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

SA3E Long Form

STATEMENT OF ACCOUNT

for Secondary Transmissions by Cable Systems (Long Form)

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

FOR COPYRIGHT	OFFICE USE ONLY
DATE RECEIVED	AMOUNT
02/28/23	\$
	ALLOCATION NUMBER

Return completed workbook by email to:

coplicsoa@copyright.gov

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

Α	ACCOUNTING PERIOD COVERED BY THIS STATEMENT:						
Accounting	2022/2						
Period							
Bowner	Instructions: Give the full legal name of the owner of the cable system. If the owner is a rate title of the subsidiary, not that of the parent corporation. List any other name or names under which the owner conducts the busines of the were different owners during the accounting period, only the owner a single statement of account and royalty fee payment covering the entire accoording Check here if this is the system's first filing. If not, enter the system's ID LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM Armstrong Utilities, Inc.	ss of the cable system on the last day of the counting period.	em. the accounting period should su	ubmit _	63167		
				6316	720212		
				63167	2022/2		
	One Armstrong Place						
	Butler, PA 16001						
С	INSTRUCTIONS: In line 1, give any business or trade names used to names already appear in space B. In line 2, give the mailing address of						
System	IDENTIFICATION OF CABLE SYSTEM:	The System, if the	Toront from the address giv		о В.		
System	Rising Sun Head End						
	MAILING ADDRESS OF CABLE SYSTEM:						
	122 South Queen Street						
	2 (Number, street, rural route, apartment, or suite number) Rising Sun, MD 21911						
	(City, town, state, zip code)						
D	Instructions: For complete space D instructions, see page 1b. Identify	only the frst com	munity served below and re	elist on pag	ge 1b		
Area	with all communities.						
Served	CITY OR TOWN	STATE					
First	Abingdon	MD					
Community	Below is a sample for reporting communities if you report multiple ch	annel line-ups in	Space G.				
	CITY OR TOWN (SAMPLE)	STATE	CH LINE UP	SUB	GRP#		
Sample	Alda	MD	A -		1		
-	Alliance	MD	В		2		
	Gering	MD	В		3		

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

FORM SA3E. PAGE 1b. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: 63167 Armstrong Utilities, Inc. Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined D in FCC rules: "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single, discrete unincorporated areas." 47 C.F.R. §76.5(dd). The frst community that you list will serve as a form Area of system identification hereafter known as the "first community." Please use it as the first community on all future filings. Served Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified city or town. If all communities receive the same complement of television broadcast stations (i.e., one channel line-up for all), then either associate all communities with the channel line-up "A" in the appropriate column below or leave the column blank. If you report any stations on a partially distant or partially permitted basis in the DSE Schedule, associate each relevant community with a subscriber group, designated by a number (based on your reporting from Part 9). When reporting the carriage of television broadcast stations on a community-by-community basis, associate each community with a channel line-up designated by an alpha-letter(s) (based on your Space G reporting) and a subscriber group designated by a number (based on your reporting from Part 9 of the DSE Schedule) in the appropriate columns below. CH LINE UP SUB GRP# CITY OR TOWN STATE Abingdon MD AD First **Bel Air North** MD AD 4 Community Cardiff MD AD 4 Castleton MD AD 4 **CECIL COUNTY** 2 MD AB 3 **CHANCEFORD TOWNSHIP** PA AC See instructions for AC **CROSS ROADS BOROUGH** PA 3 additional information on alphabetization. 4 **Darlington** MD AD **DELTA BOROUGH** PA AC 3 Dublin MD AD 4 3 **EAST HOPEWELL TOWNSHIP** PA AC Add rows as necessary. 1 PA EAST NOTTINGHAM TOWNSHIP AA **ELK TOWNSHIP** PA AA **FAWN GROVE BOROUGH** AC 3 PA **FAWN TOWNSHIP** PA AC 3 **Forest Hills** MD AD 4 HIGHLAND TOWNSHIP PA AA 1 **HOPEWELL TOWNSHIP** PA AC 3 MD AD 4 **Jarrettsville** LONDONDERRY TOWNSHIP PA 1 AA LOWER CHANCEFORD TOWNSHIP PA AC 3 LOWER OXFORD TOWNSHIP PA AA 1 Norrisville MD AD 4 3 NORTH HOPEWELL TOWNSHIP PA AC **OXFORD BOROUGH** PA AA PEACH BOTTOM BOROUGH PA AC 3 MD AD 4 **Pylesville** SHREWSBURY BOROUGH PA AC 3 STEWARTSTOWN BOROUGH AC PA 3 STREET MD AD 4 TOWN OF RISING SUN MD AB UPPER OXFORD TOWNSHIP PA AA 1 WEST FALLOWFIELD TOWNSHIP PA AA **WEST NOTTINGHAM TOWNSHIP** PA AA Whiteford MD AD 4 AC 3 WINTERSTOWN BOROUGH PA

1			
,		 	

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

Armstrong Utilities, Inc.

SYSTEM ID#
63167

Ε

Secondary Transmission Service: Subscribers and Rates

SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

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

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

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

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

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

BLO	OCK 1		BLOCK 2			
	NO. OF			NO. OF		
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE	SUBSCRIBERS	RATE	
Residential:						
 Service to first set 	13,172	\$ 41.45				
 Service to additional set(s) 						
 FM radio (if separate rate) 						
Motel, hotel						
Commercial						
Converter						
Residential						
Non-residential						
	*	†		· ····	•	

F

Services Other Than Secondary Transmissions: Rates

SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

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

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

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

	BLOCK 2				
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE
Continuing Services:		Installation: Non-residential			
 Pay cable 	\$ 20.95	Motel, hotel			
 Pay cable—add'l channel 	7.95, \$14.95	Commercial			
Fire protection		Pay cable			
Burglar protection		Pay cable-add'l channel			
Installation: Residential		Fire protection			
First set		Burglar protection			
 Additional set(s) 		Other services:			
• FM radio (if separate rate)		Reconnect	\$ 20.00		
Converter		Disconnect			
		Outlet relocation			
		Move to new address			

Armstrong U	WNER OF CABLE SY tilities, Inc .	STEM:			SYSTEM ID# 63167	Name
PRIMARY TRANSMI		ON				
carried by your cabl FCC rules and regu 76.59(d)(2) and (4), substitute program I	e system during the system during the lations in effect on 76.61(e)(2) and pasis, as explained	the accounting n June 24, 19 (4), or 76.63 (ed in the next	g period except 981, permitting t (referring to 76.6 paragraph	(1) stations carrie he carriage of ce 61(e)(2) and (4))];	is and low power television stations) and only on a part-time basis under tain network programs [sections and (2) certain stations carried on a cable system on a substitute program	Primary Transmitters: Television
station was carrie List the station her basis. For further in the paper SA3 Column 1: List eleach multicast streacast stream as "WE WETA-simulcast). Column 2: Give ts community of lice on which your cable Column 3: Indice ducational station, for independent multication of local se Column 4: If the colamation of local se Column 5: If you cable system carried carried the distant s	ion here in space and only on a subsite, and also in space information conditions form. I ach station's call im associated with TA-2". Simulcast the channel numbers. For example system carried the ach case by entering the least of the set of	G—but do listitute basis ace I, if the state in substitute basis ace I, if the state in substitute berning substitute basis ace I, if the state in substitute in substitut	ation was carried it to the same at the sa	ed both on a subsons, see page (v) on program service ver-the-air design column 1 (list earling the television state in the television state in the television, D.C. This ork station, an incompaction or "E-M" (for network multion "E-M" (for not in the column suctions located in the television state in the television s	, stating the basis on which you ntering "LAC" if your cable syster I capacity ty payment because it is the subjec	
the cable system ar tion "E" (exempt). For explanation of these Column 6: Give FCC. For Mexican of	nd a primary trans for simulcasts, als three categories the location of ea or Canadian station	smitter or an a o enter "E". If s, see page (v ach station. Fo ons, if any, giv	association reprof f you carried the y) of the general or U.S. stations, ye the name of t	esenting the prime channel on any of instructions local list the communithe community with the community wit	ystem or an association representin ary transmitter, enter the designa other basis, enter "O." For a furthe ted in the paper SA3 form ty to which the station is licensed by the th which the station is identifec	
the cable system ar tion "E" (exempt). For explanation of these Column 6: Give FCC. For Mexican o	nd a primary trans for simulcasts, als three categories the location of ea or Canadian station	smitter or an a o enter "E". If s, see page (v ach station. Fo ons, if any, giv nnel line-ups,	association repro- f you carried the r) of the general or U.S. stations, we the name of t , use a separate	esenting the prime channel on any constructions local list the communithe community with space G for each	ary transmitter, enter the designa other basis, enter "O." For a furthe ted in the paper SA3 form ty to which the station is licensed by the th which the station is identifec	
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the cable system ar tion "E" (exempt). For explanation of these Column 6: Give FCC. For Mexican of Note: If you are utili 1. CALL SIGN KJW KYW-DT2 KYW-HD WCAU WCAU-DT2 WCAU-HD WDPN WHYY-DT3 WHYY-DT3 WHYY-DT3 WHYY-HD WMPB WPHL-DT2	d a primary transor simulcasts, also three categories the location of ear Canadian static zing multiple cha 2. B'CAST CHANNEL NUMBER 2.1 3 3.2 3.1 34 10.2 10.1 2.1 12 12.2 12.3 12.1 29 17	mitter or an a co enter "E". If so, see page (vach station. Foons, if any, givennel line-ups, CHANN 3. TYPE OF STATION I-M N I-M N I-M E E-M E E E	association repricipou carried the you carried	esenting the prime channel on any control instructions local list the community with expace G for each space G. BASIS OF CARRIAGE	ary transmitter, enter the designa other basis, enter "O." For a furthe sed in the paper SA3 form ty to which the station is licensed by the the which the station is identified in channel line-up. 6. LOCATION OF STATION Philadelphia, PA Philadelphia, PA Philadelphia, PA Lancaster, PA Lancaster, PA Lancaster, PA Wilmington, DE Wilmington, DE Wilmington, DE Wilmington, DE Baltmore, MD Philadelphia, PA Philadelphia, PA	additional informatio
the cable system ar tion "E" (exempt). For explanation of these Column 6: Give FCC. For Mexican of Note: If you are utili 1. CALL SIGN KJW KYW-DT2 KYW-HD WCAU-DT2 WCAU-HD WDPN WHYY-DT3 WHYY-DT3 WHYY-DT3 WHYY-HD WMPB WPHL	d a primary transor simulcasts, also three categories the location of ear Canadian static zing multiple cha 2. B'CAST CHANNEL NUMBER 2.1 3 3.2 3.1 34 10.2 10.1 2.1 12 12.2 12.3 12.1 29 17	mitter or an a co enter "E". If s, see page (vach station. Foons, if any, givennel line-ups, CHANN 3. TYPE OF STATION I.M N I-M N I-M E E-M E E I	association reprifyou carried the you carried to you carried the you carried to you carried to you carried the you carried to you carried the	esenting the prime channel on any control instructions local list the community with expace G for each space G. BASIS OF CARRIAGE	ary transmitter, enter the designa other basis, enter "O." For a further basis, enter the basis, enter the basis of the	additional informatio

FORM SA3E. PAGE 3. LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	
Armstrong Utilities, Inc.	63167	Name
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 othe basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form.

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

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

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

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

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

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

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

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

1. CALL SIGN 2. B'CAST CHANNEL NUMBER 3. TYPE OF CHANNEL NUMBER 4. DISTANT? (Yes or No) 5. BASIS OF CARRIAGE (If Distant) 6. LOCATION OF STATION WPPX-DT3 31.2 I-M No Philadelphia, PA WPPX-DT5 31.3 I-M No Philadelphia, PA WPPX-HD 31.1 I No Philadelphia, PA WPSG 57 I No Philadelphia, PA WPVI 6 N No Philadelphia, PA WPVI-DT2 6.2 I-M No Philadelphia, PA WPVI-DT3 6.3 I-M No Philadelphia, PA WPVI-HD 6.1 N No Philadelphia, PA WTXF 29 I No Baltimore, MD WTXF-DT2 29.2 I-M No Baltimore, MD			CHANN	EL LINE-UP	AA	
WPPX-DT5 31.3 I-M No Philadelphia, PA WPPX-HD 31.1 I No Philadelphia, PA WPSG 57 I No Philadelphia, PA WPSG-HD 57.1 I No Philadelphia, PA WPVI 6 N No Philadelphia, PA WPVI-DT2 6.2 I-M No Philadelphia, PA WPVI-DT3 6.3 I-M No Philadelphia, PA WPVI-HD 6.1 N No Philadelphia, PA WTXF 29 I No Baltimore, MD WTXF-DT2 29.2 I-M No Baltimore, MD		CHANNEL	OF	(Yes or No)	CARRIAGE	6. LOCATION OF STATION
WPPX-HD 31.1 I No Philadelphia, PA WPSG 57 I No Philadelphia, PA WPSG-HD 57.1 I No Philadelphia, PA WPVI 6 N No Philadelphia, PA WPVI-DT2 6.2 I-M No Philadelphia, PA WPVI-DT3 6.3 I-M No Philadelphia, PA WPVI-HD 6.1 N No Philadelphia, PA WTXF 29 I No Baltimore, MD WTXF-DT2 29.2 I-M No Baltimore, MD	WPPX-DT3	31.2	I-M	No		Philadelphia, PA
WPSG 57 I No Philadelphia, PA WPSG-HD 57.1 I No Philadelphia, PA WPVI 6 N No Philadelphia, PA WPVI-DT2 6.2 I-M No Philadelphia, PA WPVI-DT3 6.3 I-M No Philadelphia, PA WPVI-HD 6.1 N No Philadelphia, PA WTXF 29 I No Baltimore, MD WTXF-DT2 29.2 I-M No Baltimore, MD	WPPX-DT5	31.3	I-M	No		Philadelphia, PA
WPSG-HD 57.1 I No Philadelphia, PA WPVI 6 N No Philadelphia, PA WPVI-DT2 6.2 I-M No Philadelphia, PA WPVI-DT3 6.3 I-M No Philadelphia, PA WPVI-HD 6.1 N No Philadelphia, PA WTXF 29 I No Baltimore, MD WTXF-DT2 29.2 I-M No Baltimore, MD	WPPX-HD	31.1	I	No		Philadelphia, PA
WPVI 6 N No Philadelphia, PA WPVI-DT2 6.2 I-M No Philadelphia, PA WPVI-DT3 6.3 I-M No Philadelphia, PA WPVI-HD 6.1 N No Philadelphia, PA WTXF 29 I No Baltimore, MD WTXF-DT2 29.2 I-M No Baltimore, MD	WPSG	57	I	No		Philadelphia, PA
WPVI-DT26.2I-MNoPhiladelphia, PAWPVI-DT36.3I-MNoPhiladelphia, PAWPVI-HD6.1NNoPhiladelphia, PAWTXF29INoBaltimore, MDWTXF-DT229.2I-MNoBaltimore, MD	WPSG-HD	57.1	I	No		Philadelphia, PA
WPVI-DT3 6.3 I-M No Philadelphia, PA WPVI-HD 6.1 N No Philadelphia, PA WTXF 29 I No Baltimore, MD WTXF-DT2 29.2 I-M No Baltimore, MD	WPVI	6	N	No		Philadelphia, PA
WPVI-HD6.1NNoPhiladelphia, PAWTXF29INoBaltimore, MDWTXF-DT229.2I-MNoBaltimore, MD	WPVI-DT2	6.2	I-M	No		Philadelphia, PA
WTXF 29 I No Baltimore, MD WTXF-DT2 29.2 I-M No Baltimore, MD	WPVI-DT3	6.3	I-M	No		Philadelphia, PA
WTXF-DT2 29.2 I-M No Baltimore, MD	WPVI-HD	6.1	N	No		Philadelphia, PA
	WTXF	29	I	No		Baltimore, MD
WTXF-HD 29.1 I No Baltimore, MD	WTXF-DT2	29.2	I-M	No		Baltimore, MD
	WTXF-HD	29.1	I	No		Baltimore, MD
WDPN 2.1 I No Wilmington, DE	WDPN	2.1	I	No		Wilmington, DE
			1			

G

Primary
Transmitters:
Television

WMAR-HD

WMPB-DT2

WMPB

2.1

29

29.2

Ν

Ε

E-M

No

No

No

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 63167 Armstrong Utilities, Inc. PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [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 € **Primary** substitute program basis, as explained in the next paragraph Transmitters: Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program Television basis under specific FCC rules, regulations, or authorizations; Do not list the station here in space G-but do list it in space I (the Special Statement and Program Log)-if the station was carried only on a substitute basis List the station here, and also in space I, if the station was carried both on a substitute basis and also on some othe basis. For further information concerning substitute basis stations, see page (v) of the general instructions located Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multi cast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air ir its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channe on which your cable system carried the station Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercia educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast) For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an ex planation of local service area, see page (v) of the general instructions located in the paper SA3 form Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which you cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable syster carried the distant station on a part-time basis because of lack of activated channel capacity For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representin the cable system and a primary transmitter or an association representing the primary transmitter, enter the designa tion "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a furthe explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AB 2. B'CAST 3. TYPE 4. DISTANT? 5. BASIS OF 1. CALL 6. LOCATION OF STATION SIGN **CHANNEL** OF (Yes or No) CARRIAGE NUMBER **STATION** (If Distant) **WBAL** 11 Ν No Baltimore, MD 11.2 WBAL-DT2 I-M No Baltimore, MD WBAL-HD 11.1 Ν No Baltimore, MD 46 I-M No Baltimore, MD WBFF WBFF-DT3 45.3 I-M No Baltimore, MD **WBFF-HD** 46.1 I-M No Baltimore, MD WGAL 8 Ν No Landcaster, PA 8.1 Ν No WGAL-HD Landcaster, PA 12 Ε No Wilmington, DE WHYY WHYY-DT2 12.2 E-M No Wilmington, DE WHYY-DT3 12.3 Ε No Wilmington, DE WHYY-HD 12.1 Ε No Wilmington, DE Ν Lancaster, PA WJZ 13 No WJZ-HD 13.1 Ν No Lancaster, PA WMAR 2 Ν No Baltimore, MD

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

Baltimore, MD

Baltmore, MD

Baltmore, MD

	ACCOUNTII	NG PERIOD: 2022/		
FORM SA3E. PAGE 3.				
LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	N		
Armstrong Utilities, Inc.	63167	Name		
PRIMARY TRANSMITTERS: TELEVISION				
In General: In space G, identify every television station (including translator stations and low powe carried by your cable system during the accounting period except (1) stations carried only on a part	t-time basis under	G		
FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network pro	0 .			
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 substitute program basis, as explained in the next paragraph	stations carried on a	Primary Transmitters:		
Substitute Basis Stations: With respect to any distant stations carried by your cable system or	n a substitute program	Television		
basis under specifc FCC rules, regulations, or authorizations:	. •			

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

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

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

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

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

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

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

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

		CHANN	EL LINE-UP	AB	
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION
WMPB-DT3	29.3	E-M	No		Baltmore, MD
WMPB-HD	29.1	Е	No		Baltmore, MD
WNUV	40	I	No		Baltimore, MD
WNUV-DT2	40.2	I-M	No		Baltimore, MD
WNUV-DT3	40.3	I-M	No		Baltimore, MD
WNUV-HD	40.1	I	No		Baltimore, MD
WPVI	6	N	No		Philadelphia, PA
WPVI-HD	6.1	N	No		Philadelphia, PA
WTXF	29	I	No		Baltimore, MD
WTXF-HD	29.1	I	No		Baltimore, MD
WUTB	41	I	No		Baltimore, MD
WUTB HD	41	I	No		Baltimore, MD

	ACCOUNTII	NG PERIOD: 2022,
FORM SA3E. PAGE 3.		
LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	
Armstrong Utilities, Inc.	63167	Name
PRIMARY TRANSMITTERS: TELEVISION		
In General: In space G, identify every television station (including translator stations and low power to carried by your cable system during the accounting period except (1) stations carried only on a part-tile.	,	G
FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network progr	ams [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 sta	itions carried on a	Primary
substitute program basis, as explained in the next paragraph		Transmitters:
Substitute Basis Stations: With respect to any distant stations carried by your cable system on a	substitute progran	Television
basis under specifc FCC rules, regulations, or authorizations:		
• Do not list the station here in space G—but do list it in space I (the Special Statement and Program	Log)—if th€	

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

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

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

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

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

		CHANN	EL LINE-UP	AC	
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION
WGAL	8	N	No		Landcaster, PA
WGAL-DT2	8.2	I-M	No		Landcaster, PA
WGAL-HD	8.1	N	No		Landcaster, PA
WHP	21	N	No		Harrisburg, PA
WHP-DT2	21.2	I-M	No		Harrisburg, PA
WHP-DT3	21.3	I-M	No		Harrisburg, PA
WHP-DT3-HD	21.3	I-M	No		Harrisburg, PA
WHP-HD	21.1	N	No		Harrisburg, PA
WHTM	27	N	No		Harrisburg, PA
WHTM-DT3	27.3	I-M	No		Harrisburg, PA
WHTM-DT4	27.4	I-M	No		Harrisburg, PA
WHTM-HD	27.1	N	No		Harrisburg, PA
WITF	36	N	No		Lancaster, PA
WJZ	13	N	No		Lancaster, PA
WJZ-HD	13.1	N	No		Lancaster, PA
WLYH	49.1	I	No		Red Lion, PA
WMPB-HD	29.1	Е	No		Baltmore, MD
WPMT	43	ı	No		York, PA

LEGAL NAME OF OWN	IER OF CABLE SY	STEM:			SYSTEM ID#		
Armstrong Util	ities, Inc.				63167	Name	
PRIMARY TRANSMITT	ERS: TELEVISION	ON					
In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program							
Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute progran basis under specifc FCC rules, regulations, or authorizations Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis List the station here, and also in space I, if the station was carried both on a substitute basis and also on some othe basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multi cast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air ir its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channe on which your cable system carried the station Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercia educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast) "Gro network), "I-M" (for network multicast) "Gro nexample, with the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an ex planation of local service area, see page (v) of the general instructions located in the paper SA3 form Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an ex planation of local service area, see page (v) of the general instructions located in the paper SA3 form Column 5: If you have entered							
Note: If you are utilizing	ng multiple cha	•	use a separate	•	n channel line-up.		
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION		
WPMT-DT2	43.2	I-M	No		York, PA		
WPMT-HD	43.1		No		York, PA		

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 63167 Armstrong Utilities, Inc. PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [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 € **Primary** substitute program basis, as explained in the next paragraph Transmitters: Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program Television basis under specific FCC rules, regulations, or authorizations; Do not list the station here in space G-but do list it in space I (the Special Statement and Program Log)-if the station was carried only on a substitute basis List the station here, and also in space I, if the station was carried both on a substitute basis and also on some othe basis. For further information concerning substitute basis stations, see page (v) of the general instructions located Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multi cast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air ir its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channe on which your cable system carried the station Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercia educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast) For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an ex planation of local service area, see page (v) of the general instructions located in the paper SA3 form Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which you cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable syster carried the distant station on a part-time basis because of lack of activated channel capacity For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representin the cable system and a primary transmitter or an association representing the primary transmitter, enter the designa tion "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a furthe explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AD 2. B'CAST 3. TYPE 4. DISTANT? 5. BASIS OF 1. CALL 6. LOCATION OF STATION SIGN **CHANNEL** OF (Yes or No) CARRIAGE NUMBER **STATION** (If Distant) **WBAL** 11 Ν No Baltimore, MD WBAL-DT2 11.2 I-M No Baltimore, MD WBAL-HD 11.1 Ν No Baltimore, MD 46 I-M No **WBFF** Baltimore, MD WBFF-DT3 45.3 No I-M Baltimore, MD **WBFF-HD** 46.1 I-M No Baltimore, MD WJZ 13 Ν No Lancaster, PA WJZ-HD 13.1 Ν No Lancaster, PA WMAR 2 Ν No Baltimore, MD WMAR-HD 2.1 Ν No Baltimore, MD **WMPB** 29 Ε No Baltmore, MD WMPB-DT2 No 29.2 E-M Baltmore, MD Baltmore, MD WMPB-DT3 29.3 E-M No WMPB-HD 29.1 Ε No

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

No

No

No

No

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40.2

40.3

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I-M

I-M

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WNUV

WNUV-DT2

WNUV-DT3

WNUV-HD

Baltmore, MD

Baltimore, MD

Baltimore, MD

Baltimore, MD

Baltimore, MD

LEGAL NAME OF OW	NER OF CABLE SY	STEM:			SYSTEM ID#			
Armstrong Uti	ilities, Inc.				63167	Name		
PRIMARY TRANSMIT	TERS: TELEVISION	ON						
In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph								
substitute 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 othe basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multi cast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air ir its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channe on which your cable system carried the station on 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), or "E-M" (for noncommercial educational), or "E-M" (for noncommercial educational multicast) (for independent multicast), "I' (where it is no subject to a subject or in the paper SA3 form Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which you cable system carried the distant station during the accounting period. Indicate by enter								
Note: If you are utiliz				•				
		CHANN	EL LINE-UP	AD				
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION			
WUTB	41	I	No		Baltimore, MD			
WUTB HD	41		No		Baltimore, MD			
WUTB HD		SIATION		(IT Distant)	Baltimore, MD Baltimore, MD			

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

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name 63167 Armstrong Utilities, Inc. PRIMARY TRANSMITTERS: RADIO Н In General: List every radio station carried on a separate and discrete basis and list those FM stations carried on an all-band basis whose signals were "generally receivable" by your cable system during the accounting period. Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally **Primary** Transmitters: receivable if (1) it is carried by the system whenever it is received at the system's headend, and (2) it can be expected, Radio on the basis of monitoring, to be received at the headend, with the system's FM antenna, during certain stated intervals. For detailed information about the the Copyright Office regulations on this point, see page (vi) of the general instructions located in the paper SA3 form. Column 1: Identify the call sign of each station carried. Column 2: State whether the station is AM or FM. Column 3: If the radio station's signal was electronically processed by the cable system as a separate and discrete signal, indicate this by placing a check mark in the "S/D" column. Column 4: Give the station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified). CALL SIGN AM or FM S/D LOCATION OF STATION CALL SIGN AM or FM LOCATION OF STATION S/D

FURM SAJE. PAGE 5.						ACCOUNTING	1 PERIOD: 2022/2
LEGAL NAME OF OWNER OF Armstrong Utilities, In		TEM:			\$	63167	Namo
SUBSTITUTE CARRIAG	E: SPECIA	AL STATEME	ENT AND PROGRAM LO	G .			
In General: In space I, identify every nonnetwork television program broadcast by a distant station that your cable system carried on a substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a further explanation of the programming that must be included in this log, see page (v) of the general instructions located in the paper SA3 form.							
1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE							
During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program							
Note: If your answer is "No log in block 2.	o", leave the	e rest of this pa	age blank. If your answer i	s "Yes," you	must complete the prog	ram	Program Log
period, was broadcast by a under certain FCC rules, re SA3 form for futher informatitles, for example, "I Love Column 2: If the progra Column 3: Give the call Column 4: Give the brothe case of Mexican or Ca Column 5: Give the mofirst. Example: for May 7 g Column 6: State the tim to the nearest five minutes stated as "6:00–6:30 p.m."	stitute prograce, please of every not a distant state gulations, ation. Do not Lucy" or "Norm was broad sign of the padcast state and and the example: ter "R" if the and regulation of the and regulation of the example:	am on a sepan attach additio connetwork tele- ition and that y or authorizatio ot use general BA Basketball adcast live, ent station broaddion's location (ions, if any, the y when your sy he substitute pro a program car e listed progrations in effect of	nal pages. evision program (substitute rour cable system substitut ns. See page (vi) of the ge categories like "movies", 76ers vs. Bulls." for "Yes." Otherwise enter casting the substitute prog the community to which the community with which the extern carried the substitut rogram was carried by you ried by a system from 6:00 m was substituted for prog during the accounting perio	program) that ted for the program instruction "basketbal" "No." ram. te station is life station is ide program. U r cable syste 1:15 p.m. to 6 ramming that bod; enter the	at, during the accountin ogramming of another stions located in the pap I". List specific program censed by the FCC or, lentified). se numerals, with the num. List the times accurates: 228:30 p.m. should be tyour system was required.	g station er in nonth ately	
					EN SUBSTITUTE	7. REASON	
1. TITLE OF PROGRAM	2. LIVE?	E PROGRAM 3. STATION'S		5. MONTH	6. TIMES	FOR DELETION	
	Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM — TO		
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ACCOUNTING PERIOD: 2022/2 FORM SA3E. PAGE 6.

Name	LEGAL NAME OF								S	4STEM ID# 63167
	Armstrong l									03107
J Part-Time Carriage Log	ge 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-									
			DATE	S AND HOURS	OF F	PART-TIME CAF	RRIAGE			
	CALL SIGN	WHEN	N CARRIAGE OCC	URRED		CALL SIGN	WHE	N CARRIAGE O	CCUF	RRED
	CALL SIGN	DATE	HOU FROM	RS TO		CALL SIGN	DATE	FROM	OURS	S TO
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LEGA	NAME OF OWNER OF CABLE SYSTEM: Instrong Utilities, Inc.		SYSTEM ID# 63167	Name			
Inst all a (as i page	OSS RECEIPTS ructions: The figure you give in this space determines the form you fle and the amount y mounts (gross receipts) paid to your cable system by subscribers for the system's secon identifed in space E) during the accounting period. For a further explanation of how to cole (vii) of the general instructions. Gross receipts from subscribers for secondary transmission service(s)	dary transmissio	on service	K Gross Receipts			
	during the accounting period. ORTANT: You must complete a statement in space P concerning gross receipts.	\$ (Amount o	3,355,488.80 f gross receipts)				
COPYRIGHT ROYALTY FEE Instructions: Use the blocks in this space L to determine the royalty fee you owe: • Complete block 1, showing your minimum fee. • Complete block 2, showing whether your system carried any distant television stations. • If your system did not carry any distant television stations, leave block 3 blank. Enter the amount of the minimum fee from block 1 on line 1 of block 4, and calculate the total royalty fee. • If your system did carry any distant television stations, you must complete the applicable parts of the DSE Schedule accompanying this form and attach the schedule to your statement of account. • If part 8 or part 9, block A, of the DSE schedule was completed, the base rate fee should be entered on line 1 of							
bloc	k 3 below. Int 6 of the DSE schedule was completed, the amount from line 7 of block C should be en						
3 be							
2 in	block 4 below.						
	MINIMUM FEE: All cable systems with semiannual gross receipts of \$527,600 or more least the minimum fee, regardless of whether they carried any distant stations. This fee system's gross receipts for the accounting period.		of the				
	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.	\$	3,355,488.80				
	This is your minimum fee.	\$	35,702.40				
Block	space G. If, in space G, you identifed any stations as "distant" by stating "Yes" in column "Yes" in this block. • Did your cable system carry any distant television stations during the accounting perior Yes—Complete the DSE schedule. X No—Leave block 3 below blank and of the Line 1. BASE RATE FEE: Enter the base rate fee from either part 8, section 3 or 4, or part 9, block A of the DSE schedule. If none, enter zero	d?					
3	Line 2. 3.75 Fee: Enter the total fee from line 7, block C, part 6 of the DSE schedule. If none, enter zero		0.00				
	Line 3. Add lines 1 and 2 and enter here	\$	-				
Block 4	Line 1. BASE RATE FEE/3.75 FEE or MINIMUM FEE: Enter either the minimum fee from block 1 or the sum of the base rate fee / 3.75 fee from block 3, line 3, whichever is larger Line 2. SYNDICATED EXCLUSIVITY SURCHARGE: Enter the fee from either part 7	\$	35,702.40	Cable systems submitting			
	(block D, section 3 or 4) or part 9 (block B) of the DSE schedule. If none, enter zero.		0.00	additional deposits under			
	Line 3. Line 3. INTEREST CHARGE: Enter the amount from line 4, space Q, page 9 (Interest Worksheet)		0.00	Section 111(d)(7) should contact the Licensing			
	Line 4. FILING FEE.	\$	725.00	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	\$	36,427.40	appropriate form for submitting the additional fees.			
	EFT Trace # or TRANSACTION ID #			additional lees.			
	Remit this amount via <i>electronic payment</i> payable to Register of Copyrights. (S general instructions located in the paper SA3 form and the Excel instructions ta	, ,					

ACCOUNTING PERIOD: 2022/2 FORM SA3E, PAGE 8

				FUNIVI SASE, FAGE 6.
Name	LEGAL NAME OF OWNER OF CA		EM:	SYSTEM ID#
	Armstrong Utilities, I	, Inc.		63167
	CHANNELS			
M	Instructions: You must	st give (1)	the number of channels on which the cable system carried television b	roadcast stations
	to its subscribers and (2	(2) the ca	ole system's total number of activated channels, during the accounting p	period.
Channels				
			nnels on which the cable	71
	system carried televisi	ISION DIOA	dcast stations	
	2. Enter the total numbe	ber of acti	vated channels	
			ried television broadcast stations	205
	and nonbroadcast serv	ervices		385
N	INDIVIDUAL TO BE CO	CONTACT	ED IF FURTHER INFORMATION IS NEEDED: (Identify an individual	
	we can contact about th	this stater	nent of account.)	
Individual to				
Be Contacted	Name Ken Prou e	udfoot	т.	clambana (724) 292 0025
for Further Information	Name Ken Prou	uuiooi	1	elephone (724) 283-0925
	Address One Arms (Number street	nstrong	Place le, apartment, or suite number)	
	Butler, PA (City, town, state		I	
	Email k	kproudf	oot@agoc.com Fax (optional)	
	CERTIFICATION (This st	statement	of account must be certifed and signed in accordance with Copyright C	Office regulations.)
0	,			
Certifcation	• I, the undersigned, herel	reby certify	that (Check one, but only one, of the boxes.)	
	(Owner other than co	corporation	on or partnership) I am the owner of the cable system as identifed in line 1	of space B; or
			orporation or partnership) I am the duly authorized agent of the owner of	the cable system as identified
	in line 1 of space i	e B and th	at the owner is not a corporation or partnership; or	
		•	fficer (if a corporation) or a partner (if a partnership) of the legal entity identi	ifed as owner of the cable system
	in line 1 of space I	e B.		
			f account and hereby declare under penalty of law that all statements of fac	
	are true, complete, and co [18 U.S.C., Section 1001)		the best of my knowledge, information, and belief, and are made in good fa	ith.
	[10 0.0.0., 000.011 1001]	, ((1000)]		
		_		
		Χ	/s/ Diane Potochny	
	_	/\	•	
			ectronic signature on the line above using an "/s/" signature to certify this state	
			hn Smith). Before entering the first forward slash of the /s/ signature, place yon type /s/ and your name. Pressing the "F" button will avoid enabling Excel's l	
				, ,
	Ty	Typed or	printed name: /S/Diane Potochny	
	Ti	Title: C	Chief Financial Officer	
			Title of official position held in corporation or partnership)	
	Da	Date: F	ebruary 28, 2023	

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Office to collect the personally identifying information (PII) requested on the form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephonumbers. 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 the completed record of statements of account, and it may affect the legal sufficiency of the fling, a determination that would be made by a court of lav

LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	Nama					
Armstrong Utilities, Inc.	63167	Name					
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." For more information on when to exclude these amounts, see the note on page (vii) of the general instructions in the paper SA3 form.							
During the accounting period did the cable system exclude any amounts of gross receipts for second made by satellite carriers to satellite dish owners? X NO	condary transmissions						
YES. Enter the total here and list the satellite carrier(s) below							
Name Mailing Address Mailing Address							
INTEREST ASSESSMENTS							
You must complete this worksheet for those royalty payments submitted as a result of a late payer. For an explanation of interest assessment, see page (viii) of the general instructions in the paper.		Q					
Line 1 Enter the amount of late payment or underpayment	x	Interest Assessment					
Line 2 Multiply line 1 by the interest rate* and enter the sum here	x days						
Line 3 Multiply line 2 by the number of days late and enter the sum here	x 0.00274						
Line 4 Multiply line 3 by 0.00274** enter here and on line 3, block 4, space L, (page 7)							
* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For fu contact the Licensing Division at (202) 707-8150 or licensing@copyright.gov.	(interest charge) rther assistance please						
** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.							
NOTE: If you are filing this worksheet covering a statement of account already submitted to the Oplease list below the owner, address, first community served, accounting period, and ID number filing.							
Owner Address							
First community served							
Accounting period ID number							

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

ACCOUNTING PERIOD: 2022/2

DSE SCHEDULE. PAGE 10.

INSTRUCTIONS FOR DSE SCHEDULE WHAT IS A "DSE"

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

FORMULAS FOR COMPUTING A STATION'S DSE

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

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

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

Note that local stations are not counted at all in computing DSEs.

Step 2: Calculate the station's basis of carriage value: The DSE of a station also depends on its basis of carriage. If, as shown in space C of your Form SA3E, the station was carried part time because of lack of activated channel capacity, its basis of carriage value is determined by (1) calculating the number of hours the cable system carried the station during the accounting period, and (2) dividing that number by the total number of hours the station broadcast over the air during the accounting period. The basis of carriage value for all other stations listed in space G is 1.0.

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

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

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

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

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

TOTAL OF DSEs

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

THE ROYALTY FEE

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

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

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

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

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

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

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

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

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

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

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

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

COMPUTING THE BASE RATE FEE—PART 8 OF THE DSE

SCHEDULE

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

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

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

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

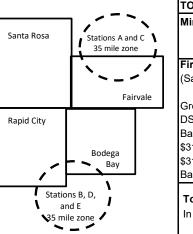
- When the fourth decimal point is 1, 2, 3, or 4, the third decimal remains unchanged (example: .34647 is rounded to .346).
- When the fourth decimal point is 5, 6, 7, 8, or 9, the third decimal is rounded up (example: .34651 is rounded to .347).

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

EXAMPLE:

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

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



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

inimum Fee Total Gross Receipts	\$600,000.00
	x .01064
	\$6.384.00

\$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			

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

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

DOL CONLEDGEE. 1 7 Co	LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID#								
1									
	Armstrong Utilities, Inc.					63167			
	SUM OF DSEs OF CATEGOR		NS:						
	Add the DSEs of each station. Enter the sum here and in line 1 of part 5 of this schedule.								
	Enter the sum here and in line 1 of part 5 of this schedule.								
	Instructions:								
2	In the column headed "Call S	Sign": list the ca	Il signs of all distant stations	s identified by t	he letter "O" in column 5				
Computation	of space G (page 3). In the column headed "DSE"	'• for each inden	endent station, give the DSI	Fas "1 ()"· for	each network or noncom-				
of DSEs for	mercial educational station, giv			L 40 1.0 , 101	odon notwork or noncom				
Category "O"	7,5		CATEGORY "O" STATION	NS: DSEs					
Stations	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE			
Add rows as									
necessary.									
Remember to copy									
all formula into new									
rows.									
l	L	l		<u> </u>					

Nama	LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM							SYSTEM ID#
Name	Armstrong L	Itilities, Inc.						63167
Computation of DSEs for Stations Carried Part Time Due to Lack of Activated Channel	Column 2 figure should of Column 3 Column 4 be carried out Column 5 give the type-	at the call sign of all distates: For each station, give to correspond with the information: For each station, give to Divide the figure in columnt least to the third decimate at least to the third decimate at least to the state of the columnt least to the state of the column least state of the column l	he number of ho mation given in a he total number umn 2 by the figural point. This is station, give the figurunn 4 by th	ours your cable system space J. Calculate or of hours that the stature in column 3, and a the "basis of carriag "type-value" as "1.0." gure in column 5, and	m carried the state of the state of the state of the case of the result in the state of the stat	tion during the accounting each station. er the air during the acco decimals in column 4. Th	unting period. is figure must cational station,	
Capacity		(CATEGORY L	AC STATIONS:	COMPUTATI	ON OF DSEs		
	1. CALL SIGN	2. NUMBE OF HOU CARRIE SYSTEI	ER 3 JRS ED BY M	B. NUMBER OF HOURS STATION ON AIR	4. BASIS OF CARRIAG VALUE	5. TYPE VALUE		SE.
			÷ -		=	<u>x</u>		
						x x		
			÷		=	x	=	
			÷		= =	×		
			÷		=	x	=	
			÷		=	x	=	
	Add the DSEs	OF CATEGORY LAC Sof each station. m here and in line 2 of p		edule,		0.00		
Computation of DSEs for Substitute-Basis Stations	Was carried tions in effer Broadcast of space I). Column 2: at your option. Column 4: I	ct on October 19, 1976 (ne or more live, nonnetw For each station give the This figure should corres Enter the number of days Divide the figure in colun	itution for a prog as shown by the ork programs dur number of live, spond with the ir s in the calendar on 2 by the figure	pram that your system that your system that optional carr nonnetwork program formation in space I. year: 365, except in the in column 3, and given the least options.	N was permitted to 7 of space I); and iage (as shown by s carried in subst a leap year. we the result in co	o delete under FCC rules	2 of were deleted s than the third	rm).
		SI	IBSTITUTE-B	BASIS STATION	S: COMPUTA	TION OF DSFs		
	1. CALL SIGN	2. NUMBER OF PROGRAMS	3. NUMBER OF DAYS IN YEAR	4. DSE	1. CALL SIGN	2. NUMBER OF PROGRAMS	3. NUMBER OF DAYS IN YEAR	4. DSE
		4		=		÷		=
		4	÷ 			÷		
		4	-	=		-		=
		-	-	=		÷		=
	Add the DSEs	OF SUBSTITUTE-BAS of each station. m here and in line 3 of p	IS STATIONS:	edule,		0.00		-
5	number of DSEs	s applicable to your syster		oxes in parts 2, 3, and	4 of this schedule	e and add them to provide	the total	
Total Number of DSEs		f DSEs from part 2 ● f DSEs from part 3 ●					0.00	
J. DOL3		f DSEs from part 4 ●				•	0.00	
		•						
	TOTAL NUMBE	R OF DSEs						0.00

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

Armstrong Ut	OWNER OF CABLE	SYSTEM:					S	YSTEM ID# 63167	Name
Instructions: Block A must be completed. In block A: • If your answer if "Yes," leave the remainder of part 6 and part 7 of the DSE schedule blank and complete part 8, (page 16) of the schedule. • If your answer if "No," complete blocks B and C below.								6	
BLOCK A: TELEVISION MARKETS									Computation of
effect on June 24, Yes—Com	m located wholly o , 1981? nplete part 8 of the plete blocks B and	schedule—[C below.	OO NOT COM		AINDER OF F	PART 6 AND 7	·	gulations in	3.75 Fee
Column 1: CALL SIGN	under FCC rules	and regulati ne DSE Sche	ons prior to Ju dule. (Note: Tl	part 2, 3, and 4 o ne 25, 1981. For fi he letter M below r Act of 2010.)	urther explana	ition of permitt	ed stations, see t	he	
Column 2: Enter the appropriate letter indicating the basis on which you carried a permitted station. (Note the FCC rules and regulations cited below pertain to those in effect on June 24, 1981.) A Stations carried pursuant to the FCC market quota rules [76.57, 76.59(b), 76.61(b)(c), 76.63(a) referring to 76.61(b)(c)] B Specialty station as defined in 76.5(kk) (76.59(d)(1), 76.61(e)(1), 76.63(a) referring to 76.61(e)(1) C Noncommerical educational station [76.59(c), 76.61(d), 76.63(a) referring to 76.61(d)] D Grandfathered station (76.65) (see paragraph regarding substitution of grandfathered stations in the instructions for DSE schedule). E Carried pursuant to individual waiver of FCC rules (76.7) *F A station previously carried on a part-time or substitute basis prior to June 25, 1981 G Commercial UHF station within grade-B contour, [76.59(d)(5), 76.61(e)(5), 76.63(a) referring to 76.61(e)(5)] M Retransmission of a distant multicast stream.									
Column 3:		e stations ide	entified by the I	n parts 2, 3, and 4 etter "F" in column			vorksheet on page	e 14 of	
1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	
							•		
		,						0.00	
		В	LOCK C: CC	MPUTATION O	F 3.75 FEE				
Line 1: Enter the	e total number of	DSEs from	part 5 of this	schedule			11-		
Line 2: Enter the	e sum of permitte	d DSEs fro	m block B ab	ove				-	
	line 2 from line 1 leave lines 4–7 b			-		rate.	11-	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	line 4 by 0.0375	and enter s	um here				X		permited/ partially nonpermitted
Line 6: Enter tot	al number of DS	Es from line	3				^		carriage? If yes, see part 9 instructions.
Line 7: Multiply I	line 6 by line 5 ar	nd enter hei	e and on line	2, block 3, spac	el (page 7)			0.00	

	WNER OF CABLE lities, Inc.	SYSTEM:						STEM ID# 63167	Name
		BLOCK	A: TELEVIS	SION MARKETS	S (CONTIN	IUED)			
1. C	2. PERMITTED BASIS		1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	6
	 								Computatio
	 								3.75 Fee

	 					•			

ACCOUNTING PERIOD: 2022/2

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name Armstrong Utilities, Inc. 63167 Instructions: You must complete this worksheet for those stations identifed by the letter "F" in column 2 of block B, part 6 (i.e., those Worksheet for stations carried prior to June 25, 1981, under former FCC rules governing part-time and substitute carriage.) Column 1: List the call sign for each distant station identifed by the letter "F" in column 2 of part 6 of the DSE schedule. Computating the DSE Column 2: Indicate the DSE for this station for a single accounting period, occurring between January 1, 1978 and June 30, 1981. Schedule for Column 3: Indicate the accounting period and year in which the carriage and DSE occurred (e.g., 1981/1). Permitted Column 4: Indicate the basis of carriage on which the station was carried by listing one of the following letters: Part-Time and (Note that the FCC rules and regulations cited below pertain to those in effect on June 24, 1981.) Substitute A—Part-time specialty programming: Carriage, on a part-time basis, of specialty programming under FCC rules, sections Carriage 76.59(d)(1),76.61(e)(1), or 76.63 (referring to 76.61(e)(1)). B-Late-night programming: Carriage under FCC rules, sections 76.59(d)(3), 76.61(e)(3), or 76.63 (referring to 76.61(e)(3)). S-Substitute carriage under certain FCC rules, regulations, or authorizations. For further explanation, see page (vi) of the general instructions in the paper SA3 form. Column 5: Indicate the station's DSE for the current accounting period as computed in parts 2, 3, and 4 of this schedule. Column 6: Compare the DSE figures listed in columns 2 and 5 and list the smaller of the two figures here. This figure should be entered in block B, column 3 of part 6 for this station. IMPORTANT: The information you give in columns 2, 3, and 4 must be accurate and is subject to verification from the designated statement of account on fle in the Licensing Division. PERMITTED DSE FOR STATIONS CARRIED ON A PART-TIME AND SUBSTITUTE BASIS 1. CALL 2. PRIOR 3. ACCOUNTING 4. BASIS OF 5. PRESENT 6. PERMITTED SIGN DSE **PERIOD** CARRIAGE Instructions: Block A must be completed. 7 In block A: Computation If your answer is "Yes," complete blocks B and C, below. of the If your answer is "No," leave blocks B and C blank and complete part 8 of the DSE schedule. **Syndicated BLOCK A: MAJOR TELEVISION MARKET Exclusivity** ls any portion of the cable system within a top 100 major television market as defned by section 76.5 of FCC rules in effect June 24, 1981? Surcharge X Yes—Complete blocks B and C . No—Proceed to part 8 BLOCK B: Carriage of VHF/Grade B Contour Stations **BLOCK C: Computation of Exempt DSEs** Is any station listed in block B of part 6 the primary stream of a Was any station listed in block B of part 7 carried in any commucommercial VHF station that places a grade B contour, in whole nity served by the cable system prior to March 31, 1972? (refer or in part, over the cable system? to former FCC rule 76.159) Yes—List each station below with its appropriate permitted DSE Yes—List each station below with its appropriate permitted DSE X No—Enter zero and proceed to part 8. X No-Enter zero and proceed to part 8. CALL SIGN CALL SIGN CALL SIGN DSE DSE DSE CALL SIGN DSE 0.00 0.00 TOTAL DSEs TOTAL DSEs

LEGAL NA	ME OF OWNER OF CABLE SYSTEM: Armstrong Utilities, Inc.	STEM ID# 63167	Name
	BLOCK D: COMPUTATION OF THE SYNDICATED EXCLUSIVITY SURCHARGE		
Section 1	Enter the amount of gross receipts from space K (page 7)	55,488.80	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? X Yes—Complete section 3 below. 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? 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 DSE is 1.0 or less, multiply the gross receipts by .00599 by the DSE. Enter the result on line A below.		
	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 4a	Did your cable system retransmit the signals of any partially distant television stations during the accounting period? Yes—Complete part 9 of this schedule. X 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 DSE 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)		
	B. Enter 0.00189 of gross receipts (the amount in section 1)		
	C.Subtract 1.000 from total permitted DSEs (the fgure on line C in section 2) and enter here		
	D. Multiply line B by line C and enter here		
	E. Add lines A and D. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7) Syndicated Exclusivity Surcharge		

Name	LEGAL NAM	ME OF OWNER OF CABLE SYSTEM: SYSTEM:							
Name	1	Armstrong Utilities, Inc. 63°	167						
7	Section 4b	If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 4a blank.							
Computation		A. Enter 0.00300 of gross receipts (the amount in section 1) ▶ \$							
of the Syndicated Exclusivity		B. Enter 0.00189 of gross receipts (the amount in section 1) ▶ \$							
Surcharge		C. Multiply line B by 3.000 and enter here							
		D. Enter 0.00089 of gross receipts (the amount in section 1) ▶ \$							
		E. Subtract 4.000 from the total DSEs (the figure on line C in section 2) and enter here.							
		F. Multiply line D by line E and enter here							
		G. Add lines A, C, and F. This is your surcharge.							
		Enter here and on line 2, block 4, space L (page 7)							
		Syndicated Exclusivity Surcharge. ▶ \$	<u></u> '						
	Instru	ctions:							
8	You m	ust complete this part of the DSE schedule for the SUM OF PERMITTED DSEs in part 6, block B; however, if block A of part							
		checked "Yes," use the total number of DSEs from part 5. ock A, indicate, by checking "Yes" or "No," whether your system carried any partially distant stations.							
Computation		ir answer is "No," compute your system's base rate fee in block B. Leave part 9 blank.							
of	1	ar answer is "Yes" (that is, if you carried one or more partially distant stations), you must complete part 9. Leave block B below							
Base Rate Fee	blank What i	: is a partially distant station? A station is "partially distant" if, at the time your system carried it, some of your subscribers							
		pocated within that station's local service area and others were located outside that area. For the definition of a station's "local							
	service	e area," see page (v) of the general instructions.							
		BLOCK A: CARRIAGE OF PARTIALLY DISTANT STATIONS							
	• Dia y	our cable system retransmit the signals of any partially distant television stations during the accounting period?							
	<u> </u>	Yes—Complete part 9 of this schedule. X No—Complete the following sections.							
		BLOCK B: NO PARTIALLY DISTANT STATIONS—COMPUTATION OF BASE RATE FEE							
	Section 1	Enter the amount of gross receipts from space K (page 7)							
	Section	Enter the total number of permitted DSEs from block B, part 6 of this schedule.							
	2	(If block A of part 6 was checked "Yes," use the total number of DSEs from part 5.) ▶ 0.00							
		use the total number of DSEs from part 5.)							
	Section 3	If the figure in section 2 is 4.000 or less , compute your base rate fee here and leave section 4 blank. NOTE: If the DSE is 1.0 or less, multiply the gross receipts by 0.01064 by the DSE. Enter the result on line A below.							
		A. Enter 0.01064 of gross receipts							
		(the amount in section 1) ▶ _ \$							
		B. Enter 0.00701 of gross receipts (the amount in section 1) ▶ \$ 23,521.98							
		<u> </u>							
		C. Subtract 1.000 from total DSEs							
		(the figure in section 2) and enter here							
		D. Multiply line B by line C and enter here							
		E. Add lines A, and D. This is your base rate fee. Enter here and in block 3, line 1, space L (page 7)	\neg						
		Base Rate Fee.							
	1	, <u>, , , , , , , , , , , , , , , , , , </u>							

DSE SCHEDULE. PAGE 17. ACCOUNTING PERIOD: 2022/2

LEGAL NAME OF OWNER OF OARLE OVOTEN.	OVOTEMID#	
LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID# 63167	Name
Armstrong Utilities, Inc.	03107	
Section If the figure in section 2 is more than 4.000 , compute your base rate fee here and leave section 3 blank.		•
A. Enter 0.01064 of gross receipts		8
(the amount in section 1) 		
B. Enter 0.00701 of gross receipts		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	0.00	
Dase Rate Fee	0.00	
IMPORTANT: It is no longer necessary to report television signals on a system-wide basis. Carriage of television	broadcast signals	
shall instead be reported on a community-by-community basis (subscriber groups) if the cable system reported n ups in Space G.		9
In General: If any of the stations you carried were partially distant, the statute allows you, in computing your base		Computation
receipts from subscribers located within the station's local service area, from your system's total gross receipts. I this exclusion, you must:	o take advantage of	of
		Base Rate Fee and
First: Divide all of your subscribers into subscriber groups, each group consisting entirely of subscribers that are station or the same group of stations. Next: Treat each subscriber group as if it were a separate cable system. Do		Syndicated
DSEs and the portion of your system's gross receipts attributable to that group, and calculate a separate base ra		Exclusivity
Finally: Add up the separate base rate fees for each subscriber group. That total is the base rate fee for your sys	item.	Surcharge for
NOTE: If any portion of your cable system is located within the top 100 television market and the station is not ex		Partially
must also compute a Syndicated Exclusivity Surcharge for each subscriber group. In this case, complete both blo However, if your cable system is wholly located outside all major television markets, complete block A only.	ock A and B below.	Distant Stations, and
How to Identify a Subscriber Group for Partially Distant Stations		for Partially Permitted
Step 1: For each community served, determine the local service area of each wholly distant and each partially di	stant station you	Stations
carried to that community. Step 2: For each wholly distant and each partially distant station you carried, determine which of your subscriber	s were lessted	
outside the station's local service area. A subscriber located outside the local service area of a station is distant to the same token, the station is distant to the subscriber.)		
Step 3: Divide your subscribers into subscriber groups according to the complement of stations to which they are subscriber group must consist entirely of subscribers who are distant to exactly the same complement of stations.	. Note that a cable	
system will have only one subscriber group when the distant stations it carried have local service areas that coinc		
Computing the base rate fee for each subscriber group: Block A contains separate sections, one for each of subscriber groups.	your system's	
In each section:		
 Identify the communities/areas represented by each subscriber group. Give the call sign for each of the stations in the subscriber group's complement—that is, each station that is dis 	tant to all of the	
subscribers in the group.	iant to an or the	
• If:		
1) your system is located wholly outside all major and smaller television markets, give each station's DSE as you and 4 of this schedule; or,	gave it in parts 2, 3,	
 any portion of your system is located in a major or smaller televison market, give each station's DSE as you gapart 6 of this schedule. 	ave it in block B,	
Add the DSEs for each station. This gives you the total DSEs for the particular subscriber group.		
Calculate gross receipts for the subscriber group. For further explanation of gross receipts see page (vii) of the in the paper SA3 form.	general instructions	
Compute a base rate fee for each subscriber group using the formula outline in block B of part 8 of this schedul page. In making this computation, use the DSE and gross receipts figure applicable to the particular subscriber of DSEs for that group's complement of stations and total gross receipts from the subscribers in that group). You dispose your actual calculations on the form.	group (that is, the total	

	LEGAL NAME OF OWNER OF CABLE SYSTEM:	STEM ID
Name	Armstrong Utilities, Inc.	6316
	Guidance for Computing the Royalty Fee for Partially Permitted/Partially NonPermitted Signals	
	Step 1: Use part 9, block A, of the DSE Schedule to establish subscriber groups to compute the base rate fee for wholly and	
	partially permitted distant signals. Write "Permitted Signals" at the top of the page. Note: One or more permitted signals in these	
	subscriber groups may be partially distant.	
	Step 2: Use a separate part 9, block A, to compute the 3.75 percent fee for wholly nonpermitted and partially nonpermitted distant	
	signals. Write "Nonpermitted 3.75 stations" at the top of this page. Multiply the subscriber group gross receipts by total DSEs by	
	.0375 and enter the grand total 3.75 percent fees on line 2, block 3, of space L. Important: The sum of the gross receipts reported for each part 9 used in steps 1 and 2 must equal the amount reported in space K.	
	Step 3: Use part 9, block B, to compute a syndicated exclusivity surcharge for any wholly or partially permitted distant	
	signals from step 1 that is subject to this surcharge.	
	Guidance for Computing the Royalty Fee for Carriage of Distant and Partially Distant Multicast Streams	
	Step 1: Use part 9, Block A, of the DSE Schedule to report each distant multicast stream of programming that is transmitted from	
	a primary television broadcast signal. Only the base rate fee should be computed for each multicast stream. The 3.75 Percent Rate	
	and Syndicated Exclusivity Surcharge are not applicable to the secondary transmission of a multicast stream. You must report but not assign a DSE value for the retransmission of a multicast stream that is the subject of a written agreement	
	entered into on or before June 30, 2009 between a cable system or an association representing the cable system and a primary	
	transmitter or an association representing the primary transmitter.	

LEGAL NAME OF OWNE		LE SYSTEM:				S	63167	Name
В		COMPUTATION OI SUBSCRIBER GRO		TE FEES FOR EAC		IBER GROUP SUBSCRIBER GRO	UP	
COMMUNITY/ AREA	Lower	Oxford, PA		COMMUNITY/ ARE	A Rising	Sun, MD		9
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of
								Base Rate F
								and Syndicate
								Exclusivity
								Surcharge for
								Partially
								Distant Stations
								Otations
Γotal DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	iroup	\$ 825	5,326.63	Gross Receipts Sec	ond Group	\$ 1,0	087,576.19	
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
		SUBSCRIBER GRO	JP					
COMMUNITY/ AREA	Fawn C	Prove, PA		COMMUNITY/ AREA Harford, MD				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		_						
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third (Group	\$ 761	1,300.30	Gross Receipts Fou	irth Group	\$ 6	81,285.68	
Base Rate Fee Third (Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
Base Rate Fee: Add th	ne base ra	te fees for each subs	criber aroup	II as shown in the boxes	s above.			
Enter here and in block			. J. 2P			\$	0.00	

Nonpermitted 3.75 Stations

LEGAL NAME OF OWNE		LE SYSTEM:				S	YSTEM ID# 63167	Name
В		COMPUTATION OI SUBSCRIBER GRO		TE FEES FOR EAC		IBER GROUP SUBSCRIBER GROI	JP	
COMMUNITY/ AREA	Lower	Oxford, PA		COMMUNITY/ AREA Rising Sun, MD				9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								Syndicated
								Exclusivity Surcharge
								for
								Partially
								Distant Stations
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	Group	s 825	,326.63	Gross Receipts Sec	ond Group	\$ 1,0	87,576.19	
Cross resorpts rilet c	лоцр	<u> </u>	1	Cross rescipto esc	ona Oroap	<u> </u>		
Base Rate Fee First G	Froup	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
001444447444		SUBSCRIBER GRO	UP	001111111111111111111111111111111111111				
COMMUNITY/ AREA	Fawn G	Grove, PA		COMMUNITY/ ARE				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
Total DSEs	_		0.00	Total DSEs			0.00	
Gross Receipts Third (Group	\$ 761	,300.30	Gross Receipts Fou	rth Group	\$ 6	81,285.68	
Base Rate Fee Third (Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
				11				
Base Rate Fee: Add the Enter here and in block			criber group	as shown in the boxe	s above.	\$	0.00	

ACCOUNTING PERIOD: 2022/2

FORM SA3E. PAGE 20.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#					
	Armstrong Utilities, Inc.	63167					
	BLOCK B: COMPUTATION OF SYNDICATED EXCLUS	SIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP					
9	If your cable system is located within a top 100 television market and Syndicated Exclusivity Surcharge. Indicate which major television maby 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	Step 1: In line 1, give the total DSEs by subscriber group for comme	ercial 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 VHF Grade B contour stations that were classified as					
Surcharge	Exempt DSEs in block C, part 7 of this schedule. If none en	ter zero.					
for Partially	Step 3: In line 3, subtract line 2 from line 1. This is the total number Step 4: Compute the surcharge for each subscriber group using the	·					
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.						
	FIRST SUBSCRIBER GROUP	SECOND SUBSCRIBER GROUP					
	Line 1: Enter the VHF DSEs	Line 1: Enter the VHF DSEs					
	Line 2: Enter the Exempt DSEs	Line 2: Enter the Exempt DSEs					
	Line 3: Subtract line 2 from line 1	Line 3: Subtract line 2 from line 1					
	and enter here. This is the 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					
	First Group	SURCHARGE Second Group					
	THIRD SUBSCRIBER GROUP	FOURTH SUBSCRIBER GROUP					
	Line 1: Enter the VHF DSEs	Line 1: Enter the VHF DSEs					
	Line 2: Enter the Exempt DSEs	Line 2: Enter the Exempt DSEs					
	Line 3: Subtract line 2 from line 1	Line 3: Subtract line 2 from line 1					
	and enter here. This is the 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 computation					
	SYNDICATED EXCLUSIVITY						
	SURCHARGE	SYNDICATED EXCLUSIVITY SURCHARGE					
	Third Group	Fourth Group					
	SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for in the boxes above. Enter here and in block 4, line 2 of space L (page	each subscriber group as shown					