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

SA3E Long Form

Return completed workbook by email to:

coplicsoa@copyright.gov

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

Α	AC	COUNTING PERIOD COVERED BY THIS STATEMENT:				
Accounting Period		2022/2				
B Owner	rate	ructions: Give the full legal name of the owner of the cable system. If the owner is a title of the subsidiary, not that of the parent corporation. List any other name or names under which the owner conducts the busines If there were different owners during the accounting period, only the owner ngle statement of account and royalty fee payment covering the entire accound Check here if this is the system's first filing. If not, enter the system's ID	ss of the cable system on the last day of the unting period.	n. e accounting period should su		63492
	LE	GAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM				
		NORTHERN IOWA COMMUNICATIONS PARTNERS				
					63492	22022/2
					63492	2022/2
		107 S STATE STREET, P.O. BOX 100 TERRIL, IA 51364				
С		TRUCTIONS: In line 1, give any business or trade names used to in nes already appear in space B. In line 2, give the mailing address of				
System		IDENTIFICATION OF CABLE SYSTEM:	, ,			
	1					
		MAILING ADDRESS OF CABLE SYSTEM:				
	2	(Number, street, rural route, apartment, or suite number)				
		(City, town, state, zip code)				
D	Ins	tructions: For complete space D instructions, see page 1b. Identify	only the frst comm	unity served below and rel	ist on page	€ 1b
Area	with	all communities.				
Served		CITY OR TOWN	STATE			
First Community		TITONKA-BURT	IA			
connunty		elow is a sample for reporting communities if you report multiple cha CITY OR TOWN (SAMPLE)	annel line-ups in S STATE	CH LINE UP	SUB	GRP#
- ·	Ald		MD	A	306	1
Sample		ance	MD	В		2
	Ger	ing	MD	В		3
Privacy Act Notice	. Seci	ion 111 of title 17 of the United States Code authorizes the Copyright Offce to collect t	he personally identifying	information (PII) requested on this		
-		our statement of account. PII is any personal information that can be used to identify o				
• •		, you are agreeing to the routine use of it to establish and maintain a public record, wh or the public. The effect of not providing the PII requested is that it may delay processi		•	I	
		ments of account, and it may affect the legal suffciency of the fling, a determination that	• •	-		

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AMOUNT

ALLOCATION NUMBER

DATE RECEIVED

2/15/2023

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

STATEMENT OF ACCOUNT

LEGAL NAME OF OWNER OF CABLE SYSTEM:			SYSTEM ID#	
NORTHERN IOWA COMMUNICATIONS PARTNERS			63492	
Instructions: List each separate community served by the cable system. A "community" in FCC rules: "a separate and distinct community or municipal entity (including unincorpor areas and including single, discrete unincorporated areas." 47 C.F.R. §76.5(dd). The frst of system identification hereafter known as the "first community." Please use it as the first	rated communities community that ye	s within unincorpor ou list will serve as	ated	D Area Served
Note: Entities and properties such as hotels, apartments, condominiums, or mobile home below the identified city or town.	•	•	heses	
If all communities receive the same complement of television broadcast stations (i.e., one all communities with the channel line-up "A" in the appropriate column below or leave the on a partially distant or partially permitted basis in the DSE Schedule, associate each releadesignated by a number (based on your reporting from Part 9).	column blank. If y evant community v	ou report any stat vith a subscriber g	ions roup,	
When reporting the carriage of television broadcast stations on a community-by-commun channel line-up designated by an alpha-letter(s) (based on your Space G reporting) and a (based on your reporting from Part 9 of the DSE Schedule) in the appropriate columns be	a subscriber group			
CITY OR TOWN	STATE	CH LINE UP	SUB GRP#	
TITONKA-BURT	IA	Α	1	First
				Community
RUTHVEN	IA	В	3	
ROYAL	IA	В	4	
ARMSTRONG	IA	C	5	
	IA	В	6	See instructions for
RINGSTED PALMER	IA IA	C	/ 8	additional information on alphabetization.
PALMER POCAHONTAS	IA IA	D E	0 9	
PLOVER	IA	E	10	
CURLEW	IA	E	10	
ROLFE	IA	E	12	Add rows as necessary.
MALLARD	IA	Е	13	
WEST BEND	IA	E	14	
HAVELOCK	IA	E	15	
WHITTEMORE	IA	E	16	
AYRSHIRE - GILLETTE GROVE	IA	F	17	
SWEA CITY	IA	G	18	
	IA	H	19	
GRAETTINGER - WALLINGFORD	IA	D	20	

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SYSTEM ID#

Name	LEGAL NAME OF OWNER OF CABLI		NS P	ARTNERS				5		EM ID 6349:
	SECONDARY TRANSMISSION		Deco							
E	In General: The information in s		-	-	-	ary transmission	service of	the cable		
	system, that is, the retransmission									
Secondary	about other services (including p						those exis	ting on the		
Transmission Service: Sub-	last day of the accounting period Number of Subscribers: Both						blo evetor	brokon		
scribers and	down by categories of secondary						•			
Rates	each category by counting the n									
	separately for the particular serv									
	Rate: Give the standard rate of unit in which it is generally billed	-	-					-		
	category, but do not include disc						is within a	particular rate		
	Block 1: In the left-hand block	in space E, th	e form l	lists the catego	ries of se					
	systems most commonly provide									
	that applies to your system. Not categories, that person or entity			-		-				
	subscriber who pays extra for ca									
	first set" and would be counted o	once again und	er "Ser	vice to addition	al set(s).	33				
	Block 2: If your cable system									
	printed in block 1 (for example, t with the number of subscribers a									
	sufficient.									
	BLO	DCK 1					BLOC	CK 2		
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		RATE	C ^-	TEGORY OF SE		NO. OF SUBSCRIBERS		RATE
	Residential:	SUBSCRIB	EKO	NATE	CA	TEGORT OF SE	RVICE	SUBSCRIBERS		AIE
	Service to first set		2,891	\$ 51.17	TIER 2	- EXPANDED		2,634	\$	50.9
	Service to additional set(s)		_,	· · · · · · · · ·		- PREMIER		1,799	\$	61.8
	• FM radio (if separate rate)							.,		
	Motel, hotel									
	Commercial									
	Converter									
	Residential									
	Non-residential									
					·			4		
_	SERVICES OTHER THAN SEC In General: Space F calls for rai					all your cable sy	stem's serv	vices that were		
F	not covered in space E, that is, t									
	service for a single fee. There a				0		0 (,		
Services	furnished at cost or (2) services									
Other Than Secondary	amount of the charge and the ur enter only the letters "PP" in the		usually	billed. If any fa	ales are c	charged on a var	iable per-p	rogram basis,		
Transmissions:	Block 1: Give the standard rat	te charged by t								
Rates	Block 2: List any services that									
	listed in block 1 and for which a brief (two- or three-word) description				ished. Lis	st these other ser	vices in the	e form of a		
	bher (two- or timee-word) descrip									
		BLO						BLOCK 2		
	CATEGORY OF SERVICE	RATE	-	GORY OF SEF	-	RATE	CATEGO	ORY OF SERVICE		RATE
	Continuing Services: Pay cable			ation: Non-res otel, hotel	suentiai		нво		¢	17.5
	Pay cable—add'l channel			mmercial			CINEMA	X	\$ \$	14.5
	Fire protection			y cable			SHOWT		\$	10.9
	•Burglar protection			y cable-add'l cl	hannel		STARZ		\$	10.0
	Installation: Residential			e protection			PLAYBO	ΟY	\$	12.9
	• First set	\$ 54.12		rglar protection	1				<u>*</u>	
	Additional set(s)			services:						
			•Re			\$ 30.00				
	 FM radio (if separate rate) 		1	connect		φ 30.00				
	• FM radio (if separate rate) • Converter		• Dis	connect		* 50.00 N/C				
			۰Ou	sconnect	ress	N/C				

	OWNER OF CABLE SY:			3	SYST	EM ID#	Name
PRIMARY TRANSM	IITTERS: TELEVISIO	N					
			· ·		nd low power television stations)		^
				,	only on a part-time basis under n network programs [sections		G
					d (2) certain stations carried on a		Primary
	basis, as explained			parried by your ea	ala avetam an a cubatituta program		Transmitters:
	c FCC rules, regulat			arried by your ca	ble system on a substitute program		Television
			t in space I (the	Special Statemen	t and Program Log)—if the		
 List the station he 		e I, if the stati			e basis and also on some other he general instructions located		
in the paper SA Column 1: List		ian. Do not re	port origination r	program services	such as HBO, ESPN, etc. Identify		
each multicast stre	am associated with	a station acco	ording to its over	-the-air designation	n. For example, report multi-		
cast stream as "W WETA-simulcast).	ETA-2". Simulcast s	treams must l	be reported in co	olumn 1 (list each	stream separately; for example		
Column 2: Give			•		n for broadcasting over-the-air in		
	cense. For example, e system carried the		nel 4 in Washin	gton, D.C. This m	ay be different from the channel		
			tion is a network	station, an indepe	endent station, or a noncommercial		
					t), "I" (for independent), "I-M" mercial educational multicast).		
For the meaning of	f these terms, see p	age (v) of the	general instructi	ons located in the	paper SA3 form.		
Column 4: If th	e station is outside t	he local servic	ce area, (i.e. "dis	stant"), enter "Yes	. If not, enter "No". For an ex-		
	ervice area, see pag ou have entered "Ye				aper SA3 form. ating the basis on which your		
					ing "LAC" if your cable system		
	station on a part-tim nission of a distant r				pacity. payment because it is the subject		
of a written agreen	nent entered into on	or before June	e 30, 2009, betw	veen a cable syste	m or an association representing		
•				• • •	transmitter, enter the designa- er basis, enter "O." For a further		
explanation of thes	e three categories,	see page (v) c	of the general ins	structions located	in the paper SA3 form.		
					b which the station is licensed by the hich the station is identifed.		
	ilizing multiple chann						
		el line-ups, us		ace G for each ch			
Note: If you are uti	ilizing multiple chann	el line-ups, us	e a separate sp EL LINE-UP	ace G for each ch	annel line-up.		
Note: If you are uti		el line-ups, us	e a separate sp EL LINE-UP 4. DISTANT?	ace G for each ch			-
Note: If you are uti	ilizing multiple chann 2. B'CAST	el line-ups, us CHANN 3. TYPE	e a separate sp EL LINE-UP	ace G for each ch A 5. BASIS OF	annel line-up.		
Note: If you are uti 1. CALL SIGN	ilizing multiple chann 2. B'CAST CHANNEL	CHANN 3. TYPE OF	e a separate sp EL LINE-UP 4. DISTANT?	ace G for each ch A 5. BASIS OF CARRIAGE	annel line-up.		
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Note: If you are uti 1. CALL SIGN KDIN KDINDT2	2. B'CAST CHANNEL NUMBER 11.1	el line-ups, us CHANN 3. TYPE OF STATION E	e a separate sp EL LINE-UP 4. DISTANT? (Yes or No) No	ace G for each ch A 5. BASIS OF CARRIAGE	annel line-up. 6. LOCATION OF STATION DES MOINES, IA		
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Note: If you are uti SIGN KDIN KDINDT2 KDINDT3 KDINDT4 KCCIDT KCCIDT3 KCCIDT3 KEYCDT KCCWIDT3 KCWIDT4 WOIDT3 WOIDT3 WOIDT4 KDSMDT2	2. B'CAST CHANNEL NUMBER 11.1 11.2 11.3 11.4 8.1 8.2 8.3 12.1 23.3 23.4 5.1 5.3 5.4 17.1	el line-ups, us CHANN 3. TYPE OF STATION E-M E-M E-M N-M N-M N-M N-M N-M N-M N-M N	e a separate sp EL LINE-UP 4. DISTANT? (Yes or No) No No No No Yes No No No No No No No No No No	ace G for each ch A 5. BASIS OF CARRIAGE (If Distant)	annel line-up. 6. LOCATION OF STATION DES MOINES, IA DES MOINES, IA		additional information
Note: If you are uti 1. CALL SIGN KDINDT2 KDINDT3 KDINDT4 KCCIDT3 KCCIDT3 KCCIDT3 KCCIDT3 KCWIDT4 KCWIDT4 WOIDT4 WOIDT4 WOIDT4 KDSMDT2 KDSMDT2 KDSMDT3 KDSMDT4	2. B'CAST CHANNEL NUMBER 11.1 11.2 11.3 11.4 8.1 8.2 8.3 12.1 23.3 23.4 5.1 5.3 5.4 17.1 17.2 17.3 17.4	el line-ups, us CHANN 3. TYPE OF STATION E-M E-M E-M N N-M N-M N-M N-M N-M N-M N-M	e a separate sp EL LINE-UP 4. DISTANT? (Yes or No) No No No No Yes No Yes No No No No No No No No No No No	ace G for each ch A 5. BASIS OF CARRIAGE (If Distant)	annel line-up. 6. LOCATION OF STATION DES MOINES, IA DES MOINES, IA		additional information
Note: If you are uti 1. CALL SIGN KDINDT2 KDINDT3 KDINDT4 KCCIDT2 KCCIDT3 KCCIDT3 KCVIDT3 KCWIDT4 WOIDT4 WOIDT4 WOIDT4 WOIDT4 KDSMDT2 KDSMDT2 KDSMDT2 KDSMDT4 WHODT4	lizing multiple chann 2. B'CAST CHANNEL NUMBER 11.1 11.2 11.3 11.4 8.1 8.2 8.3 12.1 23.3 23.4 5.1 5.3 5.4 17.1 17.2 17.3 17.4 13.1	el line-ups, us CHANN 3. TYPE OF STATION E-M E-M E-M N-M N-M N-M N-M N-M N-M N-M N	e a separate sp EL LINE-UP 4. DISTANT? (Yes or No) No No No No Yes No Yes No No No No No No No No No No No No No	ace G for each ch A 5. BASIS OF CARRIAGE (If Distant)	annel line-up. 6. LOCATION OF STATION DES MOINES, IA DES MOINES, IA		additional information
Note: If you are uti I. CALL SIGN KDINDT2 KDINDT3 KDINDT4 KCCIDT KCCIDT3 KCCIDT3 KCCIDT3 KCWIDT4 KCWIDT4 WOIDT3 WOIDT4 WOIDT3 WOIDT4 KDSMDT4 KDSMDT2 KDSMDT2 KDSMDT4 WHODT2	2. B'CAST CHANNEL NUMBER 11.1 11.2 11.3 11.4 8.1 8.2 8.3 12.1 23.1 23.3 23.4 5.1 5.3 5.4 17.1 17.2 17.3 17.4 13.1 13.2	el line-ups, us CHANN 3. TYPE OF STATION E-M E-M N-M N-M N-M N-M N-M N-M N-M N	e a separate sp EL LINE-UP 4. DISTANT? (Yes or No) No No No No Yes No Yes No No No No No No No No No No No No No	ace G for each ch A 5. BASIS OF CARRIAGE (If Distant)	annel line-up. 6. LOCATION OF STATION DES MOINES, IA DES MOINES, IA		additional information
Note: If you are uti SIGN KDINDT2 KDINDT3 KDINDT4 KCCIDT KCCIDT2 KCCIDT3 KEYCDT KCWIDT4 KCWIDT4 WOIDT3 WOIDT3 WOIDT4 KDSMDT4 KDSMDT2 KDSMDT4 KDSMDT4 WHODT2 WHODT2 WHODT3	lizing multiple chann 2. B'CAST CHANNEL NUMBER 11.1 11.2 11.3 11.4 8.1 8.2 8.3 12.1 23.3 23.4 5.1 5.3 5.4 17.1 17.2 17.3 17.4 13.1	el line-ups, us CHANN 3. TYPE OF STATION E-M E-M E-M N-M N-M N-M N-M N-M N-M N-M N	e a separate sp EL LINE-UP 4. DISTANT? (Yes or No) No No No No Yes No Yes No No No No No No No No No No No No No	ace G for each ch A 5. BASIS OF CARRIAGE (If Distant)	annel line-up. 6. LOCATION OF STATION DES MOINES, IA DES MOINES, IA		additional information
Note: If you are uti 1. CALL SIGN KDIN KDINDT2 KDINDT3 KDINDT4 KCCIDT2 KCCIDT2 KCCIDT3 KEYCDT KCWIDT3 KCWIDT4 WOIDT3 WOIDT3 WOIDT4	lizing multiple chann 2. B'CAST CHANNEL NUMBER 11.1 11.2 11.3 11.4 8.1 8.2 8.3 12.1 23.1 23.3 23.4 5.1 5.3 5.4 17.1 17.2 17.3 17.4 13.1 13.2 13.3	el line-ups, us CHANN 3. TYPE OF STATION E-M E-M N-M N-M N-M N-M N-M N-M N-M N	e a separate sp EL LINE-UP 4. DISTANT? (Yes or No) No No No No No Yes No No No No No No No No No No No No No	ace G for each ch A 5. BASIS OF CARRIAGE (If Distant)	annel line-up. 6. LOCATION OF STATION DES MOINES, IA DES MOINES, IA		additional information
Note: If you are uti SIGN KDIN KDINDT2 KDINDT3 KDINDT4 KCCIDT KCCIDT2 KCCIDT3 KEYCDT KCWIDT3 KCWIDT4 WOIDT4 WOIDT4 WOIDT4 KDSMDT2 KDSMDT3 KDSMDT4 WHODT2 WHODT2 WHODT3 WHODT4 KDMIDT3 KDMIDT4 KDMIT4 KDMIDT4 KDMIT4 KD	lizing multiple chann 2. B'CAST CHANNEL NUMBER 11.1 11.2 11.3 11.4 8.1 8.2 8.3 12.1 23.3 23.4 5.1 5.3 5.3 5.4 17.1 17.2 17.3 17.4 13.1 13.2 13.3 13.4 19.1 56.3	el line-ups, us CHANN 3. TYPE OF STATION E-M E-M N-M N-M N-M N-M N-M N-M N-M N	e a separate sp EL LINE-UP 4. DISTANT? (Yes or No) No No No No No Yes No No No No No No No No No No No No No	ace G for each ch A 5. BASIS OF CARRIAGE (If Distant)	annel line-up. 6. LOCATION OF STATION 6. LOCATION OF STATION DES MOINES, IA DES MOINES, IA		additional information
Note: If you are uti SIGN KDIN KDINDT2 KDINDT3 KDINDT4 KCCIDT KCCIDT2 KCCIDT3 KEYCDT KCWIDT4 KCWIDT4 WOIDT3 WOIDT4 KDSMDT4 KDSMDT2 KDSMDT4 KDSMDT4 WHODT2 WHODT2 WHODT3 WHODT3 WHODT4 KDMIDT KDMIDT4 KDMIDT KDMIDT4 KDMI	lizing multiple chann 2. B'CAST CHANNEL NUMBER 11.1 11.2 11.3 11.4 8.1 8.2 8.3 12.1 23.1 23.3 23.4 5.1 5.3 5.3 5.4 17.1 17.2 17.3 17.4 13.1 13.2 13.3 13.4 19.1	el line-ups, us CHANN 3. TYPE OF STATION E-M E-M N-M N-M N-M N-M N-M N-M N-M N	e a separate sp EL LINE-UP 4. DISTANT? (Yes or No) No No No No No Yes No No No No No No No No No No No No No	ace G for each ch A 5. BASIS OF CARRIAGE (If Distant)	annel line-up. 6. LOCATION OF STATION 6. LOCATION OF STATION DES MOINES, IA DES MOINES, IA		additional information

FORM SA3E. PAGE 3.						1
LEGAL NAME OF OWN				_	SYSTEM ID#	Name
NORTHERN IO	WA COMMU	NICATION	S PARTNER	S	63492	
PRIMARY TRANSMITTE	RS: TELEVISIO	N				
					and low power television stations)	G
		-		. ,	d only on a part-time basis under ain network programs [sections	6
					and (2) certain stations carried on a	Primary
substitute program bas				operiod by your o	able system on a substitute program	Transmitters:
basis under specifc FC				carried by your c	able system on a substitute program	Television
• Do not list the station	here in space	G-but do list		e Special Statem	ent and Program Log)—if the	
station was carried	,		tion was carried	l both on a substit	tute basis and also on some other	
,		,			of the general instructions located	
in the paper SA3 fo		aign Do not r	oport origination	nrogram oonvioo	s such as HBO, ESPN, etc. Identify	
		-			tion. For example, report multi-	
cast stream as "WETA			•	•	h stream separately; for example	
WETA-simulcast). Column 2: Give the	e channel numb	per the FCC h	as assigned to t	the television stati	ion for broadcasting over-the-air in	
			0		may be different from the channel	
on which your cable sy			ation is a netwo	rk station an inde	ependent station, or a noncommercial	
					ast), "I" (for independent), "I-M"	
					ommercial educational multicast).	
For the meaning of the Column 4: If the sta					ne paper SA3 form. es". If not, enter "No". For an ex-	
planation of local servi	ce area, see pa	age (v) of the	general instruct	ions located in the	e paper SA3 form.	
					stating the basis on which your tering "LAC" if your cable system	
carried the distant stat		•	0.		a , ,	
					y payment because it is the subject stem or an association representing	
					ry transmitter, enter the designa-	
					ther basis, enter "O." For a further	
					ed in the paper SA3 form. y to which the station is licensed by the	
FCC. For Mexican or C	Canadian statio	ns, if any, give	e the name of th	ne community with	which the station is identifed.	
Note: If you are utilizin	g multiple char	nnel line-ups,	use a separate	space G for each	channel line-up.	
		CHANN	EL LINE-UP	В		
1. CALL	2. B'CAST	3. TYPE	4. DISTANT?	5. BASIS OF	6. LOCATION OF STATION	
SIGN	CHANNEL	OF	(Yes or No)	CARRIAGE		
	NUMBER	STATION		(If Distant)		
KDIN	11.1	E	yes	E	DES MOINES, IA	
KDINDT2	11.2	E-M	Yes	E	DES MOINES, IA	
KDINDT3	11.3	E-M	Yes	E	DES MOINES, IA	
KDINDT4	11.4	E-M	Yes	E	DES MOINES, IA	
KTIVDT	4.1	N	No		SIOUX CITY, IA	
KTIVDT2	4.2	N-M	No		SIOUX CITY, IA	
KTIVDT3	4.3	N-M	No		SIOUX CITY, IA	
KTIVDT4	4.4		No		SIOUX CITY, IA	
		N-M				
KCAUDT	9.1	N	No		SIOUX CITY, IA	
KCAUDT2	9.2	N-M	No		SIOUX CITY, IA	
KCAUDT3	9.3	N-M	No		SIOUX CITY, IA	
KCAUDT4	9.4	N-M	No		SIOUX CITY, IA	
KPTHDT	44.1	N	No		SIOUX CITY, IA	
KPTHDT2	44.2	N-M	No		SIOUX CITY, IA	
KPTHDT3	44.3	N	No		SIOUX CITY, IA	
KPTHDT4	44.4	N-M	No		SIOUX CITY, IA	
KMEGDT4	14.4	N-M	No		SIOUX CITY, IA	
	17.7	14-141		·		

SIOUX CITY, IA

SIOUX CITY, IA

KMEGDT2

KMEGDT3

14.2

14.3

N-M

Ν

No

NO

FORM SA3E. PAGE 3.						.1
LEGAL NAME OF OWN				_	SYSTEM ID	Name
NORTHERN IO	WA COMMU	NICATION	S PARTNERS	5	63492	
PRIMARY TRANSMITTE	RS: TELEVISION	N				
					and low power television stations)	G
	, ,			,	only on a part-time basis under in network programs [sections	0
					nd (2) certain stations carried on a	Primary
substitute program bas				carried by your or	able system on a substitute program	Transmitters:
basis under specifc FC				carried by your ca	able system on a substitute program	Television
 Do not list the station 	here in space (G—but do list		Special Stateme	nt and Program Log)—if the	
 station was carried List the station here 			ion was carried	both on a substitu	ite basis and also on some other	
					the general instructions located	
in the paper SA3 fo		aign. Do not ro	port origination	program convisoo	auch as HPO ESPN ata Identify	
		-			s such as HBO, ESPN, etc. Identify on. For example, report multi-	
	-2". Simulcast s	streams must	be reported in c	olumn 1 (list each	stream separately; for example	
WETA-simulcast). Column 2: Give the	e channel numb	er the FCC ha	as assigned to th	ne television statio	on for broadcasting over-the-air in	
					may be different from the channel	
on which your cable sy			ution is a networ	k station an inder	pendent station, or a noncommercial	
					ast), "I" (for independent), "I-M"	
					mmercial educational multicast).	
For the meaning of the Column 4: If the sta					e paper SA3 form. s". If not, enter "No". For an ex-	
planation of local servi	ce area, see pa	ge (v) of the g	eneral instruction	ons located in the	paper SA3 form.	
			•		tating the basis on which your ering "LAC" if your cable system	
carried the distant stati		0	υ.		o i i	
					payment because it is the subject	
, v					em or an association representing / transmitter, enter the designa-	
tion "E" (exempt). For	simulcasts, also	enter "E". If y	ou carried the c	hannel on any oth	her basis, enter "O." For a further	
					I in the paper SA3 form. to which the station is licensed by the	
					which the station is identifed.	
Note: If you are utilizin	ng multiple chan	nel line-ups, u	ise a separate s	pace G for each o	channel line-up.	
		CHANN	EL LINE-UP	С		
1. CALL	2. B'CAST	3. TYPE	4. DISTANT?	5. BASIS OF	6. LOCATION OF STATION	1
SIGN	CHANNEL	OF	(Yes or No)	CARRIAGE		
	NUMBER	STATION		(If Distant)		
KDIN	11.1	Е	Yes	E	DES MOINES, IA	
KDINDT2	11.2	E-M	Yes	E	DES MOINES, IA	
KDINDT3	11.3	E-M	Yes	E	DES MOINES, IA	
KDINDT4	11.4	E-M	Yes	Е	DES MOINES, IA	
KEYCDT	12.1	N	Yes	0	MANKATO, MN	
KTIVDT	4.1	N	No		SIOUX CITY, IA	
KTIVDT2	4.2	N-M	No			
KTIVDT3	4.3	N-M	No		SIOUX CITY, IA	
KTIVDT4	4.4	N-M	No		SIOUX CITY, IA	
KCAUDT	9.1	N	No		SIOUX CITY, IA	
KCAUDT2	9.2	N-M	No		SIOUX CITY, IA	
KCAUDT3	9.3	N-M	No		SIOUX CITY, IA	
KCAUDT4	9.4	N-M	No		SIOUX CITY, IA	
KPTHDT	44.1	N	No			
KPTHDT2	44.2	N-M				
	44.2	IN-IVI	No			
	44.0		NI -		SIOUX CITY, IA	
KPTHDT3	44.3	N	No		SIOUX CITY, IA SIOUX CITY, IA	
KPTHDT4	44.4	N N-M	No No		SIOUX CITY, IA SIOUX CITY, IA SIOUX CITY, IA	
KPTHDT4 KMEGDT2	44.4 14.2	N N-M N-M	No No		SIOUX CITY, IA SIOUX CITY, IA SIOUX CITY, IA SIOUX CITY, IA	
KPTHDT4	44.4	N N-M	No		SIOUX CITY, IA SIOUX CITY, IA SIOUX CITY, IA	

		NICATION	S PARTNERS	8	63492	Name
PRIMARY TRANSN	IITTERS: TELEVISIO	N				
carried by your ca FCC rules and reg 76.59(d)(2) and (4 substitute progran	ble system during th gulations in effect on), 76.61(e)(2) and (4 n basis, as explained	e accounting June 24, 198 4), or 76.63 (ro d in the next p	period, except (1, permitting the eferring to 76.61 aragraph.	1) stations carried carriage of certa (e)(2) and (4))]; a	and low power television stations) only on a part-time basis under in network programs [sections nd (2) certain stations carried on a able system on a substitute program	G Primary Transmitters: Television
	fc FCC rules, regulat			Special Statema	nt and Program Log) if the	
	ried only on a substi		it in space i (the	Special Stateme	nt and Program Log)—if the	
					te basis and also on some other	
basis. For furth in the paper SA		erning substitu	ute basis station	s, see page (v) of	the general instructions located	
Column 1: List	t each station's call s				such as HBO, ESPN, etc. Identify	
					on. For example, report multi- stream separately; for example	
WETA-simulcast)				,		
			•		n for broadcasting over-the-air in nay be different from the channel	
on which your cab	le system carried the	e station.				
					endent station, or a noncommercial st), "I" (for independent), "I-M"	
					nmercial educational multicast).	
	of these terms, see p					
	service area, see pa				s". If not, enter "No". For an ex- paper SA3 form.	
Column 5: If y	ou have entered "Ye	s" in column 4	4, you must com	plete column 5, s	tating the basis on which your	
	ied the distant statio station on a part-tim				ring "LAC" if your cable system	
For the retrans	mission of a distant	multicast stre	am that is not su	ubject to a royalty	payment because it is the subject	
					em or an association representing / transmitter, enter the designa-	
				0 1	er basis, enter "O." For a further	
explanation of the	se three categories,	see page (v)	of the general ir	structions located	in the paper SA3 form.	
					to which the station is licensed by the which the station is identifed.	
	tilizing multiple chanı					
		CHANN	EL LINE-UP	D		
1. CALL	2. B'CAST	3. TYPE	4. DISTANT?	5. BASIS OF	6. LOCATION OF STATION	
SIGN	CHANNEL	OF	(Yes or No)	CARRIAGE		
	NUMBER	STATION		(If Distant)		
17 B 11 1						
KDIN	11.1	E	No		DES MOINES, IA	
	11.2	E E-M	No No		DES MOINES, IA DES MOINES, IA	
KDINDT2					·····	
KDINDT2 KDINDT3	11.2	E-M	No		DES MOINES, IA	
KDINDT2 KDINDT3 KDINDT4	11.2 11.3	E-M E-M	No No		DES MOINES, IA DES MOINES, IA	
KDINDT2 KDINDT3 KDINDT4 KCCIDT	11.2 11.3 11.4	E-M E-M E-M	No No No		DES MOINES, IA DES MOINES, IA DES MOINES, IA	
KDINDT4 KCCIDT KCCIDT2	11.2 11.3 11.4 8.1	E-M E-M E-M N	No No No No		DES MOINES, IA DES MOINES, IA DES MOINES, IA DES MOINES, IA	
KDINDT2 KDINDT3 KDINDT4 KCCIDT KCCIDT2	11.2 11.3 11.4 8.1 8.2	E-M E-M E-M N	No No No No		DES MOINES, IA DES MOINES, IA DES MOINES, IA DES MOINES, IA DES MOINES, IA	
KDINDT2 KDINDT3 KDINDT4 KCCIDT KCCIDT2 KCCIDT3	11.2 11.3 11.4 8.1 8.2 8.3	E-M E-M N N-M N-M	No No No No No		DES MOINES, IA DES MOINES, IA DES MOINES, IA DES MOINES, IA DES MOINES, IA DES MOINES, IA	
KDINDT2 KDINDT3 KDINDT4 KCCIDT KCCIDT2 KCCIDT3 KCWIDT	11.2 11.3 11.4 8.1 8.2 8.3	E-M E-M N N-M N-M	No No No No No		DES MOINES, IA DES MOINES, IA DES MOINES, IA DES MOINES, IA DES MOINES, IA DES MOINES, IA	
KDINDT2 KDINDT3 KDINDT4 KCCIDT KCCIDT2 KCCIDT3 KCWIDT KCWIDT3	11.2 11.3 11.4 8.1 8.2 8.3 23.1 23.3	E-M E-M N N-M N-M N-M	No No No No No No No		DES MOINES, IA DES MOINES, IA DES MOINES, IA DES MOINES, IA DES MOINES, IA DES MOINES, IA	
KDINDT2 KDINDT3 KDINDT4 KCCIDT KCCIDT2 KCCIDT3 KCWIDT3 KCWIDT4	11.2 11.3 11.4 8.1 8.2 8.3 23.1 23.3 23.4	E-M E-M N N-M N-M N-M N-M	No No No No No No No No		DES MOINES, IA DES MOINES, IA	
KDINDT2 KDINDT3 KDINDT4 KCCIDT KCCIDT2 KCCIDT3 KCWIDT3 KCWIDT4	11.2 11.3 11.4 8.1 8.2 8.3 23.1 23.3	E-M E-M N N-M N-M N-M	No No No No No No No		DES MOINES, IA DES MOINES, IA DES MOINES, IA DES MOINES, IA DES MOINES, IA DES MOINES, IA DES MOINES, IA	
KDINDT2 KDINDT3 KDINDT4 KCCIDT KCCIDT2 KCCIDT3 KCWIDT KCWIDT3 KCWIDT4 WOIDT	11.2 11.3 11.4 8.1 8.2 8.3 23.1 23.3 23.4 5.1	E-M E-M N N-M N-M N-M N-M N-M N-M	No No No No No No No No No		DES MOINES, IA DES MOINES, IA	
KDINDT2 KDINDT3 KDINDT4 KCCIDT KCCIDT2 KCCIDT3 KCWIDT3 KCWIDT4 WOIDT WOIDT3	11.2 11.3 11.4 8.1 8.2 8.3 23.1 23.3 23.4 5.1 5.3	E-M E-M N N-M N-M N-M N-M N-M	No No No No No No No No No		DES MOINES, IA DES MOINES, IA	
KDINDT2 KDINDT3 KDINDT4 KCCIDT KCCIDT2 KCCIDT3 KCWIDT3 KCWIDT4 WOIDT3 WOIDT4	11.2 11.3 11.4 8.1 8.2 8.3 23.1 23.3 23.4 5.1 5.3 5.3 5.4	E-M E-M N-M N-M N-M N-M N-M N-M N-M	No No No No No No No No No No No		DES MOINES, IA DES MOINES, IA	
KDINDT2 KDINDT3 KDINDT4 KCCIDT KCCIDT2 KCCIDT3 KCWIDT3 KCWIDT4 WOIDT3 WOIDT3 WOIDT4 KDSMDT	11.2 11.3 11.4 8.1 8.2 8.3 23.1 23.3 23.4 5.1 5.3 5.3 5.4 17.1	E-M E-M N N-M N-M N-M N-M N-M N-M N-M N-M	No No No No No No No No No No No No		DES MOINES, IA DES MOINES, IA	
KDINDT2 KDINDT3 KDINDT4 KCCIDT KCCIDT2 KCCIDT3 KCWIDT3 KCWIDT4 WOIDT3 WOIDT3 WOIDT4 KDSMDT2	11.2 11.3 11.4 8.1 8.2 8.3 23.1 23.3 23.4 5.1 5.3 5.3 5.4 17.1 17.2	E-M E-M N N-M N-M N-M N-M N-M N-M N-M N-M	No No No No No No No No No No No No No N		DES MOINES, IA DES MOINES, IA	
KDINDT2 KDINDT3 KDINDT4 KCCIDT KCCIDT2 KCCIDT3 KCWIDT3 KCWIDT4 WOIDT4 WOIDT4 KDSMDT KDSMDT2 KDSMDT3	11.2 11.3 11.4 8.1 8.2 8.3 23.1 23.3 23.4 5.1 5.3 5.4 17.1 17.2 17.3	E-M E-M N N-M N-M N-M N-M N-M N-M N-M N-M N-M	No No No No No No No No No No No No No N		DES MOINES, IA DES MOINES, IA	
KDINDT2 KDINDT3 KDINDT4 KCCIDT KCCIDT2 KCCIDT3 KCWIDT3 KCWIDT4 WOIDT4 WOIDT3 WOIDT4 KDSMDT4 KDSMDT2 KDSMDT3 KDSMDT4	11.2 11.3 11.4 8.1 8.2 8.3 23.1 23.3 23.4 5.1 5.3 5.4 17.1 17.2 17.3 17.4	E-M E-M N N-M N-M N-M N-M N-M N-M N-M N-M N-M	No No No No No No No No No No No No No N		DES MOINES, IA DES MOINES, IA	
KDINDT2 KDINDT3 KDINDT4 KCCIDT KCCIDT2 KCCIDT3 KCWIDT3 KCWIDT4 WOIDT4 WOIDT3 WOIDT4 KDSMDT4 KDSMDT2 KDSMDT2 KDSMDT3 KDSMDT4 WHODT	11.2 11.3 11.4 8.1 8.2 8.3 23.1 23.3 23.4 5.1 5.3 5.4 17.1 17.2 17.3 17.4	E-M E-M N-M N-M N-M N-M N-M N-M N-M N-M N-M N	No No No No No No No No No No No No No N		DES MOINES, IA DES MOINES, IA	
KDINDT2 KDINDT3 KDINDT4 KCCIDT KCCIDT2 KCCIDT3 KCWIDT3 KCWIDT4 WOIDT4 WOIDT4 KDSMDT4 KDSMDT2 KDSMDT2 KDSMDT3 KDSMDT4 WHODT	11.2 11.3 11.4 8.1 8.2 8.3 23.1 23.3 23.4 5.1 5.3 5.4 17.1 17.2 17.3 17.4	E-M E-M N N-M N-M N-M N-M N-M N-M N-M N-M N-M	No No No No No No No No No No No No No N		DES MOINES, IA DES MOINES, IA	
KDINDT2 KDINDT3 KDINDT4 KCCIDT KCCIDT2 KCCIDT3 KCWIDT3 KCWIDT4 WOIDT4 WOIDT3 WOIDT4 KDSMDT2 KDSMDT2 KDSMDT3 KDSMDT4 WHODT2 WHODT2 WHODT3 WHODT3	11.2 11.3 11.4 8.1 8.2 8.3 23.1 23.3 23.4 5.1 5.3 5.4 17.1 17.2 17.3 17.4 13.1 13.2 13.3 13.4	E-M E-M N-M N-M N-M N-M N-M N-M N-M N-M N-M N	No No No No No No No No No No No No No N		DES MOINES, IA DES MOINES, IA	
KDINDT2 KDINDT3 KDINDT4 KCCIDT KCCIDT2 KCCIDT3 KCWIDT3 KCWIDT4 WOIDT4 WOIDT4 KDSMDT4 KDSMDT2 KDSMDT3 KDSMDT4 WHODT2 WHODT2 WHODT3 WHODT4 KDMIDT4	11.2 11.3 11.4 8.1 8.2 8.3 23.1 23.3 23.4 5.1 5.3 5.4 17.1 17.2 17.3 17.4 13.1 13.2 13.3 13.4 19.1	E-M E-M N-M N-M N-M N-M N-M N-M N-M N-M N-M N	No No No No No No No No No No No No No N		DES MOINES, IA DES MOINES, IA	
KDINDT2 KDINDT3 KDINDT4 KCCIDT KCCIDT2 KCCIDT3 KCWIDT3 KCWIDT4 WOIDT4 WOIDT4 KDSMDT2 KDSMDT4 KDSMDT2 KDSMDT3 KDSMDT4 WHODT WHODT2 WHODT3 WHODT3 WHODT4 KDMIDT3	11.2 11.3 11.4 8.1 8.2 8.3 23.1 23.3 23.4 5.1 5.3 5.4 17.1 17.2 17.3 17.4 13.1 13.2 13.3 13.4 19.1 56.3	E-M E-M N-M N-M N-M N-M N-M N-M N-M N-M N-M N	No No No No No No No No No No No No No N		DES MOINES, IA DES MOINES, IA	
KDINDT2 KDINDT3 KDINDT4 KCCIDT KCCIDT2 KCCIDT3 KCWIDT3 KCWIDT4 WOIDT4 WOIDT4 KDSMDT2 KDSMDT4 KDSMDT2 KDSMDT3 KDSMDT4 WHODT WHODT2 WHODT3 WHODT3 WHODT4 KDMIDT3	11.2 11.3 11.4 8.1 8.2 8.3 23.1 23.3 23.4 5.1 5.3 5.4 17.1 17.2 17.3 17.4 13.1 13.2 13.3 13.4 19.1	E-M E-M N-M N-M N-M N-M N-M N-M N-M N-M N-M N	No No No No No No No No No No No No No N		DES MOINES, IA DES MOINES, IA	
KDINDT2 KDINDT3 KDINDT4 KCCIDT KCCIDT2 KCCIDT3 KCWIDT3 KCWIDT4 WOIDT4 WOIDT4 KDSMDT2 KDSMDT4 KDSMDT2 KDSMDT4 WHODT3 WHODT3 WHODT3 WHODT3 WHODT3 KDSMDT4 KDSMDT3 KDSMDT4 KDSMDT3 KDSMDT4 KDSMDT3 KDSMDT4 KDMIDT3 KDSMDT3 KFPXDT	11.2 11.3 11.4 8.1 8.2 8.3 23.1 23.3 23.4 5.1 5.3 5.4 17.1 17.2 17.3 17.4 13.1 13.2 13.3 13.4 19.1 56.3 39.1	E-M E-M N-M N-M N-M N-M N-M N-M N-M N-M N-M N	No No No No No No No No No No No No No N		DES MOINES, IA DES MOINES, IA	
KDINDT2 KDINDT3 KDINDT4 KCCIDT KCCIDT2 KCCIDT3 KCWIDT3 KCWIDT4 WOIDT4 WOIDT4 WOIDT4 KDSMDT2 KDSMDT3 KDSMDT4 WHODT4 WHODT3 WHODT3 WHODT3 WHODT3 WHODT3 KDSMDT3 KDSMDT4 KDSMDT3 KDSMDT4 KDSMDT3 KDSMDT4 KDSMDT3 KFPXDT	11.2 11.3 11.4 8.1 8.2 8.3 23.1 23.3 23.4 5.1 5.3 5.4 17.1 17.2 17.3 17.4 13.1 13.2 13.3 13.4 19.1 56.3	E-M E-M E-M N N-M N-M N-M N-M N-M N-M N-M N-M N-M	No No No No No No No No No No No No No N		DES MOINES, IA DES MOINES, IA	
KDINDT2 KDINDT3 KDINDT4 KCCIDT KCCIDT2 KCCIDT3 KCWIDT3 KCWIDT4 WOIDT4 WOIDT4 KDSMDT4 KDSMDT2 KDSMDT3 KDSMDT4 WHODT2 WHODT2 WHODT3 WHODT4 KDMIDT3	11.2 11.3 11.4 8.1 8.2 8.3 23.1 23.3 23.4 5.1 5.3 5.4 17.1 17.2 17.3 17.4 13.1 13.2 13.3 13.4 19.1 56.3 39.1 4.1	E-M E-M E-M N-M N-M N-M N-M N-M N-M N-M N-M N-M N	No No	-	DES MOINES, IA DES MOINES, IA	

		NICATION	S PARTNERS	6	63492	Name
PRIMARY TRANSM	ITTERS: TELEVISIO	N				
carried by your cal FCC rules and reg 76.59(d)(2) and (4 substitute program Substitute Bas	ble system during th ulations in effect on), 76.61(e)(2) and (4 h basis, as explained sis Stations: With r	e accounting June 24, 198 4), or 76.63 (rd d in the next p espect to any	period, except (1, permitting the eferring to 76.61 aragraph. distant stations	1) stations carried carriage of certa (e)(2) and (4))]; a	and low power television stations) l only on a part-time basis under in network programs [sections ind (2) certain stations carried on a able system on a substitute program	G Primary Transmitters: Television
	c FCC rules, regula			Special Stateme	nt and Program Log)—if the	
	ried only on a substi		it in space i (inc	opecial otateme		
					te basis and also on some other	
in the paper SA		erning substitu	lie dasis station	s, see page (v) of	the general instructions located	
Column 1: List	each station's call	•			s such as HBO, ESPN, etc. Identify	
					ion. For example, report multi- n stream separately; for example	
WETA-simulcast).				· · · · · · · · · · · · · · · · · · ·	- for here does time over the sin in	
			•		on for broadcasting over-the-air in nay be different from the channel	
on which your cabl	le system carried the	e station.		•		
					pendent station, or a noncommercial ast), "I" (for independent), "I-M"	
(for independent m	nulticast), "E" (for no	ncommercial	educational), or	"E-M" (for nonco	mmercial educational multicast).	
	f these terms, see p le station is outside				e paper SA3 form. s". If not, enter "No". For an ex-	
planation of local s	ervice area, see pa	ge (v) of the g	general instructio	ons located in the	paper SA3 form.	
					tating the basis on which your ering "LAC" if your cable system	
carried the distant	station on a part-tim	ne basis beca	use of lack of ac	tivated channel c	apacity.	
					payment because it is the subject tem or an association representing	
the cable system a	and a primary transr	nitter or an as	sociation repres	enting the primar	y transmitter, enter the designa-	
					her basis, enter "O." For a further I in the paper SA3 form.	
					to which the station is licensed by the	
					which the station is identifed.	
Note. Il you are ut	ilizing multiple chan	•			ananmen inne-up.	
			EL LINE-UP			
1. CALL	2. B'CAST	3. TYPE	4. DISTANT?	5. BASIS OF	6. LOCATION OF STATION	
SIGN	CHANNEL NUMBER	OF STATION	(Yes or No)	CARRIAGE (If Distant)		
KDIN	11.1	E	No	(in Distant)	DES MOINES, IA	
KDINDT2	11.1	E-M		.	1	
					DES MOINES IA	
	11 3	E-M	No		DES MOINES, IA	
	11.3	E-M	No		DES MOINES, IA	
KDINDT4	11.4	E-M	No No		DES MOINES, IA DES MOINES, IA	
KDINDT4 KCCIDT	11.4 8.1	E-M N	No No No		DES MOINES, IA DES MOINES, IA DES MOINES, IA	
KDINDT4 KCCIDT KCCIDT2	11.4 8.1 8.2	E-M N N-M	No No No No		DES MOINES, IA DES MOINES, IA DES MOINES, IA DES MOINES, IA	
KDINDT4 KCCIDT KCCIDT2 KCCIDT3	11.4 8.1 8.2 8.3	E-M N N-M N-M	No No No No		DES MOINES, IA DES MOINES, IA DES MOINES, IA DES MOINES, IA DES MOINES, IA	
KDINDT4 KCCIDT KCCIDT2 KCCIDT3	11.4 8.1 8.2	E-M N N-M	No No No No		DES MOINES, IA DES MOINES, IA DES MOINES, IA DES MOINES, IA	
KDINDT4 KCCIDT KCCIDT2 KCCIDT3 KCWIDT	11.4 8.1 8.2 8.3 23.1	E-M N N-M N-M N	No No No No No		DES MOINES, IA DES MOINES, IA DES MOINES, IA DES MOINES, IA DES MOINES, IA DES MOINES, IA	
KDINDT3 KDINDT4 KCCIDT KCCIDT2 KCCIDT3 KCWIDT KCWIDT3	11.4 8.1 8.2 8.3 23.1 23.3	E-M N-M N-M N-M	No No No No No No		DES MOINES, IA DES MOINES, IA DES MOINES, IA DES MOINES, IA DES MOINES, IA DES MOINES, IA	
KDINDT4 KCCIDT KCCIDT2 KCCIDT3 KCWIDT KCWIDT3 KCWIDT4	11.4 8.1 8.2 8.3 23.1 23.3 23.4	E-M N N-M N-M N-M N-M	No No No No No No No		DES MOINES, IA DES MOINES, IA DES MOINES, IA DES MOINES, IA DES MOINES, IA DES MOINES, IA DES MOINES, IA	
KDINDT4 KCCIDT KCCIDT2 KCCIDT3 KCWIDT KCWIDT3 KCWIDT4	11.4 8.1 8.2 8.3 23.1 23.3	E-M N-M N-M N-M	No No No No No No		DES MOINES, IA DES MOINES, IA DES MOINES, IA DES MOINES, IA DES MOINES, IA DES MOINES, IA	
KDINDT4 KCCIDT KCCIDT2 KCCIDT3 KCWIDT KCWIDT3 KCWIDT4	11.4 8.1 8.2 8.3 23.1 23.3 23.4 5.1	E-M N N-M N-M N-M N-M	No No No No No No No No		DES MOINES, IA DES MOINES, IA DES MOINES, IA DES MOINES, IA DES MOINES, IA DES MOINES, IA DES MOINES, IA	
KDINDT4 KCCIDT KCCIDT2 KCCIDT3 KCWIDT KCWIDT3 KCWIDT4 WOIDT	11.4 8.1 8.2 8.3 23.1 23.3 23.4	E-M N N-M N-M N-M N-M	No No No No No No No		DES MOINES, IA DES MOINES, IA DES MOINES, IA DES MOINES, IA DES MOINES, IA DES MOINES, IA DES MOINES, IA	
KDINDT4 KCCIDT KCCIDT2 KCCIDT3 KCWIDT KCWIDT3 KCWIDT4 WOIDT WOIDT3	11.4 8.1 8.2 8.3 23.1 23.3 23.4 5.1	E-M N N-M N-M N-M N-M N-M	No No No No No No No No		DES MOINES, IA DES MOINES, IA	
KDINDT4 KCCIDT KCCIDT2 KCCIDT3 KCWIDT KCWIDT3 KCWIDT4 WOIDT3 WOIDT4	11.4 8.1 8.2 8.3 23.1 23.3 23.4 5.1 5.3	E-M N-M N-M N-M N-M N-M	No No No No No No No No		DES MOINES, IA DES MOINES, IA	
KDINDT4 KCCIDT KCCIDT2 KCCIDT3 KCWIDT3 KCWIDT3 KCWIDT4 WOIDT3 WOIDT4 KDSMDT	11.4 8.1 8.2 8.3 23.1 23.3 23.4 5.1 5.3 5.3 5.4	E-M N-M N-M N-M N-M N-M N-M	No No No No No No No No No No		DES MOINES, IA DES MOINES, IA	
KDINDT4 KCCIDT2 KCCIDT3 KCWIDT3 KCWIDT3 KCWIDT4 WOIDT4 WOIDT3 WOIDT4 KDSMDT2 KDSMDT3	11.4 8.1 8.2 8.3 23.1 23.3 23.4 5.1 5.3 5.4 17.1 17.2 17.3	E-M N-M N-M N-M N-M N-M N-M N-M N-M N-M N	No No No No No No No No No No No No No		DES MOINES, IA DES MOINES, IA	
KDINDT4 KCCIDT KCCIDT2 KCCIDT3 KCWIDT3 KCWIDT4 WOIDT4 WOIDT3 WOIDT4 KDSMDT2 KDSMDT2 KDSMDT3 KDSMDT4	11.4 8.1 8.2 8.3 23.1 23.3 23.4 5.1 5.3 5.4 17.1 17.2 17.3 17.4	E-M N-M N-M N-M N-M N-M N-M N-M N-M N-M N	No No No No No No No No No No No No No N		DES MOINES, IA DES MOINES, IA	
KDINDT4 KCCIDT2 KCCIDT3 KCWIDT3 KCWIDT3 KCWIDT4 WOIDT4 WOIDT3 WOIDT4 KDSMDT2 KDSMDT2 KDSMDT3 KDSMDT4 WHODT	11.4 8.1 8.2 8.3 23.1 23.3 23.4 5.1 5.3 5.4 17.1 17.2 17.3 17.4	E-M N-M N-M N-M N-M N-M N-M N-M N-M N-M N	No No No No No No No No No No No No No N		DES MOINES, IA DES MOINES, IA	
KDINDT4 KCCIDT2 KCCIDT3 KCWIDT3 KCWIDT4 WOIDT4 WOIDT3 WOIDT4 KDSMDT2 KDSMDT2 KDSMDT3 KDSMDT4 WHODT2	11.4 8.1 8.2 8.3 23.1 23.3 23.4 5.1 5.3 5.4 17.1 17.2 17.3 17.4 13.1 13.2	E-M N-M N-M N-M N-M N-M N-M N-M N-M N-M N	No No No No No No No No No No No No No N		DES MOINES, IA DES MOINES, IA	
KDINDT4 KCCIDT KCCIDT2 KCCIDT3 KCWIDT KCWIDT3 KCWIDT4 WOIDT4 WOIDT3 WOIDT4 KDSMDT4 KDSMDT2 KDSMDT2 KDSMDT4 WHODT WHODT2 WHODT3	11.4 8.1 8.2 8.3 23.1 23.3 23.4 5.1 5.3 5.4 17.1 17.2 17.3 17.4	E-M N-M N-M N-M N-M N-M N-M N-M N-M N-M N	No No No No No No No No No No No No No N		DES MOINES, IA DES MOINES, IA	
KDINDT4 KCCIDT KCCIDT2 KCCIDT3 KCWIDT KCWIDT3 KCWIDT4 WOIDT4 WOIDT3 WOIDT4 KDSMDT4 KDSMDT2 KDSMDT2 KDSMDT4 WHODT2 WHODT2 WHODT3 WHODT3	11.4 8.1 8.2 8.3 23.1 23.3 23.4 5.1 5.3 5.4 17.1 17.2 17.3 17.4 13.1 13.2 13.3	E-M N-M N-M N-M N-M N-M N-M N-M N-M N-M N	No No No No No No No No No No No No No N		DES MOINES, IA DES MOINES, IA	
KDINDT4 KCCIDT KCCIDT2 KCCIDT3 KCWIDT KCWIDT3 KCWIDT4 WOIDT4 WOIDT3 WOIDT4 KDSMDT4 KDSMDT2 KDSMDT4 KDSMDT4 WHODT2 WHODT2 WHODT3 WHODT3 WHODT4 KDMIDT3	11.4 8.1 8.2 8.3 23.1 23.3 23.4 5.1 5.3 5.4 17.1 17.2 17.3 17.4 13.1 13.2 13.3 13.4 19.1 56.3	E-M N N-M N-M N-M N-M N-M N-M N-M N-M N-M	No No No No No No No No No No No No No N		DES MOINES, IA DES MOINES, IA	
KDINDT4 KCCIDT KCCIDT2 KCCIDT3 KCWIDT KCWIDT4 WOIDT4 WOIDT4 WOIDT3 WOIDT4 KDSMDT4 KDSMDT2 KDSMDT4 WHODT2 WHODT2 WHODT3 WHODT3 WHODT4 KDMIDT3	11.4 8.1 8.2 8.3 23.1 23.3 23.4 5.1 5.3 5.4 17.1 17.2 17.3 17.4 13.1 13.2 13.3 13.4 19.1	E-M N-M N-M N-M N-M N-M N-M N-M N-M N-M N	No No No No No No No No No No No No No N		DES MOINES, IA DES MOINES, IA	
KDINDT4 KCCIDT KCCIDT2 KCCIDT3 KCWIDT KCWIDT3 KCWIDT4 WOIDT3 WOIDT4 KDSMDT4 KDSMDT2 KDSMDT4 WHODT2 WHODT2 WHODT3 WHODT3 WHODT4 KDMIDT3 KDSMIDT4 KDMIDT3 KDMIDT3 KFPXDT	11.4 8.1 8.2 8.3 23.1 23.3 23.4 5.1 5.3 5.4 17.1 17.2 17.3 17.4 13.1 13.2 13.3 13.4 19.1 56.3 39.1	E-M N N-M N-M N-M N-M N-M N-M N-M N-M N-M	No No No No No No No No No No No No No N		DES MOINES, IA DES MOINES, IA	
KDINDT4 KCCIDT KCCIDT2 KCCIDT3 KCWIDT3 KCWIDT4 WOIDT4 WOIDT4 KDSMDT2 KDSMDT2 KDSMDT2 KDSMDT4 WHODT2 WHODT2 WHODT3 WHODT3 KDSMIDT4 KDMIDT3 KFPXDT KTIVDT	11.4 8.1 8.2 8.3 23.1 23.3 23.4 5.1 5.3 5.4 17.1 17.2 17.3 17.4 13.1 13.2 13.3 13.4 19.1 56.3	E-M N N-M N-M N-M N-M N-M N-M N-M N-M N-M	No No No No No No No No No No No No No N		DES MOINES, IA DES MOINES, IA	
KDINDT4 KCCIDT KCCIDT2 KCCIDT3 KCWIDT	11.4 8.1 8.2 8.3 23.1 23.3 23.4 5.1 5.3 5.4 17.1 17.2 17.3 17.4 13.1 13.2 13.3 13.4 19.1 56.3 39.1 4.1	E-M N N-M N-M N-M N-M N-M N-M N-M N-M N-M	No No No No No No No No No No No No No N	-	DES MOINES, IA DES MOINES, IA	

FORM SA3E. PAGE 3 LEGAL NAME OF OV		STEM:			SYS [.]	TEM ID#	
NORTHERN	оwа сомми	NICATION	S PARTNER	S		63492	Name
PRIMARY TRANSMIT	TERS: TELEVISIO	N					
carried by your cable	system during th	e accounting	period, except (1) stations carried o	nd low power television stations) nly on a part-time basis under network programs [sections		G
76.59(d)(2) and (4), 7 substitute program b	76.61(e)(2) and (4 asis, as explained), or 76.63 (re in the next pa	ferring to 76.61(earagraph.	e)(2) and (4))]; and	(2) certain stations carried on a le system on a substitute program		Primary Transmitters: Television
basis under specifc F • Do not list the statio	FCC rules, regulat	tions, or autho G—but do list	rizations:		and Program Log)—if the		
basis. For further	e, and also in space information conce	ce I, if the stati			e basis and also on some other ne general instructions located		
each multicast strear	ach station's call s n associated with	a station acco	ording to its over	-the-air designatio	such as HBO, ESPN, etc. Identify n. For example, report multi-		
WETA-simulcast).					tream separately; for example for broadcasting over-the-air in		
on which your cable	system carried the	e station.			ay be different from the channel endent station, or a noncommercial		
educational station, t (for independent mul For the meaning of tl	by entering the let ticast), "E" (for no nese terms, see p	ter "N" (for net ncommercial age (v) of the	work), "N-M" (for educational), or ' general instruction	network multicas E-M" (for noncom ons located in the), "I" (for independent), "I-M" mercial educational multicast).		
planation of local ser Column 5: If you	vice area, see pa have entered "Ye	ge (v) of the g s" in column 4	eneral instruction , you must comp	ns located in the polete column 5, sta	aper SA3 form. ting the basis on which your		
carried the distant sta	ation on a part-tim	ne basis becau	ise of lack of act	ivated channel cap	ng "LAC" if your cable system pacity. ayment because it is the subject		
the cable system and tion "E" (exempt). Fo explanation of these Column 6: Give t	d a primary transn r simulcasts, also three categories, the location of eac Canadian station	nitter or an ass enter "E". If y see page (v) o ch station. For ns, if any, give	sociation represe ou carried the ch of the general ins U.S. stations, lis the name of the	enting the primary f annel on any othe structions located i at the community to community with w	m or an association representing ransmitter, enter the designa- r basis, enter "O." For a further n the paper SA3 form. o which the station is licensed by the hich the station is identifed. annel line-up)	
			EL LINE-UP				
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION		
KDIN	11.1	F	Yes	(II Distant)	DES MOINES, IA		
KDINDT2	11.2	E-M	Yes	E	DES MOINES, IA		
KDINDT3	11.3	E-M	Yes	E	DES MOINES, IA		
KDINDT4	11.4	E-M	Yes	E	DES MOINES, IA		
KTIVDT	4.1	N	No		SIOUX CITY, IA		
KTIVDT2	4.2	N-M	No		SIOUX CITY, IA		
KTIVDT3	4.3	N-M	No		SIOUX CITY, IA		
KTIVDT4	4.4	N-M	No		SIOUX CITY, IA		
KCAUDT	9.1	N	No		SIOUX CITY, IA		
KCAUDT2	9.2	N-M	No		SIOUX CITY, IA		
	9.3	N-M	No		SIOUX CITY, IA		
	9.4	N-M	No		SIOUX CITY, IA		
	44.1	N N	No		SIOUX CITY, IA		
	44.2	N-M	No		SIOUX CITY, IA		
KPTHDT3	44.3	N	No	l	SIOUX CITY, IA		

SIOUX CITY, IA

SIOUX CITY, IA

SIOUX CITY, IA

SIOUX CITY, IA

KPTHDT4

KMEGDT2

KMEGDT3

KMEGDT4

44.4

14.2

14.3

14.4

N-M

N-M

N-M

N-M

No

No

No

No

	OWNER OF CABLE SY			S	SYSTEM ID# 63492	Name
PRIMARY TRANSM	ITTERS: TELEVISIO	N				
In General: In space	ce G, identify every	television stat	tion (including tra	anslator stations a	nd low power television stations)	^
		• •		,	only on a part-time basis under	G
					n network programs [sections nd (2) certain stations carried on a	Primary
substitute program				(0)(2) und (4))], u		Transmitters
				carried by your ca	ble system on a substitute program	Television
basis under specifo • Do not list the state				Special Statemen	it and Program Log)—if the	
	ied only on a substi		an opaco i (alo	opoolal olatomor		
					e basis and also on some other the general instructions located	
in the paper SA		erning substitu	le basis stations	, see page (v) or	the general instructions located	
		-		-	such as HBO, ESPN, etc. Identify	
					on. For example, report multi- stream separately; for example	
WETA-simulcast).					or our opparatoly, for oxample	
			•		n for broadcasting over-the-air in	
its community of lic on which your cable			nnel 4 in Washin	gton, D.C. This m	ay be different from the channel	
			tion is a network	station, an indep	endent station, or a noncommercial	
					st), "I" (for independent), "I-M"	
For the meaning of					nmercial educational multicast). paper SA3 form.	
Column 4: If the	e station is outside	the local servi	ce area, (i.e. "dis	stant"), enter "Yes	". If not, enter "No". For an ex-	
planation of local se Column 5: If vo					paper SA3 form. ating the basis on which your	
					ring "LAC" if your cable system	
carried the distant	station on a part-tim	ne basis becau	use of lack of act	tivated channel ca	pacity.	
					payment because it is the subject or an association representing	
					transmitter, enter the designa-	
tion "E" (exempt). F	or simulcasts, also	enter "E". If y	ou carried the ch	hannel on any othe	er basis, enter "O." For a further	
					in the paper SA3 form. o which the station is licensed by the	
					which the station is identifed.	
Note: If you are util	izing multiple chanı	nel line-ups, us	se a separate sp	ace G for each cl	nannel line-up.	
		CHANN	EL LINE-UP	G		
		1				
1. CALL	2. B'CAST	3. TYPE	4. DISTANT?	5. BASIS OF	6. LOCATION OF STATION	
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	1			6. LOCATION OF STATION	
SIGN	CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE		
SIGN	CHANNEL NUMBER 11.1	3. TYPE OF STATION E	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE	DES MOINES, IA	
SIGN KDIN KDINDT2	CHANNEL NUMBER 11.1 11.2	3. TYPE OF STATION E E-M	4. DISTANT? (Yes or No) No No	5. BASIS OF CARRIAGE	DES MOINES, IA DES MOINES, IA	
SIGN KDIN KDINDT2 KDINDT3	CHANNEL NUMBER 11.1 11.2 11.3	3. TYPE OF STATION E E-M E-M	4. DISTANT? (Yes or No) No No	5. BASIS OF CARRIAGE	DES MOINES, IA DES MOINES, IA DES MOINES, IA	
SIGN KDIN KDINDT2 KDINDT3 KDINDT4	CHANNEL NUMBER 11.1 11.2	3. TYPE OF STATION E E-M	4. DISTANT? (Yes or No) No No	5. BASIS OF CARRIAGE	DES MOINES, IA DES MOINES, IA DES MOINES, IA DES MOINES, IA	
SIGN KDIN KDINDT2 KDINDT3 KDINDT4	CHANNEL NUMBER 11.1 11.2 11.3	3. TYPE OF STATION E E-M E-M	4. DISTANT? (Yes or No) No No	5. BASIS OF CARRIAGE	DES MOINES, IA DES MOINES, IA DES MOINES, IA	
	CHANNEL NUMBER 11.1 11.2 11.3 11.4	3. TYPE OF STATION E E-M E-M	4. DISTANT? (Yes or No) No No No	5. BASIS OF CARRIAGE	DES MOINES, IA DES MOINES, IA DES MOINES, IA DES MOINES, IA	
SIGN KDINDT2 KDINDT3 KDINDT4 KCCIDT	CHANNEL NUMBER 11.1 11.2 11.3 11.4 8.1	3. TYPE OF STATION E-M E-M N	4. DISTANT? (Yes or No) No No No No	5. BASIS OF CARRIAGE	DES MOINES, IA DES MOINES, IA DES MOINES, IA DES MOINES, IA DES MOINES, IA	
SIGN KDINDT2 KDINDT3 KDINDT4 KCCIDT KCCIDT2 KCCIDT3	CHANNEL NUMBER 11.1 11.2 11.3 11.4 8.1 8.2 8.3	3. TYPE OF STATION E-M E-M N N-M N-M	4. DISTANT? (Yes or No) No No No No No No	5. BASIS OF CARRIAGE (If Distant)	DES MOINES, IA DES MOINES, IA DES MOINES, IA DES MOINES, IA DES MOINES, IA DES MOINES, IA DES MOINES, IA	
SIGN KDINDT2 KDINDT3 KDINDT4 KCCIDT KCCIDT2 KCCIDT3 KEYCDT	CHANNEL NUMBER 11.1 11.2 11.3 11.4 8.1 8.2 8.3 12.1	3. TYPE OF STATION E-M E-M N N-M N-M N-M N-M	4. DISTANT? (Yes or No) No No No No No Yes	5. BASIS OF CARRIAGE	DES MOINES, IA DES MOINES, IA DES MOINES, IA DES MOINES, IA DES MOINES, IA DES MOINES, IA DES MOINES, IA MANKATO, MN	
SIGN KDINDT2 KDINDT3 KDINDT4 KCCIDT KCCIDT2 KCCIDT3 KEYCDT	CHANNEL NUMBER 11.1 11.2 11.3 11.4 8.1 8.2 8.3	3. TYPE OF STATION E-M E-M N N-M N-M	4. DISTANT? (Yes or No) No No No No No No	5. BASIS OF CARRIAGE (If Distant)	DES MOINES, IA DES MOINES, IA DES MOINES, IA DES MOINES, IA DES MOINES, IA DES MOINES, IA DES MOINES, IA	
SIGN KDINDT2 KDINDT3 KDINDT4 KCCIDT KCCIDT2 KCCIDT3 KEYCDT KCWIDT	CHANNEL NUMBER 11.1 11.2 11.3 11.4 8.1 8.2 8.3 12.1 23.1	3. TYPE OF STATION E-M E-M N N-M N-M N-M N N	4. DISTANT? (Yes or No) No No No No No Yes No	5. BASIS OF CARRIAGE (If Distant)	DES MOINES, IA DES MOINES, IA DES MOINES, IA DES MOINES, IA DES MOINES, IA DES MOINES, IA DES MOINES, IA MANKATO, MN DES MOINES, IA	
SIGN KDINDT2 KDINDT3 KDINDT4 KCCIDT KCCIDT2	CHANNEL NUMBER 11.1 11.2 11.3 11.4 8.1 8.2 8.3 12.1	3. TYPE OF STATION E-M E-M N N-M N-M N-M N-M	4. DISTANT? (Yes or No) No No No No No Yes	5. BASIS OF CARRIAGE (If Distant)	DES MOINES, IA DES MOINES, IA DES MOINES, IA DES MOINES, IA DES MOINES, IA DES MOINES, IA DES MOINES, IA MANKATO, MN	
SIGN KDINDT2 KDINDT3 KDINDT4 KCCIDT4 KCCIDT2 KCCIDT3 KEYCDT KCWIDT3	CHANNEL NUMBER 11.1 11.2 11.3 11.4 8.1 8.2 8.3 12.1 23.1	3. TYPE OF STATION E-M E-M N N-M N-M N-M N N	4. DISTANT? (Yes or No) No No No No No Yes No	5. BASIS OF CARRIAGE (If Distant)	DES MOINES, IA DES MOINES, IA DES MOINES, IA DES MOINES, IA DES MOINES, IA DES MOINES, IA DES MOINES, IA MANKATO, MN DES MOINES, IA	
SIGN KDINDT2 KDINDT3 KDINDT4 KCCIDT2 KCCIDT2 KCCIDT3 KEYCDT KCWIDT3 KCWIDT3 KCWIDT4	CHANNEL NUMBER 11.1 11.2 11.3 11.4 8.1 8.2 8.3 12.1 23.1 23.3	3. TYPE OF STATION E-M E-M N N-M N-M N N-M N	4. DISTANT? (Yes or No) No No No No Yes No No	5. BASIS OF CARRIAGE (If Distant)	DES MOINES, IA DES MOINES, IA DES MOINES, IA DES MOINES, IA DES MOINES, IA DES MOINES, IA DES MOINES, IA MANKATO, MN DES MOINES, IA DES MOINES, IA	
SIGN KDINDT2 KDINDT3 KDINDT4 KCCIDT2 KCCIDT2 KCCIDT3 KEYCDT KCWIDT3 KCWIDT3 KCWIDT4	CHANNEL NUMBER 11.1 11.2 11.3 11.4 8.1 8.2 8.3 12.1 23.1 23.1 23.3 23.4	3. TYPE OF STATION E-M E-M N-M N-M N-M N-M N-M N-M	4. DISTANT? (Yes or No) No No No No Yes No No No No	5. BASIS OF CARRIAGE (If Distant)	DES MOINES, IA DES MOINES, IA DES MOINES, IA DES MOINES, IA DES MOINES, IA DES MOINES, IA DES MOINES, IA MANKATO, MN DES MOINES, IA DES MOINES, IA	
SIGN KDINDT2 KDINDT3 KDINDT4 KCCIDT KCCIDT2 KCCIDT3 KEYCDT KCWIDT3 KCWIDT4 WOIDT	CHANNEL NUMBER 11.1 11.2 11.3 11.4 8.1 8.2 8.3 12.1 23.1 23.3 23.4 5.1	3. TYPE OF STATION E-M E-M N-M N-M N-M N N-M N-M N-M N-M	4. DISTANT? (Yes or No) No No No No Yes No No No No No No	5. BASIS OF CARRIAGE (If Distant)	DES MOINES, IA DES MOINES, IA DES MOINES, IA DES MOINES, IA DES MOINES, IA DES MOINES, IA DES MOINES, IA MANKATO, MN DES MOINES, IA DES MOINES, IA DES MOINES, IA	
SIGN KDINDT2 KDINDT3 KDINDT4 KCCIDT KCCIDT2 KCCIDT3 KEYCDT KCWIDT3 KCWIDT4 WOIDT WOIDT3	CHANNEL NUMBER 11.1 11.2 11.3 11.4 8.1 8.2 8.3 12.1 23.1 23.3 23.4 5.1	3. TYPE OF STATION E-M E-M N-M N-M N-M N-M N-M N-M N-M	4. DISTANT? (Yes or No) No No No No Yes No No No No No No	5. BASIS OF CARRIAGE (If Distant)	DES MOINES, IA DES MOINES, IA DES MOINES, IA DES MOINES, IA DES MOINES, IA DES MOINES, IA DES MOINES, IA MANKATO, MN DES MOINES, IA DES MOINES, IA DES MOINES, IA DES MOINES, IA	
SIGN KDINDT2 KDINDT3 KDINDT4 KCCIDT KCCIDT2 KCCIDT3 KCWIDT3 KCWIDT4 WOIDT3 WOIDT4	CHANNEL NUMBER 11.1 11.2 11.3 11.4 8.1 8.3 12.1 23.3 23.4 5.1 5.3 5.4	3. TYPE OF STATION E-M E-M N-M N-M N-M N-M N-M N-M N-M N-M N-M	4. DISTANT? (Yes or No) No No No No Yes No No No No No No No	5. BASIS OF CARRIAGE (If Distant)	DES MOINES, IA DES MOINES, IA DES MOINES, IA DES MOINES, IA DES MOINES, IA DES MOINES, IA DES MOINES, IA MANKATO, MN DES MOINES, IA DES MOINES, IA DES MOINES, IA DES MOINES, IA DES MOINES, IA	
SIGN KDINDT2 KDINDT3 KDINDT4 KCCIDT2 KCCIDT2 KCCIDT3 KEYCDT KCWIDT3 KCWIDT4 WOIDT3 WOIDT4	CHANNEL NUMBER 11.1 11.2 11.3 11.4 8.1 8.3 12.1 23.1 23.3 23.4 5.1 5.3 5.4 17.1	3. TYPE OF STATION E-M E-M N-M N-M N-M N-M N-M N-M N-M N-M N-M N	4. DISTANT? (Yes or No) No No No No No Yes No No No No No No	5. BASIS OF CARRIAGE (If Distant)	DES MOINES, IA DES MOINES, IA DES MOINES, IA DES MOINES, IA DES MOINES, IA DES MOINES, IA DES MOINES, IA MANKATO, MN DES MOINES, IA DES MOINES, IA DES MOINES, IA DES MOINES, IA	
SIGN KDINDT2 KDINDT3 KDINDT4 KCCIDT2 KCCIDT2 KCCIDT3 KCCIDT3 KCWIDT3 KCWIDT3 KCWIDT4 WOIDT4 WOIDT3 WOIDT4 KDSMDT2	CHANNEL NUMBER 11.1 11.2 11.3 11.4 8.1 8.2 8.3 12.1 23.1 23.3 23.4 5.1 5.3 5.4 17.1 17.2	3. TYPE OF STATION E-M E-M N-M N-M N-M N-M N-M N-M N-M N-M N-M N	4. DISTANT? (Yes or No) No No No No Yes No Yes No No No No No No No No	5. BASIS OF CARRIAGE (If Distant)	DES MOINES, IA DES MOINES, IA DES MOINES, IA DES MOINES, IA DES MOINES, IA DES MOINES, IA DES MOINES, IA MANKATO, MN DES MOINES, IA DES MOINES, IA DES MOINES, IA DES MOINES, IA DES MOINES, IA DES MOINES, IA DES MOINES, IA	
SIGN KDINDT2 KDINDT3 KDINDT4 KCCIDT2 KCCIDT2 KCCIDT3 KCWIDT3 KCWIDT4 WOIDT4 WOIDT4 WOIDT4 KDSMDT2 KDSMDT2 KDSMDT3	CHANNEL NUMBER 11.1 11.2 11.3 11.4 8.1 8.2 8.3 12.1 23.1 23.3 23.4 5.1 5.3 5.4 17.1 17.2 17.3	3. TYPE OF STATION E-M E-M N-M N-M N-M N-M N-M N-M N-M N-M N-M N	4. DISTANT? (Yes or No) No No No No Yes No Yes No No No No No No No No No	5. BASIS OF CARRIAGE (If Distant)	DES MOINES, IA DES MOINES, IA DES MOINES, IA DES MOINES, IA DES MOINES, IA DES MOINES, IA DES MOINES, IA MANKATO, MN DES MOINES, IA DES MOINES, IA	
SIGN KDINDT2 KDINDT3 KDINDT4 KCCIDT3 KCCIDT2 KCCIDT3 KCVIDT3 KCWIDT3 KCWIDT4 WOIDT4 WOIDT4 WOIDT4 KDSMDT2 KDSMDT2 KDSMDT3 KDSMDT4	CHANNEL NUMBER 11.1 11.2 11.3 11.4 8.1 8.2 8.3 12.1 23.3 23.4 5.1 5.3 5.4 17.1 17.2 17.3	3. TYPE OF STATION E-M E-M N-M N-M N-M N-M N-M N-M N-M N-M N-M N	4. DISTANT? (Yes or No) No No No No Yes No Yes No No No No No No No No No No No No	5. BASIS OF CARRIAGE (If Distant)	DES MOINES, IA DES MOINES, IA DES MOINES, IA DES MOINES, IA DES MOINES, IA DES MOINES, IA DES MOINES, IA MANKATO, MN DES MOINES, IA DES MOINES, IA	
SIGN KDINDT2 KDINDT3 KDINDT4 KCCIDT KCCIDT2 KCCIDT3 KEYCDT KCWIDT3 KCWIDT3 KCWIDT4 WOIDT4 WOIDT4 WOIDT4 KDSMDT4 KDSMDT2 KDSMDT3 KDSMDT4 WHODT	CHANNEL NUMBER 11.1 11.2 11.3 11.4 8.1 8.2 8.3 12.1 23.3 23.4 5.1 5.3 5.4 17.1 17.2 17.3 17.4	3. TYPE OF STATION E-M E-M N-M N-M N-M N-M N-M N-M N-M N-M N-M N	4. DISTANT? (Yes or No) No No No No Yes No Yes No No No No No No No No No No No No No	5. BASIS OF CARRIAGE (If Distant)	DES MOINES, IA DES MOINES, IA DES MOINES, IA DES MOINES, IA DES MOINES, IA DES MOINES, IA DES MOINES, IA MANKATO, MN DES MOINES, IA DES MOINES, IA	
SIGN KDINDT2 KDINDT3 KDINDT4 KCCIDT KCCIDT2 KCCIDT3 KEYCDT KCWIDT3 KCWIDT3 KCWIDT4 WOIDT4 WOIDT4 WOIDT4 KDSMDT4 KDSMDT2 KDSMDT3 KDSMDT4 WHODT WHODT2	CHANNEL NUMBER 11.1 11.2 11.3 11.4 8.1 8.2 8.3 12.1 23.3 23.4 5.1 5.3 5.4 17.1 17.2 17.3 17.4 13.1	3. TYPE OF STATION E-M E-M N-M N-M N-M N-M N-M N-M N-M N-M N-M N	4. DISTANT? (Yes or No) No No No No No Yes No Yes No No No No No No No No No No No No No	5. BASIS OF CARRIAGE (If Distant)	DES MOINES, IA DES MOINES, IA	
SIGN KDINDT2 KDINDT3 KDINDT4 KCCIDT KCCIDT2 KCCIDT3 KEYCDT KCWIDT3 KCWIDT3 KCWIDT4 WOIDT4 WOIDT4 WOIDT4 KDSMDT4 KDSMDT2 KDSMDT3 KDSMDT4 WHODT WHODT2 WHODT3	CHANNEL NUMBER 11.1 11.2 11.3 11.4 8.1 8.2 8.3 12.1 23.3 23.4 5.1 5.3 5.4 17.1 17.2 17.3 17.4 13.1 13.2 13.3	3. TYPE OF STATION E-M E-M N-M N-M N-M N-M N-M N-M N-M N-M N-M N	4. DISTANT? (Yes or No) No No No No No Yes No Yes No No No No No No No No No No No No No	5. BASIS OF CARRIAGE (If Distant)	DES MOINES, IA DES MOINES, IA	
SIGN KDINDT2 KDINDT3 KDINDT4 KCCIDT KCCIDT2 KCCIDT3 KEYCDT KCWIDT	CHANNEL NUMBER 11.1 11.2 11.3 11.4 8.1 8.2 8.3 12.1 23.3 23.4 5.1 5.3 5.4 17.1 17.2 17.3 17.4 13.1	3. TYPE OF STATION E-M E-M N-M N-M N-M N-M N-M N-M N-M N-M N-M N	4. DISTANT? (Yes or No) No No No No No Yes No Yes No No No No No No No No No No No No No	5. BASIS OF CARRIAGE (If Distant)	DES MOINES, IA DES MOINES, IA	
SIGN KDINDT2 KDINDT3 KDINDT4 KCCIDT KCCIDT2 KCCIDT3 KEYCDT KCWIDT3 KCWIDT3 WOIDT4 WOIDT4 WOIDT4 KDSMDT4 KDSMDT2 KDSMDT4 WHODT WHODT2 WHODT3 WHODT4	CHANNEL NUMBER 11.1 11.2 11.3 11.4 8.1 8.2 8.3 12.1 23.3 23.4 5.1 5.3 5.4 17.1 17.2 17.3 17.4 13.1 13.2 13.3 13.4	3. TYPE OF STATION E-M E-M N-M N-M N-M N-M N-M N-M N-M N-M N-M N	4. DISTANT? (Yes or No) No No No No No Yes No Yes No No No No No No No No No No No No No	5. BASIS OF CARRIAGE (If Distant)	DES MOINES, IA DES MOINES, IA	
SIGN KDINDT2 KDINDT3 KDINDT4 KCCIDT KCCIDT2 KCCIDT3 KEYCDT KCWIDT3 KCWIDT3 WOIDT3 WOIDT4 KDSMDT4 KDSMDT2 KDSMDT2 KDSMDT4 WHODT WHODT2 WHODT3 WHODT4 KDMIDT4 KDMIDT KDMIDT4 KDMIDT KDMIDT4 KDMIDT KDMIDT4 KDMIDT KDMIDT KDMIDT4 KDMIDT K	CHANNEL NUMBER 11.1 11.2 11.3 11.4 8.1 8.2 8.3 12.1 23.1 23.3 23.4 5.1 5.3 5.4 17.1 17.2 17.3 17.4 13.1 13.2 13.3 13.4 19.1	3. TYPE OF STATION E-M E-M N-M N-M N-M N-M N-M N-M N-M N-M N-M N	4. DISTANT? (Yes or No) No No No No No Yes No Yes No No No No No No No No No No No No No	5. BASIS OF CARRIAGE (If Distant)	DES MOINES, IA DES MOINES, IA	

	OWNER OF CABLE SY			S	SYSTEM ID# 63492	Name
PRIMARY TRANSM	ITTERS: TELEVISIO	N				
•			· ·		nd low power television stations)	~
				,	only on a part-time basis under n network programs [sections	G
					nd (2) certain stations carried on a	Primary
	basis, as explained					Transmitters:
	FCC rules, regulat			carried by your cal	ble system on a substitute program	Television
 Do not list the sta 	tion here in space (G—but do list		Special Statemen	t and Program Log)—if the	
	ied only on a substi		ion was carried h	oth on a substitut	e basis and also on some other	
	· ·				the general instructions located	
in the paper SA		ian Do not ro	nort origination	rogrom condisco	auch as HPO_ESPN_sts_Identify	
		-		-	such as HBO, ESPN, etc. Identify on. For example, report multi-	
cast stream as "W					stream separately; for example	
WETA-simulcast). Column 2: Give	e the channel numb	er the FCC ha	s assigned to the	e television statior	n for broadcasting over-the-air in	
ts community of lic	ense. For example,	, WRC is Cha	-		ay be different from the channel	
	e system carried the		tion is a network	station an indep	endent station, or a noncommercial	
					st), "I" (for independent), "I-M"	
					mercial educational multicast).	
	these terms, see p e station is outside				» paper SA3 form. ". If not, enter "No". For an ex-	
planation of local s	ervice area, see pa	ge (v) of the g	eneral instruction	ns located in the p	paper SA3 form.	
					ating the basis on which your ring "LAC" if your cable system	
carried the distant	station on a part-tim	ne basis becau	use of lack of act	tivated channel ca	pacity.	
				, , , ,	bayment because it is the subject	
					em or an association representing transmitter, enter the designa-	
tion "E" (exempt). F	or simulcasts, also	enter "E". If y	ou carried the ch	nannel on any othe	er basis, enter "O." For a further	
					in the paper SA3 form. o which the station is licensed by the	
					which the station is identified.	
Note: If you are uti	lizing multiple chanr	nel line-ups, us	se a separate sp	ace G for each ch	nannel line-up.	
		CHANN	EL LINE-UP	Н		
1. CALL	2. B'CAST	3. TYPE	4. DISTANT?			
				IS BASIS OF	6 LOCATION OF STATION	
SIGN	CHANNEL	OF	(Yes or No)	5. BASIS OF CARRIAGE	6. LOCATION OF STATION	
SIGN	-	-			6. LOCATION OF STATION	
	CHANNEL	OF		CARRIAGE	6. LOCATION OF STATION DES MOINES, IA	
KDIN	CHANNEL NUMBER	OF STATION	(Yes or No)	CARRIAGE		
KDIN KDINDT2	CHANNEL NUMBER 11.1 11.2	OF STATION E E-M	(Yes or No)	CARRIAGE	DES MOINES, IA DES MOINES, IA	
KDIN KDINDT2 KDINDT3	CHANNEL NUMBER 11.1 11.2 11.3	OF STATION E E-M E-M	(Yes or No) No No No	CARRIAGE	DES MOINES, IA DES MOINES, IA DES MOINES, IA	
KDIN KDINDT2 KDINDT3 KDINDT4	CHANNEL NUMBER 11.1 11.2 11.3 11.4	OF STATION E E-M	(Yes or No) No No No	CARRIAGE	DES MOINES, IA DES MOINES, IA DES MOINES, IA DES MOINES, IA	
KDIN KDINDT2 KDINDT3 KDINDT4 KEYCDT	CHANNEL NUMBER 11.1 11.2 11.3 11.4 12.1	OF STATION E-M E-M E-M N	(Yes or No) No No No Yes	CARRIAGE (If Distant)	DES MOINES, IA DES MOINES, IA DES MOINES, IA DES MOINES, IA MANKATO, MN	
KDIN KDINDT2 KDINDT3 KDINDT4 KEYCDT KEYCDT2	CHANNEL NUMBER 11.1 11.2 11.3 11.4 12.1 12.2	OF STATION E-M E-M E-M N N-M	(Yes or No) No No No Yes Yes	CARRIAGE	DES MOINES, IA DES MOINES, IA DES MOINES, IA DES MOINES, IA MANKATO, MN MANKATO, MN	
KDIN KDINDT2 KDINDT3 KDINDT4 KEYCDT KEYCDT2 KCCIDT	CHANNEL NUMBER 11.1 11.2 11.3 11.4 12.1 12.2 8.1	OF STATION E-M E-M E-M N N N N	(Yes or No) No No No Yes Yes No	CARRIAGE (If Distant)	DES MOINES, IA DES MOINES, IA DES MOINES, IA DES MOINES, IA MANKATO, MN MANKATO, MN DES MOINES, IA	
KDIN KDINDT2 KDINDT3 KDINDT4 KEYCDT	CHANNEL NUMBER 11.1 11.2 11.3 11.4 12.1 12.2	OF STATION E-M E-M E-M N N-M	(Yes or No) No No No Yes Yes	CARRIAGE (If Distant)	DES MOINES, IA DES MOINES, IA DES MOINES, IA DES MOINES, IA MANKATO, MN MANKATO, MN	
KDIN KDINDT2 KDINDT3 KDINDT4 KEYCDT KEYCDT2 KCCIDT KCCIDT2	CHANNEL NUMBER 11.1 11.2 11.3 11.4 12.1 12.2 8.1	OF STATION E-M E-M E-M N N N N	(Yes or No) No No No Yes Yes No	CARRIAGE (If Distant)	DES MOINES, IA DES MOINES, IA DES MOINES, IA DES MOINES, IA MANKATO, MN MANKATO, MN DES MOINES, IA	
KDIN KDINDT2 KDINDT3 KDINDT4 KEYCDT KEYCDT2 KCCIDT2 KCCIDT2 KCCIDT3	CHANNEL NUMBER 11.1 11.2 11.3 11.4 12.1 12.2 8.1 8.2	OF STATION E-M E-M N N-M N-M N-M	(Yes or No) No No No Yes Yes No No	CARRIAGE (If Distant)	DES MOINES, IA DES MOINES, IA DES MOINES, IA DES MOINES, IA MANKATO, MN MANKATO, MN DES MOINES, IA DES MOINES, IA	
KDIN KDINDT2 KDINDT3 KDINDT4 KEYCDT KEYCDT2 KCCIDT2 KCCIDT2 KCCIDT3	CHANNEL NUMBER 11.1 11.2 11.3 11.4 12.1 12.2 8.1 8.2 8.3	OF STATION E-M E-M N N-M N-M N-M	(Yes or No) No No No Yes Yes No No No	CARRIAGE (If Distant)	DES MOINES, IA DES MOINES, IA DES MOINES, IA DES MOINES, IA MANKATO, MN MANKATO, MN DES MOINES, IA DES MOINES, IA DES MOINES, IA	
KDIN KDINDT2 KDINDT3 KDINDT4 KEYCDT KEYCDT2 KCCIDT2 KCCIDT3 KCWIDT	CHANNEL NUMBER 11.1 11.2 11.3 11.4 12.1 12.2 8.1 8.2 8.3	OF STATION E-M E-M N N-M N-M N-M	(Yes or No) No No No Yes Yes No No No	CARRIAGE (If Distant)	DES MOINES, IA DES MOINES, IA DES MOINES, IA DES MOINES, IA MANKATO, MN MANKATO, MN DES MOINES, IA DES MOINES, IA DES MOINES, IA	
KDIN KDINDT2 KDINDT3 KDINDT4 KEYCDT KEYCDT2 KCCIDT2 KCCIDT2 KCCIDT3 KCWIDT	CHANNEL NUMBER 11.1 11.2 11.3 11.4 12.1 12.2 8.1 8.2 8.3 23.1	OF STATION E-M E-M N N-M N-M N-M N-M N-M	(Yes or No) No No No Yes Yes No No No No	CARRIAGE (If Distant)	DES MOINES, IA DES MOINES, IA DES MOINES, IA DES MOINES, IA MANKATO, MN MANKATO, MN DES MOINES, IA DES MOINES, IA DES MOINES, IA	
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	LEGAL NAME OF		FSVOTE	M				SYSTEM ID#				
Name								63492				
	NURTHERN			CATIONS PARTNERS				03492				
н		t every radio s	tation ca	arried on a separate and discre								
Primary Transmitters: Radio	Special Instruc receivable if (1) on the basis of	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 receivable if (1) it is carried by the system whenever it is received at the system's headend, and (2) it can be expected, on the basis of monitoring, to be received at the headend, with the system's FM antenna, during certain stated intervals.										
	located in the p Column 1: lo Column 2: S Column 3: lf signal, indicate Column 4: G	For detailed information about the the Copyright Office regulations on this point, see page (vi) of the general instructions located in the paper SA3 form. Column 1: Identify the call sign of each station carried. Column 2: State whether the station is AM or FM. Column 3: If the radio station's signal was electronically processed by the cable system as a separate and discrete signal, indicate this by placing a check mark in the "S/D" column. Column 4: Give the station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified).										
	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION				
	KLGA	FM	х	ALGONA, IA								
	KICD	FM	Х	SPENCER, IA								
	KILR	FM	X	ESTHERVILLE, IA								
							L					
								L				

NORTHERN IOWA COM			TNERS						63492	Name
SUBSTITUTE CARRIAGE	: SPECIA	L STATEMEN	IT AND PROGRAM LOG	3						I
In General: In space I, identif substitute basis during the ac explanation of the programmi	counting pe	riod, under spe	cific present and former FC	C r	ules, regula	tions, or a	utho	rizations. F	or a further	l Substitute
1. SPECIAL STATEMENT										Carriage:
During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program oadcast by a distant station?										Special Statement and Program Log
Note: If your answer is "No" log in block 2. 2. LOG OF SUBSTITUTE			e blank. If your answer is '	"Ye	es," you mu	st comple	ete th	ie progran	n	
In General: List each subst clear. If you need more space Column 1: Give the title of period, was broadcast by a under certain FCC rules, reg SA3 form for futher informat titles, for example, "I Love L Column 2: If the program Column 3: Give the call s Column 4: Give the broa the case of Mexican or Can Column 5: Give the mon first. Example: for May 7 giv Column 6: State the time to the nearest five minutes. stated as "6:00–6:30 p.m."	itute progra ce, please a of every no distant stati gulations, o ion. Do no ucy" or "NE n was broad sign of the s dcast static dadian static th and day e "5/7." ss when the Example: a er "R" if the nd regulatio	im on a separa attach additiona nnetwork televi ion and that your r authorizations t use general c BA Basketball: dcast live, enter station broadca on's location (the ons, if any, the c when your syste substitute program program carrie listed program ons in effect du	al pages. sion program (substitute p ur cable system substituted s. See page (vi) of the gen ategories like "movies", or 76ers vs. Bulls." r "Yes." Otherwise enter "N sting the substitute progra the community to which the community with which the s tem carried the substitute p gram was carried by your of ed by a system from 6:01:" was substituted for progra ring the accounting period	orog d fa iera "b No.' sta sta pro cab 15 amr l; e	gram) that, or the progra al instructio asketball". " ation is licer tion is licer tion is iden gram. Use ble system. p.m. to 6:2 ming that you	during the ramming of ns located List spect nsed by th tified). numerals List the ti 8:30 p.m. our system	e acc of an d in t sific p ne F(s, wit sho m wa he lis	counting nother stat he paper program CC or, in h the mon accuratel uld be as required sted pro	ion th y	
effect on October 19, 1976.		that your syste	m was permitted to delete	ur		ules and r	egui	ations in		
						EN SUBS			7. REASON	
1. TITLE OF PROGRAM	2. LIVE? Yes or No	E PROGRAM 3. STATION'S CALL SIGN	4. STATION'S LOCATION	╢	5. MONTH AND DAY	IAGE OC 6 FROM	. TIN		FOR DELETION	
	163 01 100	CALL OIGH	4. STATION S LOCATION	╡┠		TROM		10		
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LEGAL NAME OF OWNER OF CABLE SYSTEM:

ACCOUNTING PERIOD: 2022/2

SYSTEM ID#

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# NORTHERN IOWA COMMUNICATIONS PARTNERS 63492									
	PART-TIME CARRIAGE LOG									
J Part-Time Carriage Log	 In General: This space ties in with column 5 of space G. If you listed a station's basis of carriage as "LAC" for part-time carriage due to lack of activated channel capacity, you are required to complete this log giving the total dates and hours your system carried that station. If you need more space, please attach additional pages. Column 1 (Call sign): Give the call sign of every distant station whose basis of carriage you identified by "LAC" in column 5 of space G. Column 2 (Dates and hours of carriage): For each station, list the dates and hours when part-time carriage occurred during the accounting period. Give the month and day when the carriage occurred. Use numerals, with the month first. Example: for April 10 give "4/10." State the starting and ending times of carriage to the nearest quarter hour. In any case where carriage ran to the end of the television station's broadcast day, you may give an approximate ending hour, followed by the abbreviation "app." Example: "12:30 a.m 3:15 a.m. app." You may group together any dates when the hours of carriage were the same. Example: "5/10-5/14, 6:00 p.m 12:00 p.m." 									
			DATES	AND HOURS	OF F	PART-TIME CAR	RIAGE			
	CALL SIGN	WHEN	CARRIAGE OCCU	JRRED		CALL SIGN	WHEN	I CARRIAGE OC	CUR	RED
	CALL SIGN	DATE	HOUI FROM	RS TO		CALL SIGN	DATE	H(FROM	DURS	то
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FORM	SA3E. PAGE 7.					
LEGA	IL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	Name			
NO	RTHERN IOWA COMMUNICATIONS PARTNERS	63492				
Inst all a (as i page	OSS RECEIPTS ructions: The figure you give in this space determines the form you fle and the amount mounts (gross receipts) paid to your cable system by subscribers for the system's secondentifed in space E) during the accounting period. For a further explanation of how to complete a statement in space P concerning gross receipts. ORTANT: You must complete a statement in space P concerning gross receipts.	ndary transmission service	K Gross Receipts			
Instru • Con • Con • If yo fee t • If yo	COPYRIGHT ROYALTY FEE nstructions: 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.					
bloc	rt 8 or part 9, block A, of the DSE schedule was completed, the base rate fee should be k 3 below.					
	rt 6 of the DSE schedule was completed, the amount from line 7 of block C should be e low.	ntered on line 2 in block				
-	rt 7 or part 9, block B, of the DSE schedule was completed, the surcharge amount shou block 4 below.	Ild be entered on line				
Block 1	MINIMUM FEE: All cable systems with semiannual gross receipts of \$527,600 or more least the minimum fee, regardless of whether they carried any distant stations. This fee system's gross receipts for the accounting period.	is 1.064 percent 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.	\$ 847,886.22				
	This is your minimum fee.	\$ 9,021.51				
Block 2	 DISTANT TELEVISION STATIONS CARRIED: Your answer here must agree with the space G. If, in space G, you identifed any stations as "distant" by stating "Yes" in colum "Yes" in this block. Did your cable system carry any distant television stations during the accounting perio X Yes—Complete the DSE schedule. 	n 4, you must check				
Block 3	Line 1. BASE RATE FEE: Enter the base rate fee from either part 8, section 3 or 4, or part 9, block A of the DSE schedule. If none, enter zero	\$ 3,584.21				
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	\$ 3,584.21				
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	\$ 9,021.51	Cable systems			
	Line 2. SYNDICATED EXCLUSIVITY SURCHARGE: Enter the fee from either part 7 (block D, section 3 or 4) or part 9 (block B) of the DSE schedule. If none, enter zero.	0.00	submitting additional deposits under			
	Line 3. Line 3. INTEREST CHARGE: Enter the amount from line 4, space Q, page 9 (Interest Worksheet)	0.00	Section 111(d)(7) should contact 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	\$ 9,746.51	appropriate form for submitting the additional fees.			
	EFT Trace # or TRANSACTION ID # 273UGQNR		auditional 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 PERIO	00. 2022/2	FORM SA3E. PAGE 8.								
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: NORTHERN IOWA COMMUNICATIONS PARTNERS	SYSTEM ID# 63492								
	NORTHERN IOWA COMMUNICATIONS PARTNERS	03492								
	CHANNELS									
M	Instructions: You must give (1) the number of channels on which the cable system carried television broade	ast stations								
	to its subscribers and (2) the cable system's total number of activated channels, during the accounting period	I.								
Channels	1. Enter the total number of channels on which the cable									
	Enter the total number of channels on which the cable system carried television broadcast stations	41								
	2. Enter the total number of activated channels									
	on which the cable system carried television broadcast stations	346								
	and nonbroadcast services									
N Individual to	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED: (Identify an individual we can contact about this statement of account.)									
Be Contacted for Further Information	Name JOHN W. NOAH Teleph	one 712-853-6121								
mormation	Address 107 S STATE STREET, P.O. BOX 100									
	(Number, street, rural route, apartment, or suite number)									
	City, town, state, zip)									
	Email jnoah@terril.com Fax (optional)712-8	53-6185								
ο	CERTIFICATION (This statement of account must be certifed and signed in accordance with Copyright Office r	egulations.)								
Certifcation	• I, the undersigned, hereby certify that (Check one, <i>but only one</i> , of the boxes.)									
	(Owner other than corporation or partnership) I am the owner of the cable system as identifed in line 1 of sp	ace B; or								
	(Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the ca in line 1 of space B and that the owner is not a corporation or partnership; or	able system as identified								
	(Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identifed as in line 1 of space B.	owner of the cable system								
	I have examined the statement of account and hereby declare under penalty of law that all statements of fact con	ained herein								
	are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith. [18 U.S.C., Section 1001(1986)]									
	/s/ John W. Noah									
	X /s/ John W. Noah									
	Enter an electronic signature on the line above using an "/s/" signature to certify this statement.									
	(e.g., /s/ John Smith). Before entering the first forward slash of the /s/ signature, place your cur- button, then type /s/ and your name. Pressing the "F" button will avoid enabling Excel's Lotus c									
	Typed or printed name: JOHN W. NOAH									
	Title: CCO									
	(Title of official position held in corporation or partnership)									
	Date: February 15, 2023									

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

EGAL NAME OF OWNER OF CA	BLE SYSTEM:	SYSTEM ID#	
NORTHERN IOWA CO	MMUNICATIONS PARTNERS	63492	Name
The Satellite Home View lowing sentence: "In determining th service of providi	ENT CONCERNING GROSS RECEIPTS EXCLUSION ver Act of 1988 amended Title 17, section 111(d)(1)(A), of the Cop ne total number of subscribers and the gross amounts paid to the ng secondary transmissions of primary broadcast transmitters, the unts collected from subscribers receiving secondary transmission	oyright Act by adding the fol- cable system for the basic e system shall not include sub-	P Special Statement
For more information on paper SA3 form.	when to exclude these amounts, see the note on page (vii) of the eriod did the cable system exclude any amounts of gross receipts	general instructions in the	Concerning Gross Receipts Exclusion
	s to satellite dish owners?		
YES. Enter the total	here and list the satellite carrier(s) below		
Name Mailing Address	Name Mailing Address		
INTEREST ASSES	SMENTS		
•	worksheet for those royalty payments submitted as a result of a la erest assessment, see page (viii) of the general instructions in the		Q
Line 1 Enter the amour	nt 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	
	/ 0.00274** enter here and on line 3, block 4, ., (page 7)	 (interest charge)	
	t rate chart click on <i>www.copyright.gov/licensing/interest-rate.pdf.</i> ng Division at (202) 707-8150 or licensing@copyright.gov.		
** This is the decima	l equivalent of 1/365, which is the interest assessment for one day	y late.	
, ,	is worksheet covering a statement of account already submitted t ner, address, first community served, accounting period, and ID n		
Owner Address			
First community served Accounting period ID number			
Privacy Act Notice: Section 111 c	f title 17 of the United States Code authorizes the Copyright Offce to collect the pe	rsonally identifying information (PII) requested on t	his

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.

INSTRUCTIONS FOR DSE SCHEDULE WHAT IS A "DSE"

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

FORMULAS FOR COMPUTING A STATION'S DSE

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

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

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

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

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

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

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

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

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

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

TOTAL OF DSEs

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

THE ROYALTY FEE

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

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

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

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

What is a "Permitted" Station? A permitted station refers to a distant station whose carriage is not subject to the 3.75 percent rate but is subject to the base rate and, where applicable, the Syndicated Exclusivity Surcharge. A permitted station would include the following: 1) A station actually carried within any portion of a cable system prior to June 25, 1981, pursuant to the former FCC rules.

2) A station first carried after June 24, 1981, which could have been carried under FCC rules in effect on June 24, 1981, if such carriage would not have exceeded the market quota imposed for the importation of distant stations under those rules.

3) A station of the same type substituted for a carried network, noncommercial educational, or regular independent station for which a quota was or would have been imposed under FCC rules (47 CFR 76.59 (b),(c), 76.61 (b),(c),(d), and 767.63 (a) [referring to 76.61 (b),(d)]) in effect on June 24, 1981.

4) A station carried pursuant to an individual waiver granted between April 16, 1976, and June 25, 1981, under the FCC rules and regulations in effect on April 15, 1976.

5) In the case of a station carried prior to June 25, 1981, on a part-time and/or substitute basis only, that fraction of the current DSE represented by prior carriage.

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

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

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

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

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

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

DSE SCHEDULE. PAGE 11.

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

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

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

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

0.330% of gross receipts

PARTIALLY DISTANT STATIONS—PART 9 OF THE DSE SCHEDULE

If any of the stations were partially distant:

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

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

that group's complement of stations.

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

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

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

Distant Stations Carried

STATION

A (independent)

B (independent)

C (part-time)

D (part-time)

E (network)

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

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:

DSE

1.0

1.0

0.083

0.139

0.25

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

Santa Rosa

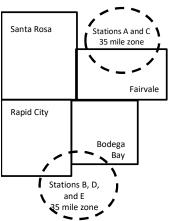
Bodega Bay

Rapid City

Fairvale

CITY

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.



TOTAL DSEs	2.472	TOTAL GRO		\$600,000.00	
Minimum Fee Total Gross F	Receipts	\$600,000.00			
		x .01064			
		\$6,384.00			
First Subscriber Group		Second Subscriber Group		Third Subscriber Group	
(Santa Rosa)		(Rapid City and Bodega Bay)		(Fairvale)	
Gross receipts	\$310,000.00	Gross receipts	\$170,000.00	Gross receipts	\$120,000.00
DSEs	2.472	DSEs	1.083	DSEs	1.389
Base rate fee	\$6,497.20	Base rate fee	\$1,907.71	Base rate fee	\$1,604.03
\$310,000 x .01064 x 1.0 =	3,298.40	\$170,000 x .01064 x 1.0 =	1,808.80	\$120,000 x .01064 x 1.0 =	1,276.80
\$310,000 x .00701 x 1.472 =	3,198.80	\$170,000 x .00701 x .083 =	98.91	\$120,000 x .00701 x .389 =	327.23
Base rate fee	\$6,497.20	Base rate fee	\$1,907.71	Base rate fee	\$1,604.03

Identification of Subscriber Groups

OUTSIDE LOCAL

Stations A and C

Stations A and C

SERVICE AREA OF

Stations A, B, C, D ,E

Stations B, D, and E

GROSS RECEIPTS

\$310,000.00

100.000.00

70.000.00

120,000.00

FROM SUBSCRIBERS

DSE SCHEDULE. PAGE 11. (CONTINUED)

1	LEGAL NAME OF OWNER OF CABLE SYSTEM: SY									
I	NORTHERN IOWA COM	MUNICATION	NS PARTNERS			63492				
	SUM OF DSEs OF CATEGOR • Add the DSEs of each station Enter the sum here and in line				1.50					
2	i nstructions: I n the column headed "Call Sign": list the call signs of all distant stations identified by the letter "O" in column 5 of space G (page 3).									
Computation of DSEs for	In the column headed "DSE":	In the column headed "DSE": for each independent station, give the DSE as "1.0"; for each network or noncom- mercial educational station, give the DSE as ".25."								
Category "O"	-									
Stations	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE				
	KTIVDT	0.250								
	KTIVDT2	0.250								
	KTIVDT3	0.250								
	KTIVDT4	0.250								
Add rows as	KEYCDT	0.250								
necessary.	KEYCDT2	0.250								
Remember to copy all formula into new										
rows.										
10003.										
		1		L		L				

SYSTEM	I
63	4

Name		OWNER OF CABLE SYSTEM:					5	SYSTEM ID#
Name	NORTHERN	IOWA COMMUNICAT	FIONS PART	NERS				63492
3 Computation of DSEs for Stations Carried Part Time Due to Lack of Activated Channel Capacity	Column 2 figure should Column 3 be carried out Column 4 give the type- Column 6	st the call sign of all distar 2: For each station, give th correspond with the inform 3: For each station, give th 4: Divide the figure in colur t at least to the third decim 5: For each independent si value as ".25." 6: Multiply the figure in colu point. This is the station's	ne number of h nation given in ne total number mn 2 by the fig nal point. This is tation, give the tation, give the umn 4 by the fi DSE. (For mor	ours your cable system space J. Calculate only of hours that the statio ure in column 3, and giv s the "basis of carriage "type-value" as "1.0." F gure in column 5, and g re information on roundi	carried the static one DSE for eac n broadcast over re the result in de value" for the stat or each network ive the result in o ng, see page (viii	n during the accounting p ch station. • the air during the accoun acimals in column 4. This t tion. or noncommercial educat column 6. Round to no les i) of the general instruction	ting period. figure must ional station, s than the	
	4 0411			Y LAC STATIONS:				
	1. CALL SIGN	2. NUMBE OF HOL CARRIE SYSTEM	JRS ED BY M	3. NUMBER OF HOURS STATION ON AIR	4. BASIS OI CARRIAC VALUE	GE VALU	E)E
			÷			<u>x</u>	=	
			÷		-	x x	=	
					=	x	=	
			÷ ÷		=	x	=	
			÷		=	x x	=	
			÷		=	x	=	
4 Computation of DSEs for Substitute- Basis Stations	Was carried tions in effe Broadcast of space I). Column 2: at your option. Column 3: Column 4:	ve the call sign of each sta d by your system in substit ect on October 19, 1976 (a one or more live, nonnetwo For each station give the r This figure should corresp Enter the number of days Divide the figure in column This is the station's DSE (l	tution for a prog as shown by the rk programs du number of live, pond with the in in the calendau n 2 by the figur For more inforr	gram that your system we e letter "P" in column 7 of ring that optional carriag nonnetwork programs of nformation in space I. r year: 365, except in a e in column 3, and give mation on rounding, see	vas permitted to o of space I); and e (as shown by th carried in substitu- leap year. the result in colu- page (viii) of the	delete under FCC rules an ne word "Yes" in column 2 of ution for programs that we umn 4. Round to no less th general instructions in the	f re deleted nan the third	
				-BASIS STATION				[
	1. CALL SIGN	2. NUMBER OF PROGRAMS	3. NUMBE OF DAY IN YEAI	/S	1. CALL SIGN	2. NUMBER OF PROGRAMS	3. NUMBER OF DAYS IN YEAR	4. DSE
			•	=			÷ •	-
			- -	=			÷	=
			•	=			+	=
			÷ •				÷ ÷	=
	Add the DSEs	SOF SUBSTITUTE-BASIS of each station. um here and in line 3 of pa		edule,		0.00)	
5		ER OF DSEs: Give the among a second s		boxes in parts 2, 3, and 4	4 of this schedule	and add them to provide t	he total	
Total Number	1. Number	of DSEs from part 2●				<u> </u>	1.50	
of DSEs		of DSEs from part 3●				▶	0.00	
	3. Number	of DSEs from part 4 ●				►	0.00	
	TOTAL NUMBE	ER OF DSEs				,		1.50

DSE SCHEDULE. P	AGE 13.							ACCOUNTIN	IG PERIOD: 2022/2
	WNER OF CABLE S			3			S	63492	Namo
In block A: • If your answer if ' schedule.	ck A must be comp "Yes," leave the rer "No," complete bloo	mainder of pa	•	of the DSE schedu	ule blank and o	complete part	8, (page 16) of the	2	6
				TELEVISION M	ARKETS				Computation of
effect on June 24,	1981?	schedule—D	ajor and smalle	er markets as defin LETE THE REMAII	ed under sect		C rules and regula	ations in	3.75 Fee
		PI O				Fo			
Column 1: CALL SIGN	FCC rules and re	of distant sta gulations prio e DSE Scheo	ations listed in p or to June 25, 1 dule. (Note: The	RIAGE OF PERM part 2, 3, and 4 of th 1981. For further ex e letter M below ref Act of 2010.)	his schedule t planation of p	hat your syster ermitted statio	ns, see the		
Column 2: BASIS OF PERMITTED CARRIAGE	 (Note the FCC ru A Stations carrie 76.61(b)(c)] B Specialty static C Noncommerica D Grandfathered instructions for E Carried pursua *F A station prev 	les and regul ed pursuant to on as defined al educationa l station (76.6 r DSE sched ant to individu viously carrie HF station w	lations cited be o the FCC mark al station [76.5] (see paragra ule). al waiver of FC d on a part-time ithin grade-B co	e or substitute basi ontour, [76.59(d)(5)	e in effect on J 57, 76.59(b), (1), 76.63(a) r 8(a) referring t stitution of gra s prior to June	June 24, 1981. 76.61(b)(c), 76 referring to 76. to 76.61(d)] ndfathered sta	5.63(a) referring to 61(e)(1) tions in the		
Column 3:		stations ide	ntified by the le	parts 2, 3, and 4 of tter "F" in column 2 2. PERMITTED			rksheet on page 1	1	
1. CALL SIGN	2. PERMITTED BASIS	3. D3E	SIGN	2. PERMITTED BASIS	3. D3E	SIGN	BASIS	3. DSE	
								0.00	
		E	BLOCK C: CC	MPUTATION OF	- 3.75 FEE				
Line 1: Enter the	total number of l	DSEs from	part 5 of this s	schedule					
Line 2: Enter the	sum of permittee	d DSEs fron	n block B abo	ve					
				of DSEs subject 7 of this schedule		ate.			
Line 4: Enter gro	oss receipts from	space K (pa	age 7)				x 0.0	375	Do any of the DSEs represent partially
Line 5: Multiply li	ine 4 by 0.0375 a	nd enter su	m here						permited/ partially nonpermitted
Line 6: Enter tota	al number of DSE	s from line	3						carriage? If yes, see part 9 instructions.
Line 7: Multiply li	ine 6 by line 5 an	d enter here	e and on line :	2, block 3, space	L (page 7)			0.00	

							DSE	SCHEDULE. PAGE 14.
Name	LEGAL NAME OF OWN							SYSTEM ID#
ivaine	NORTHERN IO	WA COMMU	JNICATIONS PA	ARTNERS				63492
Worksheet for Computating the DSE Schedule for Permitted Part-Time and Substitute Carriage	stations carried prio Column 1: List the of Column 2: Indicate Column 3: Indicate Column 4: Indicate (Note that the FO A—Part-time spo 7 B—Late-night pr 7 S—Substitute ca 9 Column 5: Indicate Column 6: Compare in b	or to June 25, 1 call sign for eac the DSE for thi the accounting the basis of ca CC rules and re ecialty program r6.59(d)(1),76.6 ogramming: C 76.61(e)(3)). arriage under c general instruct the station's D the DSE figur block B, column information you	981, under former I ch distant station ide is station for a singl period and year in irriage on which the egulations cited belo ming: Carriage, on 61(e)(1), or 76.63 (r arriage under FCC ertain FCC rules, re- ions in the paper S/ SE for the current a res listed in column: n 3 of part 6 for this u give in columns 2,	FCC rules gover entifed by the lefe e accounting pe which the carria station was carria by pertain to the a part-time bas eferring to 76.6° rules, sections 7 egulations, or au A3 form. ccounting perion s 2 and 5 and lis station.	entifed by the letter "F" in rning part-time and substi ter "F" in column 2 of par- riod, occurring between J ge and DSE occurred (e. ried by listing one of the f iss of specialty programm I(e)(1)). (6.59(d)(3), 76.61(e)(3), of thorizations. For further e d as computed in parts 2, at the smaller of the two fi pe accurate and is subjec	tute carriage t 6 of the DS anuary 1, 19 g., 1981/1). ollowing lette 1981.) ing under Fe or 76.63 (refe explanation, 3, and 4 of gures here.	e.) SE schedule. 978 and June 30, 7 ers: CC rules, sections erring to see page (vi) of th this schedule. This figure should	1981. e be entered
		1			ED ON A PART-TIME AN	1		
	1. CALL	2. PRIC		COUNTING	4. BASIS OF		RESENT	6. PERMITTED
	SIGN	DSE	PI	ERIOD	CARRIAGE		DSE	DSE
7 Computation of the	1 1	"Yes," complet	te blocks B and C, b		art 8 of the DSE schedule).		
Syndicated			BLOC		TELEVISION MARK	FΤ		
Exclusivity			BLOO					
Surcharge	a la any partian of the a	abla avatam wi	ithin a tan 100 maiar	tolovision marks	et as defned by section 76.	E of ECC rul	on in offect lune 2	1 10012
Surcharge		able system wi					es in ellect Julie 24	+, 1901?
	Yes—Complete	blocks B and	С.		No—Proceed to	part 8		
					-1(
		arriage of VHE	-/Grade B Contour	Stations	BLOC		Itation of Exempt [
	BLOCK B. C	amage of vnr	-/Grade B Contour	Stations		K C. Compt		J3E5
	Is any station listed in				Was any station listed		•	
	commercial VHF stati		a grade B contour,	in whole	nity served by the cab		ior to March 31, 19	972? (refer
	or in part, over the cal	ble system?			to former FCC rule 76	.159)		
	Yes—List each st	ation below with	its appropriate permit	ted DSE	Yes—List each st	ation below w	ith its appropriate pe	rmitted DSE
	No-Enter zero a	nd proceed to p	art 8.		No-Enter zero al	nd proceed to	part 8.	
	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
						·		
						+		
						<u> </u>		
						 		
						+		
		I		0.00				0.00
			TOTAL DSEs	0.00			TOTAL DSEs	0.00

DSE SCHEDULE. PA	GE15.
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LEGAL NA	ME OF OWNER OF CABLE SYSTEM: SYSTEM ID: NORTHERN IOWA COMMUNICATIONS PARTNERS 63492	Namo
	BLOCK D: COMPUTATION OF THE SYNDICATED EXCLUSIVITY SURCHARGE	
Section 1	Enter the amount of gross receipts from space K (page 7) \$ 847,886.22	7
Section 2	A. Enter the total DSEs from block B of part 7	
	B. Enter the total number of exempt DSEs from block C of part 7	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	Surcharge
• Is an	y portion of the cable system within a top 50 television market as defined by the FCC? Yes—Complete section 3 below. X No—Complete section 4 below.	
	SECTION 3: TOP 50 TELEVISION MARKET	
Section 3a	Did your cable system retransmit the signals of any partially distant television stations during the accounting period? X Yes—Complete part 9 of this schedule. No—Complete the applicable section below.	
	If the figure in section 2, line C is 4.000 or less, compute your surcharge here and leave section 3b blank. NOTE: If the 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	_
	Did your cable system retransmit the signals of any partially distant television stations during the accounting period?	-
Section 4a	Image: State of the second state of	
	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	

DSF	SCHEDUL	F PAG	F 16

Name		DSE SCHEDU ME OF OWNER OF CABLE SYSTEM: S' NORTHERN IOWA COMMUNICATIONS PARTNERS	YSTEM ID# 63492
7 Computation of the Syndicated Exclusivity Surcharge	Section 4b	If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 4a blank. A. Enter 0.00300 of gross receipts (the amount in section 1)	
8 Computation of Base Rate Fee	You mi 6 was • In blo • If you • If you blank What i were lo	ctions: uust complete this part of the DSE schedule for the SUM OF PERMITTED DSEs in part 6, block B; however, if block A of part checked "Yes," use the total number of DSEs from part 5. bock A, indicate, by checking "Yes" or "No," whether your system carried any partially distant stations. ar answer is "No," compute your system's base rate fee in block B. Leave part 9 blank. ar answer is "Yes" (that is, if you carried one or more partially distant stations), you must complete part 9. Leave block B below c. is a partially distant station? A station is "partially distant" if, at the time your system carried it, some of your subscribers bocated within that station's local service area and others were located outside that area. For the definition of a station's "local e area," see page (v) of the general instructions.	
	_	BLOCK A: CARRIAGE OF PARTIALLY DISTANT STATIONS Your cable system retransmit the signals of any partially distant television stations during the accounting period? X Yes—Complete part 9 of this schedule. BLOCK B: NO PARTIALLY DISTANT STATIONS—COMPUTATION OF BASE RATE FEE	
	Section 1 Section 2		_
	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)	0.00

LEGAL N	AME OF OWNER OF CABLE SYSTEM: SYSTEM ID#	Name
NORT	HERN IOWA COMMUNICATIONS PARTNERS63492	Name
Castion	If the figure in section 2 is more than 4.000 , compute your base rate fee here and leave section 3 blank.	
Section 4		
•	A. Enter 0.01064 of gross receipts	8
	(the amount in section 1) S	
	B. Enter 0.00701 of gross receipts	Computation
	(the amount in section 1) *	Computation of
		Base Rate Fee
	C. Multiply line B by 3.000 and enter here ▶\$	
	D. Enter 0.00330 of gross receipts	
	(the amount in 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	
	TANT: It is no longer necessary to report television signals on a system-wide basis. Carriage of television broadcast signals shall be reported on a community-by-community basis (subscriber groups) if the cable system reported multiple channel line-ups in	
Space		9
	eral: If any of the stations you carried were partially distant, the statute allows you, in computing your base rate fee, to exclude	Computation
	s from subscribers located within the station's local service area, from your system's total gross receipts. To take advantage of this on, you must:	of
		Base Rate Fee and
	Divide all of your subscribers into subscriber groups, each group consisting entirely of subscribers that are distant to the same or the same group of stations. Next: Treat each subscriber group as if it were a separate cable system. Determine the number of	Syndicated
	and the portion of your system's gross receipts attributable to that group, and calculate a separate base rate fee for each group.	Exclusivity
	Add up the separate base rate fees for each subscriber group. That total is the base rate fee for your system.	Surcharge for
	If any portion of your cable system is located within the top 100 television market and the station is not exempt in part 7, you must	Partially
	mpute a Syndicated Exclusivity Surcharge for each subscriber group. In this case, complete both block A and B below. However,	Distant
	cable system is wholly located outside all major television markets, complete block A only.	Stations, and for Partially
	Identify a Subscriber Group for Partially Distant Stations	Permitted
•	For each community served, determine the local service area of each wholly distant and each partially distant station you to that community.	Stations
Step 2	For each wholly distant and each partially distant station you carried, determine which of your subscribers were located	
	the station's local service area. A subscriber located outside the local service area of a station is distant to that station (and, by	
	ne token, the station is distant to the subscriber.)	
-	Divide your subscribers into subscriber groups according to the complement of stations to which they are distant. Each ber group must consist entirely of subscribers who are distant to exactly the same complement of stations. Note that a cable	
system	will have only one subscriber group when the distant stations it carried have local service areas that coincide.	
Compu	iting the base rate fee for each subscriber group: Block A contains separate sections, one for each of your system's subscriber	
groups		
	fy the communities/areas represented by each subscriber group. he call sign for each of the stations in the subscriber group's complement—that is, each station that is distant to all of the	
	bers in the group.	
• lf:		
	system is located wholly outside all major and smaller television markets, give each station's DSE as you gave it in parts 2, 3, and	
	s schedule; or,	
, ,	portion of your system is located in a major or smaller televison market, give each station's DSE as you gave it in block B, 6 of this schedule.	
•	ne DSEs for each station. This gives you the total DSEs for the particular subscriber group.	
	late gross receipts for the subscriber group. For further explanation of gross receipts see page (vii) of the general instructions	
	paper SA3 form.	
	ute a base rate fee for each subscriber group using the formula outline in block B of part 8 of this schedule on the preceding	
	In making this computation, use the DSE and gross receipts figure applicable to the particular subscriber group (that is, the total or that group's complement of stations and total gross receipts from the subscribers in that group). You do not need to show your	
	calculations on the form.	

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Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: SYS	STEM ID
Name	NORTHERN IOWA COMMUNICATIONS PARTNERS	6349
	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.	

SYSTEM ID#

		INICATIONS PAR					
				TE FEES FOR EACH			
		SUBSCRIBER GROU	IP		SECONE	SUBSCRIBER GRO	
COMMUNITY/ AREA	TITON	(A-BURT		COMMUNITY/ AREA			0
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
KEYCDT	0.25						E
otal DSEs			0.25	Total DSEs			0.00
Gross Receipts First	Group	\$ 51	,149.70	Gross Receipts Secon	d Group	\$	0.00
·	·		<u> </u>				
	•		100.00				
Base Rate Fee First	Group	\$	136.06	Base Rate Fee Secon	d Group	\$	0.00
	THIRD	SUBSCRIBER GROU	IP		FOURTH	I SUBSCRIBER GRO	JP
COMMUNITY/ AREA				COMMUNITY/ AREA			
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
							•••••
			0.00	Total DSEs			0.00
Fotal DSEs					0	•	
	0		700.00			\$	
	Group	<u>\$</u> 101	,700.00	Gross Receipts Fourth	Group	<u>•</u>	34,680.00
Total DSEs Gross Receipts Third	Group	<u>\$ 101</u>	,700.00	Gross Receipts Fourth	Group	<u>•</u>	34,680.00
		<u>\$ 101</u> \$	0.00	Gross Receipts Fourth Base Rate Fee Fourth		\$	0.00
ross Receipts Third							
cross Receipts Third							
Bross Receipts Third Base Rate Fee Third	Group the base rate	\$	0.00		ı Group		

FORM SA3E. PAGE 19.

LEGAL NAME OF OWNER OF CABLE SYSTEM:

ACCOUNTING	PERIOD:	2022/2
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	DSE
FIFTH SUBSCRIBER GROUP SIXTH SUBSCRIBER GROUP COMMUNITY/ AREA ARMSTRONG COMMUNITY/ AREA TERRIL CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE	
CALL SIGN DSE CALL SIGN DSE CALL SIGN D	DSE
	DSE
KEYCDT 0.25	
Total DSEs 0.25 Total DSEs 0	0.00
Gross Receipts First Group \$ 50,049.90 Gross Receipts Second Group \$ 25,200	
Base Rate Fee First Group s 133,13 Base Rate Fee Second Group s 0	
Base Rate Fee First Group \$ 133.13 Base Rate Fee Second Group \$ 0	0.00
SEVENTH SUBSCRIBER GROUP EIGHTH SUBSCRIBER GROUP	
CALL SIGN DSE CALL SIGN DSE CALL SIGN D	DSE
KEYCDT 0.25 KTIVDT 0.25	
KTIVDT2 0.25	
KTIVDT3 0.25	
KTIVDT4 0.25	
Total DSEs1	1.00
Gross Receipts Third Group <u>\$ 30,569.40</u> Gross Receipts Fourth Group <u>\$ 30,264</u>	1.00
Base Rate Fee Third Group \$ 81.31 Base Rate Fee Fourth Group \$ 322	2.01

		COMPUTATION SUBSCRIBER GF			TENTH	SUBSCRIBER GR	OUP
COMMUNITY/ AREA	POCAH			COMMUNITY/ AREA			001
	FUCAH				FLOVER	•	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
KTIVDT	0.25			KTIVDT	0.25		
KTIVDT2	0.25	-		KTIVDT2	0.25		
KTIVDT3	0.25			KTIVDT3	0.25		
KTIVDT4	0.25			KTIVDT4	0.25		
	00				0.20	_	
						_	••••••
							••••••
							••••••
Total DSEs			1.00	Total DSEs			1.00
Gross Receipts First G	roup	\$	35,723.70	Gross Receipts Secon	nd Group	\$	4,598.10
						T	.,
	loup	<u> </u>			·- •·P		
	loup						
		\$	380.10	Base Rate Fee Secon		\$	48.92
Base Rate Fee First G	roup	\$			nd Group		
Base Rate Fee First G	TOUP	\$ SUBSCRIBER GR		Base Rate Fee Secon	nd Group	\$ SUBSCRIBER GR	
Base Rate Fee First G	roup	\$ SUBSCRIBER GR			nd Group		
Base Rate Fee First G E COMMUNITY/ AREA	roup ELEVENTH CURLE	\$ SUBSCRIBER GF	ROUP	Base Rate Fee Secon	nd Group TWELVTH ROLFE	SUBSCRIBER GR	OUP
Base Rate Fee First G E COMMUNITY/ AREA CALL SIGN	roup ELEVENTH CURLE	\$ SUBSCRIBER GR		Base Rate Fee Secon COMMUNITY/ AREA CALL SIGN	TWELVTH ROLFE DSE		
Base Rate Fee First G E COMMUNITY/ AREA CALL SIGN KTIVDT	roup ELEVENTH CURLE DSE 0.25	\$ SUBSCRIBER GF	ROUP	Base Rate Fee Secon COMMUNITY/ AREA CALL SIGN KTIVDT	TWELVTH ROLFE DSE 0.25	SUBSCRIBER GR	OUP
Base Rate Fee First G E COMMUNITY/ AREA CALL SIGN KTIVDT KTIVDT2	CURLE	\$ SUBSCRIBER GF	ROUP	Base Rate Fee Secon COMMUNITY/ AREA CALL SIGN KTIVDT KTIVDT2	TWELVTH ROLFE DSE 0.25 0.25	SUBSCRIBER GR	OUP
Base Rate Fee First G E COMMUNITY/ AREA CALL SIGN KTIVDT KTIVDT2 KTIVDT3	roup ELEVENTH CURLE DSE 0.25 0.25 0.25	\$ SUBSCRIBER GF	ROUP	Base Rate Fee Secon COMMUNITY/ AREA CALL SIGN KTIVDT KTIVDT2 KTIVDT3	DSE 0.25 0.25	SUBSCRIBER GR	OUP
Base Rate Fee First G E COMMUNITY/ AREA CALL SIGN KTIVDT KTIVDT2 KTIVDT3	CURLE	\$ SUBSCRIBER GF	ROUP	Base Rate Fee Secon COMMUNITY/ AREA CALL SIGN KTIVDT KTIVDT2	TWELVTH ROLFE DSE 0.25 0.25	SUBSCRIBER GR	OUP
Base Rate Fee First G E COMMUNITY/ AREA CALL SIGN KTIVDT KTIVDT2 KTIVDT3	roup ELEVENTH CURLE DSE 0.25 0.25 0.25	\$ SUBSCRIBER GF	ROUP	Base Rate Fee Secon COMMUNITY/ AREA CALL SIGN KTIVDT KTIVDT2 KTIVDT3	DSE 0.25 0.25	SUBSCRIBER GR	OUP
Base Rate Fee First G E COMMUNITY/ AREA CALL SIGN KTIVDT KTIVDT2 KTIVDT3	roup ELEVENTH CURLE DSE 0.25 0.25 0.25	\$ SUBSCRIBER GF	ROUP	Base Rate Fee Secon COMMUNITY/ AREA CALL SIGN KTIVDT KTIVDT2 KTIVDT3	DSE 0.25 0.25	SUBSCRIBER GR	OUP
Base Rate Fee First G E COMMUNITY/ AREA CALL SIGN KTIVDT KTIVDT2 KTIVDT3	roup ELEVENTH CURLE DSE 0.25 0.25 0.25	\$ SUBSCRIBER GF	ROUP	Base Rate Fee Secon COMMUNITY/ AREA CALL SIGN KTIVDT KTIVDT2 KTIVDT3	DSE 0.25 0.25	SUBSCRIBER GR	OUP
Base Rate Fee First G E COMMUNITY/ AREA CALL SIGN KTIVDT KTIVDT2 KTIVDT3	roup ELEVENTH CURLE DSE 0.25 0.25 0.25	\$ SUBSCRIBER GF	ROUP	Base Rate Fee Secon COMMUNITY/ AREA CALL SIGN KTIVDT KTIVDT2 KTIVDT3	DSE 0.25 0.25	SUBSCRIBER GR	OUP
Base Rate Fee First G E COMMUNITY/ AREA CALL SIGN KTIVDT KTIVDT2 KTIVDT3	roup ELEVENTH CURLE DSE 0.25 0.25 0.25	\$ SUBSCRIBER GF	ROUP	Base Rate Fee Secon COMMUNITY/ AREA CALL SIGN KTIVDT KTIVDT2 KTIVDT3	DSE 0.25 0.25	SUBSCRIBER GR	OUP
Base Rate Fee First G E COMMUNITY/ AREA CALL SIGN KTIVDT KTIVDT2 KTIVDT3	roup ELEVENTH CURLE DSE 0.25 0.25 0.25	\$ SUBSCRIBER GF	ROUP	Base Rate Fee Secon COMMUNITY/ AREA CALL SIGN KTIVDT KTIVDT2 KTIVDT3	DSE 0.25 0.25	SUBSCRIBER GR	OUP
Base Rate Fee First G E COMMUNITY/ AREA CALL SIGN KTIVDT KTIVDT2 KTIVDT3	roup ELEVENTH CURLE DSE 0.25 0.25 0.25	\$ SUBSCRIBER GF	ROUP	Base Rate Fee Secon COMMUNITY/ AREA CALL SIGN KTIVDT KTIVDT2 KTIVDT3	DSE 0.25 0.25	SUBSCRIBER GR	OUP
Base Rate Fee First G E COMMUNITY/ AREA CALL SIGN KTIVDT KTIVDT2 KTIVDT3	roup ELEVENTH CURLE DSE 0.25 0.25 0.25	\$ SUBSCRIBER GF	ROUP	Base Rate Fee Secon COMMUNITY/ AREA CALL SIGN KTIVDT KTIVDT2 KTIVDT3	DSE 0.25 0.25	SUBSCRIBER GR	OUP
Base Rate Fee First G E COMMUNITY/ AREA CALL SIGN KTIVDT KTIVDT2 KTIVDT3	roup ELEVENTH CURLE DSE 0.25 0.25 0.25	\$ SUBSCRIBER GF	ROUP	Base Rate Fee Secon COMMUNITY/ AREA CALL SIGN KTIVDT KTIVDT2 KTIVDT3	DSE 0.25 0.25	SUBSCRIBER GR	OUP
Base Rate Fee First G E COMMUNITY/ AREA CALL SIGN KTIVDT KTIVDT2 KTIVDT3	roup ELEVENTH CURLE DSE 0.25 0.25 0.25	\$ SUBSCRIBER GF	ROUP	Base Rate Fee Secon COMMUNITY/ AREA CALL SIGN KTIVDT KTIVDT2 KTIVDT3	DSE 0.25 0.25	SUBSCRIBER GR	OUP
Base Rate Fee First G E COMMUNITY/ AREA CALL SIGN KTIVDT KTIVDT2 KTIVDT3	roup ELEVENTH CURLE DSE 0.25 0.25 0.25	\$ SUBSCRIBER GF	ROUP	Base Rate Fee Secon COMMUNITY/ AREA CALL SIGN KTIVDT KTIVDT2 KTIVDT3	DSE 0.25 0.25	SUBSCRIBER GR	OUP
Base Rate Fee First G E COMMUNITY/ AREA CALL SIGN KTIVDT KTIVDT2 KTIVDT3 KTIVDT4	roup ELEVENTH CURLE DSE 0.25 0.25 0.25	\$ SUBSCRIBER GF	ROUP	Base Rate Fee Secon COMMUNITY/ AREA CALL SIGN KTIVDT KTIVDT2 KTIVDT3 KTIVDT4	DSE 0.25 0.25	SUBSCRIBER GR	OUP
Base Rate Fee First G E COMMUNITY/ AREA CALL SIGN KTIVDT KTIVDT2 KTIVDT3 KTIVDT4 C C C C C C C C C C C C C	roup ELEVENTH DSE 0.25 0.2	\$ SUBSCRIBER GF	ROUP	Base Rate Fee Secon COMMUNITY/ AREA CALL SIGN KTIVDT KTIVDT2 KTIVDT3 KTIVDT4	Ad Group TWELVTH ROLFE 0.25 0.25 0.25 0.25 0.25 0.25	SUBSCRIBER GR	OUP DSE
Base Rate Fee First G E COMMUNITY/ AREA CALL SIGN KTIVDT KTIVDT2	roup ELEVENTH DSE 0.25 0.2	\$ SUBSCRIBER GF	ROUP	Base Rate Fee Secon COMMUNITY/ AREA CALL SIGN KTIVDT KTIVDT2 KTIVDT3 KTIVDT4	Ad Group TWELVTH ROLFE 0.25 0.25 0.25 0.25 0.25 0.25	SUBSCRIBER GR	OUP
Base Rate Fee First G E COMMUNITY/ AREA CALL SIGN KTIVDT KTIVDT2 KTIVDT3 KTIVDT4 Total DSEs	roup ELEVENTH DSE 0.25 0.2	\$ SUBSCRIBER GF	ROUP	Base Rate Fee Secon COMMUNITY/ AREA CALL SIGN KTIVDT KTIVDT2 KTIVDT3 KTIVDT4	Ad Group TWELVTH ROLFE 0.25 0.25 0.25 0.25 0.25 0.25	SUBSCRIBER GR	OUP DSE
Base Rate Fee First G E COMMUNITY/ AREA CALL SIGN KTIVDT KTIVDT2 KTIVDT3 KTIVDT4 Total DSEs	roup	\$ SUBSCRIBER GF	ROUP	Base Rate Fee Secon COMMUNITY/ AREA CALL SIGN KTIVDT KTIVDT2 KTIVDT3 KTIVDT4	TWELVTH ROLFE DSE 0.25 0.25 0.25 0.25	SUBSCRIBER GR	OUP DSE

Name

SYSTEM ID#

63492

FORM SA3E. PAGE 19.

LEGAL NAME OF OWNER OF CABLE SYSTEM:

NORTHERN IOWA COMMUNICATIONS PARTNERS

			ATE FEES FOR EA				
	I SUBSCRIBER GRO		11		SUBSCRIBER GRO	UP	
COMMUNITY/ AREA MALLARD		COMMUNITY/ ARE				Compu	
CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	oompu
KTIVDT 0.25			KTIVDT	0.25			Base Ra
KTIVDT2 0.25			KTIVDT2	0.25			an
KTIVDT3 0.25			KTIVDT3	0.25			Syndic
KTIVDT4 0.25			KTIVDT4	0.25			Exclus
							Surch
							foi
							Partia
							Dista
							Statio
						······	
				••••••		······	
						••••••	
	11						
otal DSEs		1.00	Total DSEs			1.00	
Gross Receipts First Group	\$	9,196.20	Gross Receipts Sec	ond Group	\$	49,871.70	
Raso Pata Foo First Group		07.85	Base Pate Fee Ser	cond Group	¢	520.63	
Base Rate Fee First Group	\$	97.85	Base Rate Fee Sec	cond Group	\$	530.63	
	\$		Base Rate Fee Sec	•	\$		
FIFTEENT	SUBSCRIBER GRO		Base Rate Fee Sec	SIXTEENTH	SUBSCRIBER GRO		
FIFTEENT	SUBSCRIBER GRO			SIXTEENTH	SUBSCRIBER GRO		
FIFTEENTH	I SUBSCRIBER GRO	OUP	COMMUNITY/ ARE	SIXTEENTH	SUBSCRIBER GRC	DUP	
FIFTEENTH COMMUNITY/ AREA HAVE	SUBSCRIBER GRO			SIXTEENTH	SUBSCRIBER GRO		
FIFTEENTH COMMUNITY/ AREA HAVEI CALL SIGN DSE CTIVDT 0.25	I SUBSCRIBER GRO	OUP	COMMUNITY/ ARE	SIXTEENTH A WHITTEI DSE 0.25	SUBSCRIBER GRC	DUP	
FIFTEENTH COMMUNITY/ AREA HAVEI CALL SIGN DSE CTIVDT 0.25 CTIVDT2 0.25	I SUBSCRIBER GRO	OUP	COMMUNITY/ ARE CALL SIGN	SIXTEENTH A WHITTEI DSE 0.25 0.25	SUBSCRIBER GRC	DUP	
FIFTEENTH COMMUNITY/ AREA HAVEI CALL SIGN DSE (TIVDT 0.25 (TIVDT2 0.25 (TIVDT3 0.25	I SUBSCRIBER GRO	OUP	COMMUNITY/ ARE CALL SIGN KTIVDT KTIVDT2	SIXTEENTH A WHITTEI DSE 0.25	SUBSCRIBER GRC	DUP	
FIFTEENTH COMMUNITY/ AREA HAVEI CALL SIGN DSE (TIVDT 0.25 (TIVDT2 0.25 (TIVDT3 0.25	I SUBSCRIBER GRO	OUP	COMMUNITY/ ARE COLL SIGN KTIVDT KTIVDT2 KTIVDT3	SIXTEENTH A WHITTEI DSE 0.25 0.25 0.25	SUBSCRIBER GRC	DUP	
FIFTEENTH COMMUNITY/ AREA HAVEI CALL SIGN DSE (TIVDT 0.25 (TIVDT2 0.25 (TIVDT3 0.25	I SUBSCRIBER GRO	OUP	COMMUNITY/ ARE COLL SIGN KTIVDT KTIVDT2 KTIVDT3	SIXTEENTH A WHITTEI DSE 0.25 0.25 0.25	SUBSCRIBER GRC	DUP	
FIFTEENTH COMMUNITY/ AREA HAVEI CALL SIGN DSE (TIVDT 0.25 (TIVDT2 0.25 (TIVDT3 0.25	I SUBSCRIBER GRO	OUP	COMMUNITY/ ARE COLL SIGN KTIVDT KTIVDT2 KTIVDT3	SIXTEENTH A WHITTEI DSE 0.25 0.25 0.25	SUBSCRIBER GRC	DUP	
FIFTEENTH COMMUNITY/ AREA HAVEI CALL SIGN DSE CTIVDT 0.25 CTIVDT2 0.25 CTIVDT3 0.25	I SUBSCRIBER GRO	OUP	COMMUNITY/ ARE COLL SIGN KTIVDT KTIVDT2 KTIVDT3	SIXTEENTH A WHITTEI DSE 0.25 0.25 0.25	SUBSCRIBER GRC	DUP	
FIFTEENTH COMMUNITY/ AREA HAVEI CALL SIGN DSE CTIVDT 0.25 CTIVDT2 0.25 CTIVDT3 0.25	I SUBSCRIBER GRO	OUP	COMMUNITY/ ARE COLL SIGN KTIVDT KTIVDT2 KTIVDT3	SIXTEENTH A WHITTEI DSE 0.25 0.25 0.25	SUBSCRIBER GRC	DUP	
FIFTEENTH COMMUNITY/ AREA HAVEI CALL SIGN DSE CTIVDT 0.25 CTIVDT2 0.25 CTIVDT3 0.25	I SUBSCRIBER GRO	OUP	COMMUNITY/ ARE COLL SIGN KTIVDT KTIVDT2 KTIVDT3	SIXTEENTH A WHITTEI DSE 0.25 0.25 0.25	SUBSCRIBER GRC	DUP	
FIFTEENTH COMMUNITY/ AREA HAVEI CALL SIGN DSE CTIVDT 0.25 CTIVDT2 0.25 CTIVDT3 0.25	I SUBSCRIBER GRO	OUP	COMMUNITY/ ARE COLL SIGN KTIVDT KTIVDT2 KTIVDT3	SIXTEENTH A WHITTEI DSE 0.25 0.25 0.25	SUBSCRIBER GRC	DUP	
FIFTEENTH COMMUNITY/ AREA HAVEI CALL SIGN DSE (TIVDT 0.25 (TIVDT2 0.25 (TIVDT3 0.25	I SUBSCRIBER GRO	OUP	COMMUNITY/ ARE COLL SIGN KTIVDT KTIVDT2 KTIVDT3	SIXTEENTH A WHITTEI DSE 0.25 0.25 0.25	SUBSCRIBER GRC	DUP	
FIFTEENTH COMMUNITY/ AREA HAVEI CALL SIGN DSE (TIVDT 0.25 (TIVDT2 0.25 (TIVDT3 0.25	I SUBSCRIBER GRO	OUP	COMMUNITY/ ARE COLL SIGN KTIVDT KTIVDT2 KTIVDT3	SIXTEENTH A WHITTEI DSE 0.25 0.25 0.25	SUBSCRIBER GRC	DUP	
FIFTEENTH COMMUNITY/ AREA HAVEI CALL SIGN DSE CTIVDT 0.25 CTIVDT2 0.25 CTIVDT3 0.25	I SUBSCRIBER GRO	OUP	COMMUNITY/ ARE COLL SIGN KTIVDT KTIVDT2 KTIVDT3	SIXTEENTH A WHITTEI DSE 0.25 0.25 0.25	SUBSCRIBER GRC	DUP	
FIFTEENTH COMMUNITY/ AREA HAVEI CALL SIGN DSE (TIVDT 0.25 (TIVDT2 0.25 (TIVDT3 0.25	I SUBSCRIBER GRO	OUP	COMMUNITY/ ARE COLL SIGN KTIVDT KTIVDT2 KTIVDT3	SIXTEENTH A WHITTEI DSE 0.25 0.25 0.25	SUBSCRIBER GRC	DUP DSE	
FIFTEENTH COMMUNITY/ AREA HAVEI CALL SIGN DSE (TIVDT 0.25 (TIVDT2 0.25 (TIVDT3 0.25 (TIVDT4 0.25 (TIVDT4 0.25	I SUBSCRIBER GRO	OUP	COMMUNITY/ ARE COLL SIGN KTIVDT KTIVDT2 KTIVDT3	SIXTEENTH A WHITTEI DSE 0.25 0.25 0.25	SUBSCRIBER GRC	DUP	
FIFTEENTH COMMUNITY/ AREA HAVEI CALL SIGN DSE (TIVDT 0.25 (TIVDT2 0.25 (TIVDT3 0.25 (TIVDT3 0.25 (TIVDT4 0.25 (TIVDT4 0.25) (TIVDT4 0.25) (TIVDT4 0.25) (TIVDT4 0.25)	I SUBSCRIBER GRO	OUP	COMMUNITY/ ARE COLL SIGN KTIVDT KTIVDT2 KTIVDT3 KTIVDT4	SIXTEENTH A WHITTEI DSE 0.25 0.25 0.25 0.25	SUBSCRIBER GRC	DUP DSE	
COMMUNITY/ AREA HAVEI CALL SIGN DSE KTIVDT 0.25 KTIVDT2 0.25 KTIVDT3 0.25	I SUBSCRIBER GRO		COMMUNITY/ ARE COMMUNITY/ ARE CALL SIGN KTIVDT KTIVDT2 KTIVDT3 KTIVDT4 KTIVDT4	SIXTEENTH A WHITTEI DSE 0.25 0.25 0.25 0.25	SUBSCRIBER GRC MORE CALL SIGN		
FIFTEENTH COMMUNITY/ AREA HAVEI CALL SIGN DSE KTIVDT 0.25 KTIVDT2 0.25 KTIVDT3 0.25 KTIVDT4 0.25	I SUBSCRIBER GRO		COMMUNITY/ ARE COMMUNITY/ ARE CALL SIGN KTIVDT KTIVDT2 KTIVDT3 KTIVDT4 KTIVDT4	SIXTEENTH A WHITTEI DSE 0.25 0.25 0.25 0.25 0.25	SUBSCRIBER GRC MORE CALL SIGN		

SYSTEM ID#

FORM SA3E. PAGE 19.

LEGAL NAME OF OWNER OF CABLE SYSTEM:

FORM SA3E. PA	٩GE	19.
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LEGAL NAME OF OWNEF			INERS			S	YSTEM ID# 63492	Name
В	LOCK A:	COMPUTATION OF	BASE RA	ATE FEES FOR EACH	SUBSCRIE	BER GROUP		
SEVENTEENTH SUBSCRIBER GROUP			EIG	HTEENTH	SUBSCRIBER GROU	P	0	
COMMUNITY/ AREA	AYRSHI	RE - GILLETTE G	ROVE	COMMUNITY/ AREA	SWEA C	ITY		9
								Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN KEYCDT	DSE 0.25	CALL SIGN	DSE	of Base Rate Fee
					0.20			and
								Syndicated
								Exclusivity
								Surcharge
								for
								Partially
								Distant
								Stations
	II		0.00		I I		0.25	
Total DSEs			0.00	Total DSEs				
Gross Receipts First Gro	oup	<u>\$ 10</u>	,257.30	Gross Receipts Second	d Group	\$	16,183.80	
Base Rate Fee First Gro	oup	\$	0.00	Base Rate Fee Second	d Group	\$	43.05	
NIN	NTEENTH	SUBSCRIBER GROL	IP	<u> </u> т	VENTIETH	SUBSCRIBER GROU	Р	
COMMUNITY/ AREA	ALGON	A		COMMUNITY/ AREA	GRAETT	INGER - WALLIN	GFORD	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
KEYCDT	0.25							
KEYCDT2	0.25							
							····	
							····	
Total DSEs			0.50	Total DSEs	I		0.00	
Gross Receipts Third G	roup	\$ 254	,844.72	Gross Receipts Fourth	Group	\$ 1	00,800.00	
	I	<u> </u>			-	·		
Base Rate Fee Third G	roup	\$ 1	,355.77	Base Rate Fee Fourth	Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block	e base rate 3, line 1, sp	fees for each subscr bace L (page 7)	ber group a	as shown in the boxes abo	ove.	\$		

	СОММИ	INICATIONS PA	RTNERS				63492
				ATE FEES FOR EA			
OMMUNITY/ AREA		SUBSCRIBER GRO	DUP	COMMUNITY/ ARE		SUBSCRIBER GROU	<u>0</u>
JIMIMUNIT I/ AREA	monr	A-BURI			A		U
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
otal DSEs			0.00	Total DSEs			0.00
oss Receipts First G	roup	<u>\$</u> 5	51,149.70	Gross Receipts Sec	cond Group	\$	0.00
se Rate Fee First G	roup	\$	0.00	Base Rate Fee Sec	cond Group	\$	0.00
	THIRD	SUBSCRIBER GRO	OUP		FOURTH	I SUBSCRIBER GROU	JP
MMUNITY/ AREA	RUTHV	EN		COMMUNITY/ ARE	A ROYAL		
ALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
							•••••
tal DSEs			0.00	Total DSEs		11	0.00
oss Receipts Third C	Group	s 10	01,700.00	Gross Receipts Fou	irth Group	\$	34,680.00
	r	· · · · · · · · · · · · · · · · · · ·				<u>,</u>	
en Data Ena Third (Froun		0.00	 Baso Pato Eoo For	urth Group		0.00
ase Rate Fee Third C	noup	\$	0.00	Base Rate Fee Fou	irur Group	\$	0.00
e Rate Fee: Add th er here and in block			criber group a	is shown in the boxes	above.		0.00

		INICATIONS PAR	INER5				63492
				ATE FEES FOR EACH			
	FIFTH SUBSCRIBER GROUP SIXTH SUBSCRIBER GROUP A ARMSTRONG COMMUNITY/ AREA TERRIL						
COMMUNITY/ AREA	ARINSI	RUNG		COMMUNITY/ AREA	TERRIL		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
tal DSEs			0.00	Total DSEs			0.00
oss Receipts First G	roup	\$ 50	0,049.90	Gross Receipts Second	d Group	\$	25,200.00
	oup	<u> </u>	,0-10.00			<u> </u>	20,200.00
se Rate Fee First G	roup	\$	0.00	Base Rate Fee Second	d Group	\$	0.00
	SEVENTH	SUBSCRIBER GRO	UP		EIGHTH	SUBSCRIBER GRO	UP
MMUNITY/ AREA	RINGS	ΓED		COMMUNITY/ AREA	PALME	R	
ALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
		_					
					•		
			0.00	Total DSEs			0.00
tal DSEs		¢ 34	0,569.40		Croup	¢	30,264.00
	rour	\$ 3	0,003.40	Gross Receipts Fourth	Group	\$	JU,204.UU
	Group						
otal DSEs ross Receipts Third C	Group						
		\$	0.00	Base Rate Fee Fourth	Group	\$	0.00
oss Receipts Third C			0.00	Base Rate Fee Fourth	Group	\$	0.00
as Receipts Third (e Rate Fee Third (Group	\$				\$	0.00
eipts Third C	Group	\$		Base Rate Fee Fourth		\$	0.00

LEGAL NAME OF OWNE			RTNERS				SYSTEM ID# 63492	Name
	BLOCK A:	COMPUTATION C	OF BASE R	ATE FEES FOR EAC	CH SUBSCR	IBER GROUP		
	NINTH	SUBSCRIBER GRC	UP		TENT	SUBSCRIBER GRO	UP	•
COMMUNITY/ AREA	POCA	IONTAS		COMMUNITY/ ARE/	A PLOVE	R		9 Computatio
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate F
								and
								Syndicated
								Exclusivit
							······	Surcharge
							······	for Partially
								Distant
								Stations
								otationo
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	roup	<u>\$</u> 3	5,723.70	Gross Receipts Seco	ond Group	\$	4,598.10	
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00	
E	ELEVENTH	SUBSCRIBER GRC	UP		TWELVTH	I SUBSCRIBER GRO	UP	
COMMUNITY/ AREA	CURLE	W		COMMUNITY/ ARE	A ROLFE			
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	Group	\$	707.40	Gross Receipts Four	rth Group	\$	13,794.30	
Base Rate Fee Third G	Group	\$	0.00	Base Rate Fee Four	rth Group	\$	0.00	
Base Rate Fee: Add th Enter here and in block			criber group a	as shown in the boxes a	above.	\$		

LEGAL NAME OF OWNE			TNERS				SYSTEM ID# 63492	Name
E	BLOCK A:	COMPUTATION C	F BASE RA	TE FEES FOR EACH	SUBSCR	IBER GROUP		
THI	RTEENTH	SUBSCRIBER GRO	UP	11		SUBSCRIBER GRO	UP	9
COMMUNITY/ AREA	MALLA	RD		COMMUNITY/ AREA	WEST E	BEND		-
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computatio of
CALL SIGN	DSE		DSE	CALL SIGN	DSE	CALL SIGN	DSE	Base Rate Fe
								and
								Syndicated
								Exclusivity
								Surcharge
								for Dentielly
								Partially Distant
								Stations
			0.00				0.00	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	roup	\$	9,196.20	Gross Receipts Secon	d Group	\$	49,871.70	
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Secon	d Group	\$	0.00	
F	FTEENTH	SUBSCRIBER GRO	UP	5	SIXTEENTH	I SUBSCRIBER GRO	UP	
COMMUNITY/ AREA	HAVEL	.OCK		COMMUNITY/ AREA	WHITTE	MORE		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
	•••							
Total DSEs			0.00				0.00	
				Total DSEs	-			
Gross Receipts Third G	iroup	\$	9,903.60	Gross Receipts Fourth	Group	\$	18,392.40	
Base Rate Fee Third G	Group	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
Base Rate Fee: Add th Enter here and in block			riber group a	II as shown in the boxes ab	ove.	\$		

LEGAL NAME OF OWNE			RTNERS				SYSTEM ID# 63492	Name
E	BLOCK A:	COMPUTATION C	F BASE RA	ATE FEES FOR EACH	SUBSCR	IBER GROUP		
SEVE	NTEENTH	SUBSCRIBER GRO	UP	EI	GHTEENTH	I SUBSCRIBER GRO	UP	^
COMMUNITY/ AREA	AYRSH	IRE - GILLETTE	GROVE	COMMUNITY/ AREA	SWEA	CITY		9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fe
								and
								Syndicated
								Exclusivity
							······	Surcharge for
								Partially
								Distant
								Stations
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	roup	<u>\$</u> 1	0,257.30	Gross Receipts Secon	d Group	\$	16,183.80	
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Secon	d Group	\$	0.00	
NI	NTEENTH	SUBSCRIBER GRO	UP	Т	WENTIETH	I SUBSCRIBER GRO	UP	
COMMUNITY/ AREA	ALGO	NA		COMMUNITY/ AREA	GRAET	TINGER - WALLIN	NGFORD	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
				-				
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	Group	<u>\$ 25</u>	4,844.72	Gross Receipts Fourth	Group	\$	100,800.00	
Base Rate Fee Third G	Group	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
Base Rate Fee: Add th Enter here and in block			riber group a	II as shown in the boxes ab	ove.	\$		

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: NORTHERN IOWA COMMUNICATIONS PARTNERS	SYSTEM ID 6349						
9	BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you must also compute a Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined benefiting 70.5750 periods of for the part of the top here 0.1.401							
Computation of	by section 76.5 of FCC rules in effect on June 24, 1981:							
Base Rate Fee and Syndicated Exclusivity Surcharge for Partially Distant Stations	 INSTRUCTIONS: Step 1: In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block A, patthis schedule. Step 2: In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were classific Exempt DSEs in block C, part 7 of this schedule. If none enter zero. Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge. Step 4: Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of the schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need 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 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation						
	computation	computation						

Name	NORTHERN IOWA COMMUNICATIONS PARTNERS	634					
	BLOCK B: COMPUTATION OF SYNDICATED EXCLU	JSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP					
9 Computation	If your cable system is located within a top 100 television market and Syndicated Exclusivity Surcharge. Indicate which major television ma by section 76.5 of FCC rules in effect on June 24, 1981:	d the station is not exempt in Part 7, you must also compute a					
Computation of	☐ First 50 major television market	Second 50 major television market					
Base Rate Fee and Syndicated Exclusivity Surcharge for Partially Distant Stations	 INSTRUCTIONS: Step 1: In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block A, part 9 of this schedule. Step 2: In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were classified as Exempt DSEs in block C, part 7 of this schedule. If none enter zero. Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge. Step 4: Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show your actual calculations on this form. 						
	FIFTH SUBSCRIBER GROUP	SIXTH SUBSCRIBER GROUP					
	Line 1: Enter the VHF DSEs	Line 1: Enter the VHF DSEs					
	Line 2: Enter the Exempt DSEs Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation	Line 2: Enter the Exempt DSEs Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation					
	SYNDICATED EXCLUSIVITY SURCHARGE First Group	SYNDICATED EXCLUSIVITY SURCHARGE Second Group					
	SEVENTH SUBSCRIBER GROUP	EIGHTH SUBSCRIBER GROUP					
	Line 1: Enter the VHF DSEs	Line 1: Enter the VHF DSEs					
	Line 2: Line the Excitip DOLS	Line 2: Einer the Exchipt Bolds :					
	SYNDICATED EXCLUSIVITY SURCHARGE Third Group	SYNDICATED EXCLUSIVITY SURCHARGE Fourth Group					
	SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for in the boxes above. Enter here and in block 4, line 2 of space L (pag	r each subscriber group as shown pe 7)					

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: NORTHERN IOWA COMMUNICATIONS PARTNERS	SYSTEM I 634
	BLOCK B: COMPUTATION OF SYNDICATED EXCLU	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 ma by section 76.5 of FCC rules in effect on June 24, 1981:	the station is not exempt in Part 7, you must also compute a
Computation of	└ First 50 major television market	☐ Second 50 major television market
Base Rate Fee and Syndicated Exclusivity Surcharge for Partially Distant Stations	 INSTRUCTIONS: Step 1: In line 1, give the total DSEs by subscriber group for commetthis schedule. Step 2: In line 2, give the total number of DSEs by subscriber group Exempt DSEs in block C, part 7 of this schedule. If none ent 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 	for the VHF Grade B contour stations that were classified as ter zero. of DSEs used to compute the surcharge.
	NINTH SUBSCRIBER GROUP	TENTH SUBSCRIBER GROUP
	Line 1: Enter the VHF DSEs	Line 1: Enter the VHF DSEs
	Line 2: Enter the Exempt DSEs	Line 2: Enter the Exempt DSEs
	Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation	Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation
	SYNDICATED EXCLUSIVITY SURCHARGE First Group	SYNDICATED EXCLUSIVITY SURCHARGE Second Group
	ELEVENTH SUBSCRIBER GROUP	TWELVTH SUBSCRIBER GROUP
	Line 1: Enter the VHF DSEs	Line 1: Enter the VHF DSEs
	Line 2: Enter the Exempt DSEs Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation	Line 2: Enter the Exempt DSEs Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation
	SYNDICATED EXCLUSIVITY SURCHARGE Third Group	SYNDICATED EXCLUSIVITY SURCHARGE 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

		FORM SA3E. PAGE 20.					
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: NORTHERN IOWA COMMUNICATIONS PARTNERS	SYSTEM ID# 63492					
	BLOCK B: COMPUTATION OF SYNDICATED EXCLUS	IVITY SURCHARGE FOR EACH SUBSCRIBER GROUP					
9 Computation	If your cable system is located within a top 100 television market and th Syndicated Exclusivity Surcharge. Indicate which major television mark by section 76.5 of FCC rules in effect on June 24, 1981:						
Computation of	☐ First 50 major television market	Second 50 major television market					
Base Rate Fee and Syndicated Exclusivity Surcharge for Partially Distant Stations	 ☐ First 50 major television market ☐ Second 50 major television market INSTRUCTIONS: Step 1: In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block A, part 9 or this schedule. Step 2: In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were classified as Exempt DSEs in block C, part 7 of this schedule. If none enter zero. Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge. Step 4: Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to sh your actual calculations on this form. 						
	THIRTEENTH SUBSCRIBER GROUP	FOURTEENTH SUBSCRIBER GROUP					
	Line 1: Enter the VHF DSEs	Line 1: Enter the VHF DSEs					
	Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation	Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation					
	FIFTEENTH SUBSCRIBER GROUP	SIXTEENTH SUBSCRIBER GROUP					
	Line 1: Enter the VHF DSEs	Line 1: Enter the VHF DSEs Line 2: Enter the Exempt DSEs Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation SYNDICATED EXCLUSIVITY SURCHARGE Fourth Group					
	SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for ea in the boxes above. Enter here and in block 4, line 2 of space L (page /						

		FORM SA3E. PAGE 20.	
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: NORTHERN IOWA COMMUNICATIONS PARTNERS	SYSTEM ID# 63492	
	BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you must also compute a Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined by section 76.5 of FCC rules in effect on June 24, 1981:		
9			
Computation of	∐ First 50 major television market	Second 50 major television market	
Base Rate Fee and Syndicated Exclusivity Surcharge for Partially Distant Stations	 INSTRUCTIONS: Step 1: In line 1, give the total DSEs by subscriber group for commentiation this schedule. Step 2: In line 2, give the total number of DSEs by subscriber group for exempt DSEs in block C, part 7 of this schedule. If none entered step 3: In line 3, subtract line 2 from line 1. This is the total number of Step 4: Compute the surcharge for each subscriber group using the formation of the surcharge for each subscriber group using	mmercial VHF Grade B contour stations listed in block A, part 9 of roup for the VHF Grade B contour stations that were classified as e enter zero. aber of DSEs used to compute the surcharge.	
	SEVENTEENTH SUBSCRIBER GROUP	EIGHTEENTH SUBSCRIBER GROUP	
	Line 1: Enter the VHF DSEs	Line 1: Enter the VHF DSEs	
	Line 2: Enter the Exempt DSEs Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation	Line 2: Enter the Exempt DSEs Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation	
	NINEENTH SUBSCRIBER GROUP	TWENTYTH SUBSCRIBER GROUP	
	Line 1: Enter the VHF DSEs Line 2: Enter the Exempt DSEs Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation	Line 1: Enter the VHF DSEs Line 2: Enter the Exempt DSEs Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation	
	SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for e in the boxes above. Enter here and in block 4, line 2 of space L (page	each subscriber group as shown ()	