt DSEs
	Line 3: Subtract line 2 from line 1	Line 3: Subtract line 2 from line 1
	and enter here. This is the total number of DSEs for	and enter here. This is the total number of DSEs for
	this subscriber group	this subscriber group
	subject to the surcharge computation	subject to the surcharge
	SYNDICATED EXCLUSIVITY	SYNDICATED EXCLUSIVITY
	SURCHARGE	SURCHARGE
	Third Group	Fourth Group
	SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for eac in the boxes above. Enter here and in block 4, line 2 of space L (page 7)	

	LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM: SYSTEM:	EM ID#
Name		63110
	BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP	1
9	If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you mustalso compute a Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined by section 76.5 of FCC rules in effect on June 24, 1981:	
Computation	☐ First 50 major television market ☐ Second 50 major television market	
of Base Rate Fee		
and Sundia stad	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	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.	
for Partially Distant Stations	 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. 	
	EIGHTY-NINTH SUBSCRIBER GROUP NINETIETH SUBSCRIBER GROUP	
	Line 1: Enter the VHF DSEs	
	Line 2: Enter the Exempt DSEs	
	Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surchargeLine 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge	
	computation	. <u> </u>
	SYNDICATED EXCLUSIVITY SURCHARGE First Group \$ Second Group \$	
	NINETY-FIRST SUBSCRIBER GROUP NINETY-SECOND SUBSCRIBER GROUP	
	Line 1: Enter the VHF DSEs	
	Line 2: Enter the Exempt DSEs	
	Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group 	
	SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE Third Group \$	
	SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown in the boxes above. Enter here and in block 4, line 2 of space L (page 7)	

	LEGAL NAME OF OWNER OF CABLE SYSTEM:	FORM SA3E. PAGE 20. SYSTEM ID#
Name	North State Communications, LLC	63110
	BLOCK B: COMPUTATION OF SYNDICATED EXCLUSI	VITY SURCHARGE FOR EACH SUBSCRIBER GROUP
9	If your cable system is located within a top 100 television market and the Syndicated Exclusivity Surcharge. Indicate which major television marked 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	INSTRUCTIONS:	
and Syndicated	Step 1: In line 1, give the total DSEs by subscriber group for commerci	al VHF Grade B contour stations listed in block A, part 9 of
Syndicated Exclusivity Surcharge	Step 2: In line 2, give the total number of DSEs by subscriber group for Exempt DSEs in block C, part 7 of this schedule. If none enter	zero.
for Partially Distant Stations	 Step 3: In line 3, subtract line 2 from line 1. This is the total number of I Step 4: Compute the surcharge for each subscriber group using the for schedule. In making this computation, use gross receipts figure your actual calculations on this form. 	mula outlined in block D, section 3 or 4 of part 7 of this
	NINETY-THIRD SUBSCRIBER GROUP	NINETY-FOURTH SUBSCRIBER GROUP
	Line 1: Enter the VHF DSEs	Line 1: Enter the VHF DSEs
	Line 2: Enter the Exempt DSEs	Line 2: Enter the Exempt DSEs
	Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for	Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for
	this subscriber group	this subscriber group
	subject to the surcharge computation	subject to the surcharge computation
	SYNDICATED EXCLUSIVITY	SYNDICATED EXCLUSIVITY
	SURCHARGE First Group	SURCHARGE Second Group
	NINETY-FIFTH SUBSCRIBER GROUP	NINETY-SIXTH SUBSCRIBER GROUP
	Line 1: Enter the VHF DSEs	Line 1: Enter the VHF DSEs
	Line 2: Enter the Exempt DSEs	Line 2: Enter the Exempt DSEs
	Line 3: Subtract line 2 from line 1 and enter here. This is the	Line 3: Subtract line 2 from line 1 and enter here. This is the
	total number of DSEs for this subscriber group	total number of DSEs for this subscriber group
	subject to the surcharge	subject to the surcharge
	computation	
	SYNDICATED EXCLUSIVITY SURCHARGE	SYNDICATED EXCLUSIVITY SURCHARGE
	Third Group	Fourth Group
	SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for eac in the boxes above. Enter here and in block 4, line 2 of space L (page 7)	

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	FORM SA3E. PA	M ID#
	North State Communications, LLC		63110
	BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIV	ITY SURCHARGE FOR EACH SUBSCRIBER GROUP	
9	If your cable system is located within a top 100 television market and the s Syndicated Exclusivity Surcharge. Indicate which major television market a by section 76.5 of FCC rules in effect on June 24, 1981:		
Computation	First 50 major television market	Second 50 major television market	
of Base Rate Fee		J Second 50 major television market	
and	Step 1: In line 1, give the total DSEs by subscriber group for commercial	VHF Grade B contour stations listed in block A, part 9 of	
Syndicated Exclusivity Surcharge	this schedule. Step 2: In line 2, give the total number of DSEs by subscriber group for th Exempt DSEs in block C, part 7 of this schedule. If none enter ze		
for	Step 3: In line 3, subtract line 2 from line 1. This is the total number of DS	SEs used to compute the surcharge.	
Partially Distant Stations	Step 4: Compute the surcharge for each subscriber group using the form schedule. In making this computation, use gross receipts figures your actual calculations on this form.		
	NINETY-SEVENTH SUBSCRIBER GROUP	NINETY-EIGHTH SUBSCRIBER GROUP	
	Line 1: Enter the VHF DSEs	Line 1: Enter the VHF DSEs	
	Line 2: Enter the Exempt DSEs	Line 2: Enter the Exempt DSEs	
	Line 3: Subtract line 2 from line 1	Line 3: Subtract line 2 from line 1	
	and enter here. This is the total number of DSEs for	and enter here. This is the total number of DSEs for	
	this subscriber group	this subscriber group	
	subject to the surcharge	subject to the surcharge computation	
	SYNDICATED EXCLUSIVITY SURCHARGE	SYNDICATED EXCLUSIVITY SURCHARGE	
	First Group	Second Group	
	NINETY-NINTH SUBSCRIBER GROUP	ONE HUNDREDTH SUBSCRIBER GROUP	
	Line 1: Enter the VHF DSEs	Line 1: Enter the VHF DSEs	
	Line 2: Enter the Exempt DSEs	Line 2: Enter the Exempt DSEs	
	Line 3: Subtract line 2 from line 1	Line 3: Subtract line 2 from line 1	
	and enter here. This is the total number of DSEs for	and enter here. This is the total number of DSEs for	
	this subscriber group	this subscriber group	
	subject to the surcharge computation	subject to the surcharge	
		· · · · · · · · · · · · · · · · · · ·	
	SYNDICATED EXCLUSIVITY SURCHARGE	SYNDICATED EXCLUSIVITY SURCHARGE	
	Third Group	Fourth Group	
	SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each in the boxes above. Enter here and in block 4, line 2 of space L (page 7).	subscriber group as shown	

	LEGAL NAME OF OWNER OF CABLE SYSTEM:	FORM SA3E. PAGE 20.
Name	North State Communications, LLC	SYSTEM ID# 63110
	BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIV	/ITY SURCHARGE FOR EACH SUBSCRIBER GROUP
9	If your cable system is located within a top 100 television market and the syndicated Exclusivity Surcharge. Indicate which major television market by section 76.5 of FCC rules in effect on June 24, 1981:	
Computation	First 50 major television market	Second 50 major television market
of Base Rate Fee	INSTRUCTIONS:	
and	Step 1: In line 1, give the total DSEs by subscriber group for commercia	I VHF Grade B contour stations listed in block A, part 9 of
Syndicated Exclusivity Surcharge for	this schedule. Step 2: In line 2, give the total number of DSEs by subscriber group for t Exempt DSEs in block C, part 7 of this schedule. If none enter z Step 3: In line 3, subtract line 2 from line 1. This is the total number of D	ero.
Partially Distant Stations	 Step 4: Compute the surcharge for each subscriber group using the form schedule. In making this computation, use gross receipts figures your actual calculations on this form. 	nula outlined in block D, section 3 or 4 of part 7 of this
	ONE HUNDERED FIRST SUBSCRIBER GROUP	ONE HUNDERED SECOND SUBSCRIBER GROUP
	Line 1: Enter the VHF DSEs	Line 1: Enter the VHF DSEs
	Line 2: Enter the Exempt DSEs	Line 2: Enter the Exempt DSEs
	Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge	Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge
	computation	computation
	SYNDICATED EXCLUSIVITY SURCHARGE First Group	SYNDICATED EXCLUSIVITY SURCHARGE Second Group
	ONE HUNDERED THIRD SUBSCRIBER GROUP	ONE HUNDERED FOURTH SUBSCRIBER GROUP
	Line 1: Enter the VHF DSEs	Line 1: Enter the VHF DSEs
	Line 2: Enter the Exempt DSEs	Line 2: Enter the Exempt DSEs
	Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation	Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation
	SYNDICATED EXCLUSIVITY SURCHARGE Third Group	SYNDICATED EXCLUSIVITY SURCHARGE Fourth Group
	SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each in the boxes above. Enter here and in block 4, line 2 of space L (page 7).	

	LEGAL NAME OF OWNER OF CABLE SYSTEM:	A SA3E. PAGE 20.
Name	North State Communications, LLC	SYSTEM ID# 63110
	BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER	GROUP
9	If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you mustalso compute Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as define by section 76.5 of FCC rules in effect on June 24, 1981:	
Computation	First 50 major television market	
of Base Rate Fee		
and	Step 1: In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block A, part 9) of
Syndicated Exclusivity Surcharge for	 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 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. 	as
Partially Distant Stations	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 your actual calculations on this form.	show
	ONE HUNDRED FIFTH SUBSCRIBER GROUP ONE HUNDRED SIXTH SUBSCRIBER GF	ROUP
	Line 1: Enter the VHF DSEs	
	Line 2: Enter the Exempt DSEs Line 2: Enter the Exempt DSEs	
	Line 3: Subtract line 2 from line 1Line 3: Subtract line 2 from line 1and enter here. This is theand enter here. This is thetotal number of DSEs fortotal number of DSEs forthis subscriber groupthis subscriber groupsubject to the surchargesubject to the surcharge	
	computation	
	SYNDICATED EXCLUSIVITY SURCHARGE First Group \$ Second Group \$	
	ONE HUNDRED SEVENTH SUBSCRIBER GROUP ONE HUNDRED EIGHTH SUBSCRIBER G	ROUP
	Line 1: Enter the VHF DSEs	
	Line 2: Enter the Exempt DSEs.	
	Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation	
	computation - computation SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE \$ Third Group \$	
	SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown in the boxes above. Enter here and in block 4, line 2 of space L (page 7)	

	LEGAL NAME OF OWNER OF CABLE SYSTEM:	FORM SA3E. PAGE 20.
Name	North State Communications, LLC	SYSTEM ID# 63110
	BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRI	BER GROUP
9	If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you mustalso con Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as by section 76.5 of FCC rules in effect on June 24, 1981:	
Computation	First 50 major tolovision market Second 50 major tolovision market	
of Base Rate Fee	☐ First 50 major television market ☐ Second 50 major television market	
and	Step 1: In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block A,	part 9 of
Syndicated Exclusivity Surcharge for	 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 class 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. 	
Partially Distant Stations	Step 4: Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 o schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not no your actual calculations on this form.	
	ONE HUNDRED NINTH SUBSCRIBER GROUP ONE HUNDRED TENTH SUBSCRIB	ER GROUP
	Line 1: Enter the VHF DSEs	
	Line 2: Enter the Exempt DSEs Line 2: Enter the Exempt DSEs	
	Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computationLine 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation	_
	SYNDICATED EXCLUSIVITY SURCHARGE First Group \$ SynDicAted Exclusivity SURCHARGE Second Group	
	ONE HUNDRED ELEVENTH SUBSCRIBER GROUP ONE HUNDRED TWELVTH SUBSCRI	BER GROUP
	Line 1: Enter the VHF DSEs	
	Line 2: Enter the Exempt DSEs	
	Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surchargeLine 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge	
	computation - computation	
	SURCHARGE SURCHARGE Third Group \$	
	SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown in the boxes above. Enter here and in block 4, line 2 of space L (page 7)	

	LEGAL NAME OF OWNER OF CABLE SYSTEM:	FORM SA3E. PAGE 20.
Name	North State Communications, LLC	SYSTEM ID# 63110
	BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY S	SURCHARGE FOR EACH SUBSCRIBER GROUP
9	If your cable system is located within a top 100 television market and the station Syndicated Exclusivity Surcharge. Indicate which major television market any po by section 76.5 of FCC rules in effect on June 24, 1981:	
Computation of	☐ First 50 major television market	nd 50 major television market
Base Rate Fee		
and	Step 1: In line 1, give the total DSEs by subscriber group for commercial VHF	Grade B contour stations listed in block A, part 9 of
Syndicated Exclusivity Surcharge for	 this schedule. Step 2: In line 2, give the total number of DSEs by subscriber group for the VH 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 us 	
Partially Distant Stations	Step 4: Compute the surcharge for each subscriber group using the formula ou schedule. In making this computation, use gross receipts figures applied your actual calculations on this form.	tlined in block D, section 3 or 4 of part 7 of this
	ONE HUNDRED THIRTEENTH SUBSCRIBER GROUP	ONE HUNDRED FOURTEENTH SUBSCRIBER GROUP
		1: Enter the VHF DSEs
		2: Enter the Exempt DSEs
	Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group	3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group
	subject to the surcharge	subject to the surcharge
		DICATED EXCLUSIVITY CHARGE Second Group
	ONE HUNDRED FIFTEENTH SUBSCRIBER GROUP	ONE HUNDRED SIXTEENTH SUBSCRIBER GROUP
	Line 1: Enter the VHF DSEs Line	1: Enter the VHF DSEs
	Line 2: Enter the Exempt DSEs	2: Enter the Exempt DSEs
	and enter here. This is the total number of DSEs for	 Subtract line 2 from line 1 and enter here. This is the total number of DSEs for
	this subscriber group subject to the surcharge computation	this subscriber group subject to the surcharge computation
		DICATED EXCLUSIVITY CHARGE Fourth Group
	SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subso in the boxes above. Enter here and in block 4, line 2 of space L (page 7)	

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM: SYSTEM (North State Communications, LLC 6)	
	BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP	
9 Computation	If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you mustalso compute a 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:	
of Base Rate Fee		
and	Step 1: In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block A, part 9 of	
Syndicated Exclusivity Surcharge for Partially Distant Stations	 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. 	
	ONE HUNDRED SEVENTEENTH SUBSCRIBER GROUP ONE HUNDRED EIGHTEENTH SUBSCRIBER GROUP	
	Line 1: Enter the VHF DSEs Line 1: Enter the VHF DSEs	
	Line 2: Enter the Exempt DSEs Line 2: Enter the Exempt DSEs	
	Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group subject to the surcharge computation	
	SURCHARGE First Group	
	ONE HUNDRED NINTEENTH SUBSCRIBER GROUP ONE HUNDRED TWENTIETH SUBSCRIBER GROUP	
	Line 1: Enter the VHF DSEs Line 1: Enter the VHF DSEs Line 2: Enter the Exempt DSEs Line 2: Enter the Exempt DSEs	_
	Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation	
	SYNDICATED EXCLUSIVITY SURCHARGE Third Group	
	SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown in the boxes above. Enter here and in block 4, line 2 of space L (page 7)	

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: North State Communications, LLC	SYSTEM ID# 63110
	BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIV	
9 Computation of	If your cable system is located within a top 100 television market and the Syndicated Exclusivity Surcharge. Indicate which major television market by section 76.5 of FCC rules in effect on June 24, 1981:	station is not exempt in Part 7, you mustalso compute a
Base Rate Fee and	INSTRUCTIONS: Step 1: In line 1, give the total DSEs by subscriber group for commercia	IVHF Grade B contour stations listed in block A, part 9 of
Syndicated Exclusivity Surcharge for Partially Distant Stations	 this schedule. Step 2: In line 2, give the total number of DSEs by subscriber group for Exempt DSEs in block C, part 7 of this schedule. If none enter z Step 3: In line 3, subtract line 2 from line 1. This is the total number of D Step 4: Compute the surcharge for each subscriber group using the form schedule. In making this computation, use gross receipts figurer your actual calculations on this form. 	the VHF Grade B contour stations that were classified as zero. ISEs used to compute the surcharge. nula outlined in block D, section 3 or 4 of part 7 of this
	ONE HUNDRED TWENTY-FIRST SUBSCRIBER GROUP	ONE HUNDRED TWENTY-SECOND SUBSCRIBER GROUP
	Line 1: Enter the VHF DSEs	Line 1: Enter the VHF DSEs
	Line 2: Enter the Exempt DSEs	Line 2: Enter the Exempt DSEs
	Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation	Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation
	First Group \$	Second Group
	Line 1: Enter the VHF DSEs	Line 1: Enter the VHF DSEs
	Line 2: Enter the Exempt Bolls Line 3: Subtract 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 2: Enter the Exchipt Does: . Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation
	SYNDICATED EXCLUSIVITY SURCHARGE Third Group	SYNDICATED EXCLUSIVITY SURCHARGE Fourth Group
	SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each in the boxes above. Enter here and in block 4, line 2 of space L (page 7).	

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID North State Communications, LLC 6311	
	BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP	_
9 Computation of	If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you mustalso compute a 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: □ First 50 major television market □ Second 50 major television market	_
Base Rate Fee	INSTRUCTIONS:	
and 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. 	
	ONE HUNDRED TWENTY-FIFTH SUBSCRIBER GROUP ONE HUNDRED TWENTY-SIXTH SUBSCRIBER GROUP	
	Line 1: Enter the VHF DSEs Line 1: Enter the VHF DSEs Line 2: Enter the Exempt DSEs Line 2: Enter the Exempt DSEs	
	Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for total number of DSEs for total number of DSEs for subject to the surcharge subject to the surcharge computation	
	SURCHARGE First Group	
	ONE HUNDRED TWENTY-SEVENTH SUBSCRIBER GROUP ONE HUNDRED TWENTY-EIGHTH SUBSCRIBER GROUP	_
	Line 1: Enter the VHF DSEs Line 1: Enter the VHF DSEs Line 2: Enter the Exempt DSEs Line 2: Enter the Exempt DSEs	
	Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation -	
	SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE Third Group	
	SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown in the boxes above. Enter here and in block 4, line 2 of space L (page 7)	

	LEGAL NAME OF OWNER OF CABLE SYSTEM:	FORM SA3E. PAGE 20. SYSTEM ID#	
Name	North State Communications, LLC 63		
	BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP		
9	If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you mustalso compute a Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined by section 76.5 of FCC rules in effect on June 24, 1981:		
Computation	☐ First 50 major television market ☐ Second 50 major televisior	n market	
of Base Rate Fee		market	
and	Step 1: In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour station	ons listed in block A, part 9 of	
Syndicated Exclusivity Surcharge	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.		
for Partially Distant Stations	 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. 		
	ONE HUNDRED TWENTY-NINTH SUBSCRIBER GROUP ONE HUNDRED T	HIRTIETH SUBSCRIBER GROUP	
		-	
	Line 1: Enter the VHF DSEs		
		DSEs	
	Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber groupLine 3: Subtract line 2 from and enter here. Th total number of DS this subscriber group	iis is the 3Es for up	
	subject to the surcharge subject to the surcharge computation	harge	
	SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIV SURCHARGE SURCHARGE First Group \$	ПТҮ	
	ONE HUNDRED THIRTY-FIRST SUBSCRIBER GROUP ONE HUNDRED THIR	RTY-SECOND SUBSCRIBER GROUP	
	Line 1: Enter the VHF DSEs		
	Line 1. Enter the Exempt DSEs Line 2: Enter the Exempt I		
	Line 3: Subtract line 2 from line 1Line 3: Subtract line 2 from and enter here. This is theand enter here. This is theand enter here. This total number of DSEs forthis subscriber groupthis subscriber groupsubject to the surchargesubject to the surcharge	iis is the SEs for up	
	computation	······	
	SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIV SURCHARGE SURCHARGE Third Group Fourth Group		
	SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown in the boxes above. Enter here and in block 4, line 2 of space L (page 7)		

		FORM SA3E. PAGE 20.	
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: North State Communications, LLC	SYSTEM ID# 63110	
	BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP		
9	If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you mustalso compute a Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined by section 76.5 of FCC rules in effect on June 24, 1981:		
Computation	🗌 First 50 major television market 📃 S	Second 50 major television market	
of Base Rate Fee	INSTRUCTIONS:		
and	Step 1: In line 1, give the total DSEs by subscriber group for commercial V	HF Grade B contour stations listed in block A, part 9 of	
Syndicated Exclusivity Surcharge for	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, gubt that line 3 from line 1. This is the total number of DSEs used to compute the surphares.		
Partially Distant Stations	 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. 		
	ONE HUNDRED THIRTY-THIRD SUBSCRIBER GROUP	ONE HUNDRED THIRTY-FOURTH SUBSCRIBER GROUP	
		ine 1: Enter the VHF DSEs	
	Line 2: Enter the Exempt DSEs L	ine 2: Enter the Exempt DSEs	
	Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 Line 3 Line 4	ine 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge	
	computation	computation	
		SYNDICATED EXCLUSIVITY SURCHARGE Second Group	
	ONE HUNDRED THIRTY-FIFTH SUBSCRIBER GROUP	ONE HUNDRED THIRTY-SIXTH SUBSCRIBER GROUP	
	Line 1: Enter the VHF DSEs	ine 1: Enter the VHF DSEs	
	Line 2: Enter the Exempt DSEs	ine 2: Enter the Exempt DSEs	
	Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge	ine 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge	
	computation	computation	
		SYNDICATED EXCLUSIVITY SURCHARGE Fourth Group	
	SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each s in the boxes above. Enter here and in block 4, line 2 of space L (page 7)		

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM North State Communications, LLC 631		
	BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP		
9	If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you mustalso compute a 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		
Base Rate Fee	INSTRUCTIONS:		
and 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. 		
	ONE HUNDRED THIRTY-SEVENTH SUBSCRIBER GROUP ONE HUNDRED THIRTY-EIGHTH SUBSCRIBER GROUP		
	Line 1: Enter the VHF DSEs		
	Line 2: Enter the Exempt DSEs Line 2: Enter the Exempt DSEs		
	Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation		
	SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE First Group \$ Second Group \$		
	ONE HUNDRED THIRTY-NINTH SUBSCRIBER GROUP ONE HUNDRED FORTIETH SUBSCRIBER GROUP		
	Line 1: Enter the VHF DSEs		
	Line 2: Enter the Exempt DSEs		
	Line 3: Subtract line 2 from line 1Line 3: Subtract line 2 from line 1and enter here. This is theand enter here. This is thetotal number of DSEs fortotal number of DSEs forthis subscriber groupthis subscriber groupsubject to the surchargesubject to the surchargecomputation		
	SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE Third Group \$		
	SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown in the boxes above. Enter here and in block 4, line 2 of space L (page 7)		

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID North State Communications, LLC 6311	#	
	BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP		
9 Computation of Base Rate Fee	If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you mustalso compute a 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:		
and 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.		
	ONE HUNDRED FORTY-FIRST SUBSCRIBER GROUP ONE HUNDRED FORTY-SECOND SUBSCRIBER GROUP	_	
	Line 1: Enter the VHF DSEs		
	Line 2: Enter the Exempt DSEs Line 2: Enter the Exempt DSEs		
	Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the and enter here. This is the total number of DSEs for and enter here. This is the subject to the surcharge - SYNDICATED EXCLUSIVITY SURCHARGE \$ Second Group		
		=	
	ONE HUNDRED FORTY-THIRD SUBSCRIBER GROUP ONE HUNDRED FORTY-FOURTH SUBSCRIBER GROUP Line 1: Enter the VHF DSEs		
	SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown in the boxes above. Enter here and in block 4, line 2 of space L (page 7)		

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM: SYSTEM I North State Communications, LLC 631	D#	
	BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP		
9 Computation	If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you mustalso compute a 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:		
of Base Rate Fee			
and	Step 1: In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block A, part 9 of		
Syndicated Exclusivity Surcharge for Partially Distant Stations			
	ONE HUNDRED FORTY-FIFTH SUBSCRIBER GROUP ONE HUNDRED FORTY-SIXTH SUBSCRIBER GROUP	_	
		_	
	Line 1: Enter the VHF DSEs		
	Line 2: Enter the Exempt DSEs Line 2: Enter the Exempt DSEs		
	Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group subject to the surcharge computation -		
	SYNDICATED EXCLUSIVITY SURCHARGE First Group \$ Second Group \$		
	ONE HUNDRED FORTY-SEVENTH SUBSCRIBER GROUP ONE HUNDRED FORTY-EIGHTH SUBSCRIBER GROUP		
	Line 1: Enter the VHF DSEs Line 1: Enter the VHF DSEs Line 2: Enter the Exempt DSEs Line 2: Enter the Exempt DSEs Line 3: Subtract line 2 from line 1 and enter here. This is the Line 3: Subtract line 2 from line 1 and enter here. This is the		
	total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation		
	SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE Third Group \$		
	SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown in the boxes above. Enter here and in block 4, line 2 of space L (page 7)		

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: North State Communications, LLC	SYSTEM ID# 63110	
	BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP		
9 Computation	If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you mustalso compute a 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:		
of	☐ First 50 major television market ☐ Second 50 major televi	ision market	
Base Rate Fee	INSTRUCTIONS:	stations listed in block A part 0 of	
and Syndicated Exclusivity Surcharge for Partially Distant Stations			
	ONE HUNDRED FORTY-NINTH SUBSCRIBER GROUP ONE HUNDR	ED FIFTIETH SUBSCRIBER GROUP	
	Line 1: Enter the VHF DSEs Line 1: Enter the VHF		
	Line 2: Enter the Exempt DSEs Line 2: Enter the Exem	npt DSEs	
	Line 3: Subtract line 2 from line 1Line 3: Subtract line 2and enter here. This is theand enter heretotal number of DSEs fortotal number ofsubject to the surchargesubject to the surchargecomputation	e. This is the f DSEs for group	
	SYNDICATED EXCLUSIVITY SYNDICATED EXCLU SURCHARGE SURCHARGE First Group \$	SIVITY 	
	ONE HUNDRED FIFTY-FIRST SUBSCRIBER GROUP ONE HUNDRED FIFTY-SECOND SUBSCRIBER GROUP		
	Line 1: Enter the VHF DSEs Line 1: Enter the VHF Line 2: Enter the Exempt DSEs Line 2: Enter the Exempt DSEs	npt DSEs from line 1 2. This is the f DSEs for group	
	SYNDICATED EXCLUSIVITY SYNDICATED EXCLU SURCHARGE SURCHARGE		
	SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shin the boxes above. Enter here and in block 4, line 2 of space L (page 7)		

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: North State Communications, LLC	SYSTEM ID# 63110	
	BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP		
9 Computation	If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you mustalso compute a 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:		
of	☐ First 50 major television market ☐ Se	econd 50 major television market	
Base Rate Fee	INSTRUCTIONS:		
and 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. 		
	ONE HUNDRED FIFTY-THIRD SUBSCRIBER GROUP	ONE HUNDRED FIFTY-FOURTH SUBSCRIBER GROUP	
	ONE HUNDRED FIFTY-THIRD SUBSCRIBER GROUP	ONE HUNDRED FIFTY-FOURTH SUBSCRIBER GROUP	
	Line 1: Enter the VHF DSEs Lin	ne 1: Enter the VHF DSEs	
	Line 2: Enter the Exempt DSEs Line	ne 2: Enter the Exempt DSEs	
	Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation	ne 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation	
		VNDICATED EXCLUSIVITY JRCHARGE Second Group	
	ONE HUNDRED FIFTY-FIFTH SUBSCRIBER GROUP	ONE HUNDRED FIFTY-SIXTH SUBSCRIBER GROUP	
		ne 1: Enter the VHF DSEs	
	Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation	ne 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation	
	SYNDICATED EXCLUSIVITY SY	VNDICATED EXCLUSIVITY JRCHARGE Fourth Group	
	SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each su in the boxes above. Enter here and in block 4, line 2 of space L (page 7)		

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: North State Communications, LLC	SYSTEM ID# 63110	
	BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP		
9 Computation	If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you mustalso compute a 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:		
of	First 50 major television market Second 50 major television	on market	
Base Rate Fee	INSTRUCTIONS:		
and 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. 		
	ONE HUNDRED FIFTY-SEVENTH SUBSCRIBER GROUP ONE HUNDRED F	IFTY-EIGHTH SUBSCRIBER GROUP	
	Line 1: Enter the VHF DSEs		
	Line 2: Enter the Exempt DSEs Line 2: Enter the Exemp	t DSEs	
	Line 3: Subtract line 2 from line 1Line 3: Subtract line 2 fromand enter here. This is theand enter here. This is thetotal number of DSEs fortotal number of Dthis subscriber groupthis subscriber groupsubject to the surchargesubject to the sucomputation	This is the DSEs for roup	
	SYNDICATED EXCLUSIVITY SURCHARGE First Group \$ SynDicAted Exclusion Surcharge Second Group	VITY 	
	ONE HUNDRED FIFTY-NINTH SUBSCRIBER GROUP ONE HUNDRED	SIXTIETH SUBSCRIBER GROUP	
	Line 1: Enter the VHF DSEs Line 1: Enter the VHF DS Line 2: Enter the Exempt DSEs Line 2: Enter the Exempt		
	Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of D this subscriber group this subscriber group subject to the surcharge subject to the su	om line 1 This is the DSEs for roup	
	SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSI SURCHARGE SURCHARGE		
	SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as show in the boxes above. Enter here and in block 4, line 2 of space L (page 7)		