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.

STATEMENT OF ACCOUNT
for Secondary Transmissions by
Cable Systems (Long Form)

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

<table>
<thead>
<tr>
<th>A</th>
<th>ACCOUNTING PERIOD COVERED BY THIS STATEMENT:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2023-01</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>B</th>
<th>Owner</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Instructions:</td>
</tr>
<tr>
<td></td>
<td>Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation.</td>
</tr>
<tr>
<td></td>
<td>If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entire accounting period.</td>
</tr>
<tr>
<td></td>
<td>Check here if this is the system’s first filing. If not, enter the system’s ID number assigned by the Licensing Division.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>C</th>
<th>System</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>INSTRUCTIONS:</td>
</tr>
<tr>
<td></td>
<td>In line 1, give any business or trade names used to identify the business and operation of the system unless these names already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>D</th>
<th>Area Served</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>First Community</td>
</tr>
<tr>
<td></td>
<td>Sample</td>
</tr>
<tr>
<td></td>
<td>CITY OR TOWN</td>
</tr>
<tr>
<td></td>
<td>STATE</td>
</tr>
<tr>
<td></td>
<td>Salix</td>
</tr>
<tr>
<td></td>
<td>IA</td>
</tr>
<tr>
<td></td>
<td>Below is a sample for reporting communities if you report multiple channel line-ups in Space G.</td>
</tr>
<tr>
<td></td>
<td>CITY OR TOWN (SAMPLE)</td>
</tr>
<tr>
<td></td>
<td>STATE</td>
</tr>
<tr>
<td></td>
<td>CH LINE UP</td>
</tr>
<tr>
<td></td>
<td>SUB GRP#</td>
</tr>
<tr>
<td></td>
<td>Aida</td>
</tr>
<tr>
<td></td>
<td>MD</td>
</tr>
<tr>
<td></td>
<td>A</td>
</tr>
<tr>
<td></td>
<td>Alliance</td>
</tr>
<tr>
<td></td>
<td>MD</td>
</tr>
<tr>
<td></td>
<td>B</td>
</tr>
<tr>
<td></td>
<td>Gering</td>
</tr>
<tr>
<td></td>
<td>MD</td>
</tr>
<tr>
<td></td>
<td>B</td>
</tr>
</tbody>
</table>

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

List each separate community served by the cable system. A “community” is the same as a “community unit” as defined in FCC rules: “a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single, discrete unincorporated areas.” 47 C.F.R. §76.5(dd). The first community that you list will serve as a form of system identification hereafter known as the “first community.” Please use it as the first community on all future filings.

**Note:** Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified city or town.

If all communities receive the same complement of television broadcast stations (i.e., one channel line-up for all), then either associate all communities with the channel line-up “A” in the appropriate column below or leave the column blank. If you report any stations on a partially distant or partially permitted basis in the DSE Schedule, associate each relevant community with a subscriber group, designated by a number (based on your reporting from Part 9).

When reporting the carriage of television broadcast stations on a community-by-community basis, associate each community with a channel line-up designated by an alpha-letter(s) (based on your Space G reporting) and a subscriber group designated by a number (based on your reporting from Part 9 of the DSE Schedule) in the appropriate columns below.

<table>
<thead>
<tr>
<th>CITY OR TOWN</th>
<th>STATE</th>
<th>CH LINE UP</th>
<th>SUB GRP#</th>
</tr>
</thead>
<tbody>
<tr>
<td>Salix</td>
<td>IA</td>
<td>AA</td>
<td>1</td>
</tr>
<tr>
<td>Sloan</td>
<td>IA</td>
<td>AA</td>
<td>1</td>
</tr>
<tr>
<td>Anthon</td>
<td>IA</td>
<td>AA</td>
<td>1</td>
</tr>
<tr>
<td>Correctionville</td>
<td>IA</td>
<td>AA</td>
<td>1</td>
</tr>
<tr>
<td>Danbury</td>
<td>IA</td>
<td>AA</td>
<td>1</td>
</tr>
<tr>
<td>Whiting</td>
<td>IA</td>
<td>AA</td>
<td>1</td>
</tr>
<tr>
<td>Holstein</td>
<td>IA</td>
<td>AA</td>
<td>1</td>
</tr>
<tr>
<td>Ida Grove</td>
<td>IA</td>
<td>AA</td>
<td>1</td>
</tr>
<tr>
<td>Soldier</td>
<td>IA</td>
<td>AA</td>
<td>1</td>
</tr>
<tr>
<td>Ute</td>
<td>IA</td>
<td>AA</td>
<td>1</td>
</tr>
<tr>
<td>Mapleton</td>
<td>IA</td>
<td>AA</td>
<td>1</td>
</tr>
<tr>
<td>Onawa</td>
<td>IA</td>
<td>AA</td>
<td>1</td>
</tr>
<tr>
<td>Blencoe</td>
<td>IA</td>
<td>AA</td>
<td>1</td>
</tr>
<tr>
<td>Moorhead</td>
<td>IA</td>
<td>AA</td>
<td>1</td>
</tr>
<tr>
<td>Sergeant Bluff</td>
<td>IA</td>
<td>AA</td>
<td>1</td>
</tr>
<tr>
<td>Jefferson</td>
<td>SD</td>
<td>AB</td>
<td>2</td>
</tr>
<tr>
<td>Dakota Dunes</td>
<td>SD</td>
<td>AB</td>
<td>2</td>
</tr>
<tr>
<td>North Sioux City</td>
<td>SD</td>
<td>AB</td>
<td>2</td>
</tr>
<tr>
<td>Storm Lake</td>
<td>IA</td>
<td>AB</td>
<td>2</td>
</tr>
<tr>
<td>South Sioux City</td>
<td>NE</td>
<td>AB</td>
<td>2</td>
</tr>
<tr>
<td>Missouri Valley</td>
<td>IA</td>
<td>AC</td>
<td>3</td>
</tr>
<tr>
<td>Logan</td>
<td>IA</td>
<td>AC</td>
<td>3</td>
</tr>
<tr>
<td>Woodbine</td>
<td>IA</td>
<td>AC</td>
<td>4</td>
</tr>
<tr>
<td>Magnolia</td>
<td>IA</td>
<td>AC</td>
<td>4</td>
</tr>
<tr>
<td>Orange City</td>
<td>IA</td>
<td>AD</td>
<td>5</td>
</tr>
</tbody>
</table>
## E  Secondary Transmission Service: Subscribers and Rates

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

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

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

#### Block 1:
The left-hand block in space E, the form lists the categories of secondary transmission service that cable systems most commonly provide to their subscribers. Give the number of subscribers and rate for each listed category that applies to your system.  

**Note:** Where an individual or organization is receiving service that falls under different categories, that person or entity should be counted as a subscriber in each applicable category. Example: a residential subscriber who pays extra for cable service to additional sets would be included in the count under "Service to the first set" and would be counted once again under "Service to additional set(s)."

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

<table>
<thead>
<tr>
<th>CATEGORY OF SERVICE</th>
<th>NO. OF SUBSCRIBERS</th>
<th>RATE</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Residential:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Service to first set</td>
<td>3,793</td>
<td>$126.00</td>
</tr>
<tr>
<td>• Service to additional set(s)</td>
<td>821</td>
<td>$15.00</td>
</tr>
<tr>
<td>• FM radio (if separate rate)</td>
<td>333</td>
<td>$54.23</td>
</tr>
<tr>
<td>Motel, hotel</td>
<td>180-3000</td>
<td></td>
</tr>
<tr>
<td>Commercial</td>
<td>190</td>
<td></td>
</tr>
<tr>
<td>Converter</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Residential</td>
<td>BOX# 726</td>
<td>$6.95</td>
</tr>
<tr>
<td>• Non-residential</td>
<td>DVR 1921</td>
<td>$16.95</td>
</tr>
</tbody>
</table>

## F  Services Other Than Secondary Transmissions: Rates

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

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

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

<table>
<thead>
<tr>
<th>CATEGORY OF SERVICE</th>
<th>RATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Continuing Services:</td>
<td></td>
</tr>
<tr>
<td>• Pay cable</td>
<td></td>
</tr>
<tr>
<td>• Pay cable—add’l channel</td>
<td></td>
</tr>
<tr>
<td>• Fire protection</td>
<td></td>
</tr>
<tr>
<td>• Burglar protection</td>
<td></td>
</tr>
<tr>
<td>Installation:</td>
<td></td>
</tr>
<tr>
<td>• Residential</td>
<td>$29.95</td>
</tr>
<tr>
<td>• Additional set(s)</td>
<td></td>
</tr>
<tr>
<td>• FM radio (if separate rate)</td>
<td></td>
</tr>
<tr>
<td>• Converter</td>
<td></td>
</tr>
<tr>
<td>Installation:</td>
<td></td>
</tr>
<tr>
<td>• Non-residential</td>
<td></td>
</tr>
<tr>
<td>• Motel, hotel</td>
<td>$29.95</td>
</tr>
<tr>
<td>• Commercial</td>
<td></td>
</tr>
<tr>
<td>• Pay cable</td>
<td></td>
</tr>
<tr>
<td>• Pay cable—add’l channel</td>
<td></td>
</tr>
<tr>
<td>• Fire protection</td>
<td></td>
</tr>
<tr>
<td>• Burglar protection</td>
<td></td>
</tr>
<tr>
<td>Other services:</td>
<td></td>
</tr>
<tr>
<td>• Reconnect</td>
<td>$29.95</td>
</tr>
<tr>
<td>• Disconnect</td>
<td></td>
</tr>
<tr>
<td>• Outlet relocation</td>
<td></td>
</tr>
<tr>
<td>• Move to new address</td>
<td></td>
</tr>
</tbody>
</table>
In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referred to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph.

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

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

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

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

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

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

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

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

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

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

<table>
<thead>
<tr>
<th>CHANNEL LINE-UP AA</th>
<th>1. CALL SIGN</th>
<th>2. B’CAST CHANNEL NUMBER</th>
<th>3. TYPE OF STATION</th>
<th>4. DISTANT? (Yes or No)</th>
<th>5. BASIS OF CARRIAGE (If Distant)</th>
<th>6. LOCATION OF STATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>dwestbrook</td>
<td>#N/A</td>
<td>#N/A</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>KTIV-D2 CW</td>
<td>65.2</td>
<td>N</td>
<td></td>
<td></td>
<td></td>
<td>Sioux City, Ia</td>
</tr>
<tr>
<td>KTIV-D3 MeTV</td>
<td>65.3</td>
<td>I-M</td>
<td></td>
<td></td>
<td></td>
<td>Sioux City, Ia</td>
</tr>
<tr>
<td>KTIV-D4 Court TV</td>
<td>68.3</td>
<td>I-M</td>
<td></td>
<td></td>
<td></td>
<td>Sioux City, Ia</td>
</tr>
<tr>
<td>KPTH CBS</td>
<td>67.1</td>
<td>N</td>
<td></td>
<td></td>
<td></td>
<td>Sioux City, Ia</td>
</tr>
<tr>
<td>KPTH FOX</td>
<td>66.1</td>
<td>N</td>
<td></td>
<td></td>
<td></td>
<td>Sioux City, Ia</td>
</tr>
<tr>
<td>KPTH MyTV</td>
<td>49.3</td>
<td>I-M</td>
<td></td>
<td></td>
<td></td>
<td>Sioux City, Ia</td>
</tr>
<tr>
<td>KCAU ABC</td>
<td>66.2</td>
<td>N</td>
<td></td>
<td></td>
<td></td>
<td>Sioux City, Ia</td>
</tr>
<tr>
<td>KCAU-Laff</td>
<td>66.7</td>
<td>I-M</td>
<td></td>
<td></td>
<td></td>
<td>Sioux City, Ia</td>
</tr>
<tr>
<td>KCAU-Bounce</td>
<td>67.6</td>
<td>I-M</td>
<td></td>
<td></td>
<td></td>
<td>Sioux City, Ia</td>
</tr>
<tr>
<td>KCAU-Escape</td>
<td>0</td>
<td>I-M</td>
<td></td>
<td></td>
<td></td>
<td>Sioux City, Ia</td>
</tr>
<tr>
<td>KMEG-Dabl</td>
<td>66.3</td>
<td>I-M</td>
<td></td>
<td></td>
<td></td>
<td>Sioux City, Ia</td>
</tr>
<tr>
<td>KMEG-Charge</td>
<td>66.4</td>
<td>I-M</td>
<td></td>
<td></td>
<td></td>
<td>Sioux City, Ia</td>
</tr>
<tr>
<td>KMEG-Comet</td>
<td>67.5</td>
<td>I-M</td>
<td></td>
<td></td>
<td></td>
<td>Sioux City, Ia</td>
</tr>
<tr>
<td>KMEG-Stadium</td>
<td>65.7</td>
<td>I-M</td>
<td></td>
<td></td>
<td></td>
<td>Sioux City, Ia</td>
</tr>
<tr>
<td>IPBS-Create</td>
<td>13.1</td>
<td>E</td>
<td></td>
<td></td>
<td></td>
<td>Sioux City, Ia</td>
</tr>
<tr>
<td>IPBS-World</td>
<td>13.2</td>
<td>E</td>
<td></td>
<td></td>
<td></td>
<td>Sioux City, Ia</td>
</tr>
<tr>
<td>IPBS-Kids</td>
<td>13.3</td>
<td>E</td>
<td></td>
<td></td>
<td></td>
<td>Sioux City, Ia</td>
</tr>
</tbody>
</table>
In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph.

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

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

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

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

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

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

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

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

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

Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.
**ACCOUNTING PERIOD:** 2023-01

**LEGAL NAME OF OWNER OF CABLE SYSTEM:** Northwest Iowa Telephone Co

**SYSTEM ID#**

<table>
<thead>
<tr>
<th>Name</th>
<th>G</th>
</tr>
</thead>
</table>

**Primary Transmitters:** Television

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

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

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

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

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

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

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

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

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

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

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

<table>
<thead>
<tr>
<th>CHANNEL LINE-UP</th>
<th>AC</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1. CALL SIGN</strong></td>
<td><strong>2. B'CAST CHANNEL NUMBER</strong></td>
</tr>
<tr>
<td>WOWT-D1 NBC</td>
<td>22</td>
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<td>WOWT-D2 COZI</td>
<td>0</td>
</tr>
<tr>
<td>WOWT-D3 Heroes</td>
<td>68.4</td>
</tr>
<tr>
<td>KPTM-MyTV</td>
<td>43</td>
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<tr>
<td>KPTM-Fox</td>
<td>0</td>
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<tr>
<td>KPTM-D3 CW</td>
<td>43.3</td>
</tr>
<tr>
<td>KPTM-D4 Comet</td>
<td>0</td>
</tr>
<tr>
<td>KMTV-D1 CBS</td>
<td>45</td>
</tr>
<tr>
<td>KMTV-D2 Grit</td>
<td>0</td>
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<tr>
<td>KMTV-D3 Laff</td>
<td>0</td>
</tr>
<tr>
<td>KMTV-D4 Ion</td>
<td>0</td>
</tr>
<tr>
<td>KETV-ABC</td>
<td>0</td>
</tr>
<tr>
<td>KETV-MeTV</td>
<td>0</td>
</tr>
<tr>
<td>KYNE</td>
<td>0</td>
</tr>
</tbody>
</table>
**ACCOUNTING PERIOD: 2023-01**

**LEGAL NAME OF OWNER OF CABLE SYSTEM:** Northwest Iowa Telephone Co

**SYSTEM ID#:** 61026

**Primary Transmitters:** Television

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

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

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

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

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

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

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

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

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

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

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

### CHANNEL LINE-UP

<table>
<thead>
<tr>
<th>1. CALL</th>
<th>2. B'CAST NUMBER</th>
<th>3. TYPE OF STATION</th>
<th>4. DISTANT? (Yes or No)</th>
<th>5. BASIS OF CARRIAGE (If Distant)</th>
<th>6. LOCATION OF STATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>KTIV-NBC</td>
<td>65.1 N</td>
<td>SiouxFalls, SD</td>
<td></td>
<td></td>
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<tr>
<td>KTV-CW</td>
<td>65.2 N</td>
<td>SiouxFalls, SD</td>
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<tr>
<td>KTV-D3 MeTV</td>
<td>65.3 I-M</td>
<td>SiouxFalls, SD</td>
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<tr>
<td>KTV-D4 Court TV</td>
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<tr>
<td>KPTH CBS</td>
<td>67.1 N</td>
<td>SiouxFalls, SD</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>KPTH FOX</td>
<td>66.1 N</td>
<td>SiouxFalls, SD</td>
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<tr>
<td>KPTH MyTV</td>
<td>49.3 I-M</td>
<td>SiouxFalls, SD</td>
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<tr>
<td>KCAU ABC</td>
<td>66.2 N</td>
<td>SiouxFalls, SD</td>
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<tr>
<td>KCAU-Laff</td>
<td>66.7 I-M</td>
<td>SiouxFalls, SD</td>
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<tr>
<td>KCAU-Bounce</td>
<td>67.6 I-M</td>
<td>SiouxFalls, SD</td>
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<tr>
<td>KCAU-Escape</td>
<td>66.0 I-M</td>
<td>SiouxFalls, SD</td>
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<tr>
<td>KMEG-Dabl</td>
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<td>SiouxFalls, SD</td>
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<tr>
<td>KMEG-Charge</td>
<td>66.4 I-M</td>
<td>SiouxFalls, SD</td>
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<tr>
<td>KMEG-Comet</td>
<td>67.5 I-M</td>
<td>SiouxFalls, SD</td>
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<tr>
<td>KMEG-Stadium</td>
<td>65.7 I-M</td>
<td>SiouxFalls, SD</td>
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<tr>
<td>KELO</td>
<td>11 N</td>
<td>SiouxFalls, SD</td>
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</tbody>
</table>
**LEGAL NAME OF OWNER OF CABLE SYSTEM:** Northwest Iowa Telephone Co  
**SYSTEM ID#** 61026

**Primary Transmitters: Television**

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

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

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

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**CHANNEL LINE-UP AE**

<table>
<thead>
<tr>
<th>1. CALL SIGN</th>
<th>2. B'CAST CHANNEL NUMBER</th>
<th>3. TYPE OF STATION (Yes or No)</th>
<th>4. DISTANT? (Yes or No)</th>
<th>5. BASIS OF CARRIAGE (If Distant)</th>
<th>6. LOCATION OF STATION</th>
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</tbody>
</table>
**Accounting Period:** 2023-01

**Legal Name of Owner of Cable System:** Northwest Iowa Telephone Co

**System ID#** 61026

### Primary Transmitters: Radio

**In General:** List every radio station carried on a separate and discrete basis and list those FM stations carried on an all-band basis whose signals were “generally receivable” by your cable system during the accounting period.

**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.

For detailed information about 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).

<table>
<thead>
<tr>
<th>CALL SIGN</th>
<th>AM or FM</th>
<th>S/D</th>
<th>Location of Station</th>
</tr>
</thead>
<tbody>
<tr>
<td>KZSR</td>
<td>FM</td>
<td></td>
<td>Dakota Dunes, SD</td>
</tr>
</tbody>
</table>
### SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOG

#### In General:
In space I, identify every nonnetwork television program broadcast by a distant station that your cable system carried on a substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a further explanation of the programming that must be included in this log, see page (vi) of the general instructions located in the paper SA3 form.

#### 1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE

- During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program broadcast by a distant station?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
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<tbody>
<tr>
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</table>

  **Note:** If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must complete the program log in block 2.

#### 2. LOG OF SUBSTITUTE PROGRAMS

- **In General:** List each substitute program on a separate line. Use abbreviations wherever possible, if their meaning is clear. If you need more space, please attach additional pages.

  - **Column 1:** Give the title of every nonnetwork television program (substitute program) that, during the accounting period, was broadcast by a distant station and that your cable system substituted for the programming of another station under certain FCC rules, regulations, or authorizations. Do not use general categories like "movies", or "basketball". List specific program titles, for example, "I Love Lucy" or "NBA Basketball: 76ers vs. Bulls."

  - **Column 2:** If the program was broadcast live, enter "Yes." Otherwise enter "No."

  - **Column 3:** Give the call sign of the station broadcasting the substitute program.

  - **Column 4:** Give the broadcast 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).

  - **Column 5:** Give the month and day when your system carried the substitute program. Use numerals, with the month first. Example: for May 7 give “5/7.”

  - **Column 6:** State the times when the substitute program was carried by your cable system. List the times accurately to the nearest five minutes. Example: a program carried by a system from 6:01:15 p.m. to 6:28:30 p.m. should be stated as "6:00–6:30 p.m."

  - **Column 7:** Enter the letter "R" if the listed program was substituted for programming that your system was required to delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" if the listed program was substituted for programming that your system was permitted to delete under FCC rules and regulations in effect on October 19, 1976.

#### SUBSTITUTE PROGRAM

<table>
<thead>
<tr>
<th>1. TITLE OF PROGRAM</th>
<th>2. LIVE? (Yes or No)</th>
<th>3. STATION'S CALL SIGN</th>
<th>4. STATION'S LOCATION</th>
<th>5. MONTH AND DAY</th>
<th>6. TIMES FROM</th>
<th>7. REASON FOR DELETION</th>
</tr>
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<tbody>
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</table>
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 PART-TIME CARRIAGE

<table>
<thead>
<tr>
<th>CALL SIGN</th>
<th>WHEN CARRIAGE OCCURRED</th>
<th>CALL SIGN</th>
<th>WHEN CARRIAGE OCCURRED</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>DATE       FROM</td>
<td>TO</td>
<td>DATE       FROM</td>
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</table>
**ACCOUNTING PERIOD:** 2023-01

**LEGAL NAME OF OWNER OF CABLE SYSTEM:** Northwest Iowa Telephone Co

**SYSTEM ID#** 61026

<table>
<thead>
<tr>
<th>Block</th>
<th>Instructions</th>
<th>Amount</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td><strong>MINIMUM FEE:</strong> All cable systems with semiannual gross receipts of $527,600 or more are required to pay at least the minimum fee, regardless of whether they carried any distant stations. This fee is 1.064 percent of the system’s gross receipts for the accounting period.</td>
<td>$2,864,825.60</td>
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<tr>
<td></td>
<td>Line 1. Enter the amount of gross receipts from space K</td>
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<tr>
<td></td>
<td>Line 2. Multiply the amount in line 1 by 0.01064</td>
<td>$30,481.74</td>
<td></td>
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<tr>
<td>2</td>
<td><strong>DISTANT TELEVISION STATIONS CARRIED:</strong> Your answer here must agree with the information you gave in space G. If, in space G, you identified any stations as “distant” by stating “Yes” in column 4, you must check “Yes” in this block.</td>
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<td>• Did your cable system carry any distant television stations during the accounting period?</td>
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<td>Yes—Complete the DSE schedule.</td>
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<td>No—Leave block 3 below blank and complete line 1, block 4.</td>
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<tr>
<td>3</td>
<td><strong>BASE RATE FEE</strong></td>
<td>$30,481.74</td>
<td></td>
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<tr>
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<td>Line 1. 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</td>
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<tr>
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<td>Line 2. Enter the total fee from line 7, block C, part 6 of the DSE schedule. If none, enter zero</td>
<td>$0.00</td>
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<td>Line 3. Add lines 1 and 2 and enter here</td>
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<td>4</td>
<td><strong>BASE RATE FEE/3.75 FEE or MINIMUM FEE:</strong> 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</td>
<td>$30,481.74</td>
<td></td>
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<tr>
<td></td>
<td>Line 2. <strong>SYNDICATED EXCLUSIVITY SURCHARGE:</strong> 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.</td>
<td>$0.00</td>
<td></td>
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<tr>
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<td>Line 3. <strong>INTEREST CHARGE:</strong> Enter the amount from line 4, space Q, page 9 (Interest Worksheet)</td>
<td>$0.00</td>
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<td>Line 4. <strong>FILING FEE:</strong></td>
<td>$725.00</td>
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**TOTAL ROYALTY AND FILING FEES DUE FOR ACCOUNTING PERIOD.**

Add Lines 1, 2 and 3 of block 4 and enter total here. $31,206.74

**EFT Trace # or TRANSACTION ID #** 2.30807E+11

Remit this amount via electronic payment payable to Register of Copyrights. (See page (i) of the general instructions located in the paper SA3 form and the Excel instructions tab for more information.)
### Channels

**Instructions:** You must give (1) the number of channels on which the cable system carried television broadcast stations to its subscribers and (2) the cable system's total number of activated channels, during the accounting period.

1. Enter the total number of channels on which the cable system carried television broadcast stations: **15**

2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services: **199**

### Individual to Be Contacted if Further Information Is Needed

(Identify an individual we can contact about this statement of account.)

<table>
<thead>
<tr>
<th>Name</th>
<th>Telephone</th>
</tr>
</thead>
<tbody>
<tr>
<td>Paul Bergmann</td>
<td>712-271-4000</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Address</th>
<th>Email</th>
<th>Fax (optional)</th>
</tr>
</thead>
<tbody>
<tr>
<td>504 4th Street, Sergeant Bluff, IA 51054</td>
<td><a href="mailto:bergmann@longlines.biz">bergmann@longlines.biz</a></td>
<td>712-271-2727</td>
</tr>
</tbody>
</table>

### Certification

(This statement of account must be certified and signed in accordance with Copyright Office regulations.)

- [X] I, the undersigned, hereby certify that (Check one, but only one, of the boxes.)
  - [ ] Owner other than corporation or partnership
  - [ ] Agent of owner other than corporation or partnership
  - [X] Officer or partner

- I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith.

[18 U.S.C., Section 1001(1986)]

/\ /s/Paul Bergmann

Typed or printed name: /s/Paul Bergmann

Title: CFO

Date: August 8, 2023
**SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS**

The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence:

“In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119.”

For more information on when to exclude these amounts, see the note on page (vii) of the general instructions in the paper SA3 form.

During the accounting period did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners?

- [X] NO
- ☐ YES. Enter the total here and list the satellite carrier(s) below.

<table>
<thead>
<tr>
<th>Name</th>
<th>Name</th>
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<tbody>
<tr>
<td>Mailing Address</td>
<td>Mailing Address</td>
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**INTEREST ASSESSMENTS**

You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions in the paper SA3 form.

<table>
<thead>
<tr>
<th>Line 1</th>
<th>Enter the amount of late payment or underpayment</th>
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<tbody>
<tr>
<td></td>
<td>x</td>
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<tr>
<td>Line 2</td>
<td>Multiply line 1 by the interest rate* and enter the sum here</td>
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<td>x</td>
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<tr>
<td>Line 3</td>
<td>Multiply line 2 by the number of days late and enter the sum here</td>
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<td>x 0.00274 (interest charge)</td>
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<tr>
<td>Line 4</td>
<td>Multiply line 3 by 0.00274** enter here and on line 3, block 4, space L, (page 7)</td>
<td>$</td>
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* To view the interest rate chart click on [www.copyright.gov/licensing/interest-rate.pdf](http://www.copyright.gov/licensing/interest-rate.pdf). For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@copyright.gov.

** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.

NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Office, please list below the owner, address, first community served, accounting period, and ID number as given in the original filing.

<table>
<thead>
<tr>
<th>Owner</th>
<th>Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>First community served</td>
<td>Accounting period</td>
</tr>
<tr>
<td>ID number</td>
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</tr>
</tbody>
</table>

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

WHAT IS A “DSE”?
The term “distant signal equivalent” (DSE) generally refers to the 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 SA3E 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 a special formula for 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 area after June 25, 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 standard 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.

The Minimum Fee/ Base Rate Fee/ 3.75 Percent Fee. All cable systems filing 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.

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, 1981, 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.
### Computing the Base Rate Fee—Part 8 of the DSE Schedule

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

- If none of the stations were partially distant, calculate your base rate fee according to the following rates—for the system’s permitted DSEs as reported in block B, part 6 or part 5, whichever is applicable.

1. **First DSE**
   - Total DSEs: 2.472
   - Gross receipts: $1,907.71 + $1,604.03 = $3,511.74
   - Base rate fee: $3,511.74 \times 0.01064 \times 1.0 = $373.38

2. **Second DSE**
   - Distant Stations Carried: Stations A and C
   - Base rate fee: $310,000 \times 0.00701 \times 1.389 = $11,321.00

3. **Third DSE**
   - Distant Stations Carried: Stations B, D, and E
   - Base rate fee: $6,497.20

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

### EXAMPLE: Computation of Copyright Royalty Fee for Cable System Carrying Partially Distant Stations

<table>
<thead>
<tr>
<th>Distant Stations Carried</th>
<th>Identification of Subscriber Groups</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>STATION</strong></td>
<td><strong>CITY</strong></td>
</tr>
<tr>
<td>A (independent)</td>
<td>Santa Rosa</td>
</tr>
<tr>
<td>B (independent)</td>
<td>Rapid City</td>
</tr>
<tr>
<td>C (part-time)</td>
<td>Bodega Bay</td>
</tr>
<tr>
<td>D (part-time)</td>
<td>Fairvale</td>
</tr>
<tr>
<td>E (network)</td>
<td></td>
</tr>
</tbody>
</table>

**TOTAL DSEs**: 2.472

**TOTAL GROSS RECEIPTS**: $600,000.00

**Minimum Fee Total Gross Receipts**

$600,000.00 \times 0.01064 = $6,384.00

**First Subscriber Group** (Santa Rosa)

- Gross receipts: $310,000.00
- Base rate fee: $6,497.20
- **Second Subscriber Group** (Rapid City and Bodega Bay)
  - Gross receipts: $170,000.00
  - Base rate fee: $1,907.71
- **Third Subscriber Group** (Fairvale)
  - Gross receipts: $120,000.00
  - Base rate fee: $1,604.03

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

In this example, the cable system would enter $10,008.94 in space L, block 3, line 1 (page 7)
**LEGAL NAME OF OWNER OF CABLE SYSTEM:**
Northwest Iowa Telephone Co

**SYSTEM ID#:** 61026

**SUM OF DSEs OF CATEGORY “O” STATIONS:**
- Add the DSEs of each station.
- Enter the sum here and in line 1 of part 5 of this schedule.

<table>
<thead>
<tr>
<th>CALL SIGN</th>
<th>DSE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>0.00</td>
</tr>
</tbody>
</table>

**Instructions:**
- In the column headed “Call Sign”: list the call signs of all distant stations identified by the letter “O” in column 5 of space G (page 3).
- In the column headed “DSE”: for each independent station, give the DSE as “1.0”; for each network or noncommercial educational station, give the DSE as “.25.”

Add rows as necessary.
Remember to copy all formula into new rows.
## CATEGORY LAC STATIONS: COMPUTATION OF DSEs

<table>
<thead>
<tr>
<th>CALL SIGN</th>
<th>NUMBER CARRIED BY SYSTEM</th>
<th>NUMBER STATION ON AIR</th>
<th>BASIS OF CARRIAGE VALUE</th>
<th>TYPE VALUE</th>
<th>DSE</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

**SUM OF DSEs OF CATEGORY LAC STATIONS:**  
Enter the DSEs of each station.  
(Enter the sum here and in line 2 of part 5 of this schedule, ............  0.00)

## SUBSTITUTE-BASIS STATIONS: COMPUTATION OF DSEs

<table>
<thead>
<tr>
<th>CALL SIGN</th>
<th>NUMBER PROGRAMS</th>
<th>DAYS IN YEAR</th>
<th>DSE</th>
<th>CALL SIGN</th>
<th>NUMBER PROGRAMS</th>
<th>DAYS IN YEAR</th>
<th>DSE</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

**SUM OF DSEs OF SUBSTITUTE-BASIS STATIONS:**  
Enter the DSEs of each station.  
(Enter the sum here and in line 3 of part 5 of this schedule, ............  0.00)

## TOTAL NUMBER OF DSEs

**TOTAL NUMBER OF DSEs:** Give the amounts from the boxes in parts 2, 3, and 4 of this schedule and add them to provide the total number of DSEs applicable to your system.

1. Number of DSEs from part 2  
2. Number of DSEs from part 3  
3. Number of DSEs from part 4  

**TOTAL NUMBER OF DSEs**  
0.00
**Instructions**: Block A must be completed.

In block A:
- If your answer is "Yes," leave the remainder of part 6 and part 7 of the DSE schedule blank and complete part 8, (page 16) of the schedule.
- If your answer is "No," complete blocks B and C below.

### BLOCK A: TELEVISION MARKETS

Is the cable system located wholly outside of all major and smaller markets as defined under section 76.5 of FCC rules and regulations in effect on June 24, 1981?
- Yes—Complete part 8 of the schedule—DO NOT COMPLETE THE REMAINDER OF PART 6 AND 7.
- No—Complete blocks B and C below.

### BLOCK B: CARRIAGE OF PERMITTED DSEs

<table>
<thead>
<tr>
<th>Column 1: CALL SIGN</th>
<th>Column 2: BASIS OF CARRIAGE</th>
<th>Column 3: DSE</th>
</tr>
</thead>
<tbody>
<tr>
<td>List the call signs of distant stations listed in part 2, 3, and 4 of this schedule that your system was permitted to carry under FCC rules and regulations prior to June 25, 1981. For further explanation of permitted stations, see the instructions for the DSE Schedule. (Note: The letter M below refers to an exempt multicast stream as set forth in the Satellite Television Extension and Localism Act of 2010.)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Enter the appropriate letter indicating the basis on which you carried a permitted station.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>List the DSE for each distant station listed in parts 2, 3, and 4 of the schedule.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Note: For those stations identified by the letter "F" in column 2, you must complete the worksheet on page 14 of this schedule to determine the DSE.*

### BLOCK C: COMPUTATION OF 3.75 FEE

<table>
<thead>
<tr>
<th>Line 1: Enter the total number of DSEs from part 5 of this schedule</th>
<th>Line 2: Enter the sum of permitted DSEs from block B above</th>
<th>Line 3: Subtract line 2 from line 1. This is the total number of DSEs subject to the 3.75 rate.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Line 4: Enter gross receipts from space K (page 7)</td>
<td>Line 5: Multiply line 4 by 0.0375 and enter here</td>
<td>Line 6: Enter total number of DSEs from line 3</td>
</tr>
<tr>
<td>Line 7: Multiply line 6 by line 5 and enter here and on line 2, block 3, space L (page 7)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Do any of the DSEs represent partially permitted/partially nonpermitted carriage?**

If yes, see part 9 instructions.
## BLOCK A: TELEVISION MARKETS (CONTINUED)

<table>
<thead>
<tr>
<th>1. CALL SIGN</th>
<th>2. PERMITTED BASIS</th>
<th>3. DSE</th>
<th>1. CALL SIGN</th>
<th>2. PERMITTED BASIS</th>
<th>3. DSE</th>
<th>1. CALL SIGN</th>
<th>2. PERMITTED BASIS</th>
<th>3. DSE</th>
</tr>
</thead>
<tbody>
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**Computation of 3.75 Fee**
### Legal Name of Owner of Cable System
Northwest Iowa Telephone Co

### Instructions for Completing the DSE Schedule for Permitted Part-Time and Substitute Carriage
1. **Column 1**: List the call sign for each distant station identified by the letter “F” in column 2 of part 6 of the DSE schedule. List each station below with its appropriate permitted DSE.
2. **Column 2**: Indicate the DSE for this station for a single accounting period, occurring between January 1, 1978 and June 30, 1981.
3. **Column 3**: Indicate the accounting period and year in which the carriage and DSE occurred (e.g., 1981/1).
4. **Column 4**: Indicate the basis of carriage on which the station was carried by listing one of the following letters:
   - A—Part-time specialty programming: Carriage, on a part-time basis, of specialty programming under FCC rules, sections 76.59(d)(1), 76.61(e)(1), or 76.63 (referring to 76.61(e)(1)).
   - B—Late-night programming: Carriage under FCC rules, sections 76.59(d)(3), 76.61(e)(3), or 76.63 (referring to 76.61(e)(3)).
   - S—Substitute carriage under certain FCC rules, regulations, or authorizations. For further explanation, see page (vi) of the general instructions in the paper SA3 form.
5. **Column 5**: Indicate the station’s DSE for the current accounting period as computed in parts 2, 3, and 4 of this schedule.
6. **Column 6**: Compare the DSE figures listed in columns 2 and 5 and list the smaller of the two figures here. This figure should be entered in block B, column 3 of part 6 for this station.

### Important Notice
The information you give in columns 2, 3, and 4 must be accurate and is subject to verification from the designated statement of account on file in the Licensing Division.

### Permitted DSE for Stations Carried on a Part-Time and Substitute Basis

<table>
<thead>
<tr>
<th>Call Sign</th>
<th>Prior DSE</th>
<th>Accounting Period</th>
<th>Basis of Carriage</th>
<th>Present DSE</th>
<th>Permitted DSE</th>
</tr>
</thead>
<tbody>
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</table>

### Computation of the Syndicated Exclusivity Surcharge

**Block A: Major Television Market**
- Is any portion of the cable system within a top 100 major television market as defined by section 76.5 of FCC rules in effect June 24, 1981?
  - Yes—Complete blocks B and C.
  - No—Proceed to part 8

**Block B: Carriage of VHF/Grade B Contour Stations**
- Is any station listed in block B of part 6 the primary stream of a commercial VHF station that places a grade B contour, in whole or in part, over the cable system?
  - Yes—List each station below with its appropriate permitted DSE.
  - No—Enter zero and proceed to part 8.

<table>
<thead>
<tr>
<th>Call Sign</th>
<th>DSE</th>
<th>Call Sign</th>
<th>DSE</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

**Block C: Computation of Exempt DSEs**
- Was any station listed in block B of part 7 carried in any community served by the cable system prior to March 31, 1972? (refer to former FCC rule 76.159)
  - Yes—List each station below with its appropriate permitted DSE.
  - No—Enter zero and proceed to part 8.

<table>
<thead>
<tr>
<th>Call Sign</th>
<th>DSE</th>
<th>Call Sign</th>
<th>DSE</th>
</tr>
</thead>
<tbody>
<tr>
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</tr>
</tbody>
</table>

TOTAL DSEs = 0.00

TOTAL DSEs = 0.00
**ACCOUNTING PERIOD: 2023-01**

**NAME**

**LEGAL NAME OF OWNER OF CABLE SYSTEM:** Northwest Iowa Telephone Co

**SYSTEM ID #: 61026**

---

### BLOCK D: COMPUTATION OF THE SYNDICATED EXCLUSIVITY SURCHARGE

<table>
<thead>
<tr>
<th>Section</th>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Enter the amount of gross receipts from space K (page 7)</td>
<td>$2,864,825.60</td>
</tr>
<tr>
<td>2</td>
<td>A. Enter the total DSEs from block B of part 7</td>
<td>0.00</td>
</tr>
<tr>
<td></td>
<td>B. Enter the total number of exempt DSEs from block C of part 7</td>
<td>0.00</td>
</tr>
<tr>
<td></td>
<td>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.</td>
<td>0.00</td>
</tr>
</tbody>
</table>

---

**SECTION 3: TOP 50 TELEVISION MARKET**

**Is any portion of the cable system within a top 50 television market as defined by the FCC?**
- Yes—Complete section 3 below.
- No—Complete section 4 below.

<table>
<thead>
<tr>
<th>Section</th>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>3a</td>
<td>Did your cable system retransmit the signals of any partially distant television stations during the accounting period? Yes—Complete part 9 of this schedule. No—Complete the applicable section below.</td>
<td>0.00</td>
</tr>
<tr>
<td></td>
<td>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.</td>
<td>0.00</td>
</tr>
<tr>
<td></td>
<td>A. Enter 0.00599 of gross receipts (the amount in section 1)</td>
<td>$</td>
</tr>
<tr>
<td></td>
<td>B. Enter 0.00377 of gross receipts (the amount in section 1)</td>
<td>$</td>
</tr>
<tr>
<td></td>
<td>C. Subtract 1.000 from total permitted DSEs (the figure on line C in section 2) and enter here</td>
<td>$</td>
</tr>
<tr>
<td></td>
<td>D. Multiply line B by line C and enter here</td>
<td>$</td>
</tr>
<tr>
<td></td>
<td>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</td>
<td>$</td>
</tr>
</tbody>
</table>

**SECTION 4: SECOND 50 TELEVISION MARKET**

<table>
<thead>
<tr>
<th>Section</th>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>4a</td>
<td>Did your cable system retransmit the signals of any partially distant television stations during the accounting period? Yes—Complete part 9 of this schedule. No—Complete the applicable section below.</td>
<td>0.00</td>
</tr>
<tr>
<td></td>
<td>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.</td>
<td>0.00</td>
</tr>
<tr>
<td></td>
<td>A. Enter 0.00300 of gross receipts (the amount in section 1)</td>
<td>$</td>
</tr>
<tr>
<td></td>
<td>B. Enter 0.00189 of gross receipts (the amount in section 1)</td>
<td>$</td>
</tr>
<tr>
<td></td>
<td>C. Subtract 4.000 from total DSEs (the figure on line C in section 2) and enter here</td>
<td>$</td>
</tr>
<tr>
<td></td>
<td>D. Multiply line D by line E and enter here</td>
<td>$</td>
</tr>
<tr>
<td></td>
<td>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</td>
<td>$</td>
</tr>
</tbody>
</table>
### Computation of the Syndicated Exclusivity Surcharge

<table>
<thead>
<tr>
<th>Section 4b</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>A.</td>
<td>Enter 0.00300 of gross receipts (the amount in section 1).</td>
</tr>
<tr>
<td>B.</td>
<td>Enter 0.00189 of gross receipts (the amount in section 1).</td>
</tr>
<tr>
<td>C.</td>
<td>Multiply line B by 3.000 and enter here.</td>
</tr>
<tr>
<td>D.</td>
<td>Enter 0.00089 of gross receipts (the amount in section 1).</td>
</tr>
<tr>
<td>E.</td>
<td>Subtract 4.000 from the total DSEs (the figure on line C in section 2) and enter here.</td>
</tr>
<tr>
<td>F.</td>
<td>Multiply line D by line E and enter here.</td>
</tr>
<tr>
<td>G.</td>
<td>Add lines A, C, and F. This is your surcharge. Enter here and on line 2, block 4, space L (page 7).</td>
</tr>
</tbody>
</table>

### Computation of Base Rate Fee

<table>
<thead>
<tr>
<th>Section 8</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Instructions:</td>
<td>You must complete this part of the DSE schedule for the SUM OF PERMITTED DSEs in part 6, block B; however, if block A of part 6 was checked &quot;Yes,&quot; use the total number of DSEs from part 5.</td>
</tr>
<tr>
<td>•</td>
<td>In block A, indicate, by checking &quot;Yes&quot; or &quot;No,&quot; whether your system carried any partially distant stations.</td>
</tr>
<tr>
<td>•</td>
<td>If your answer is &quot;No,&quot; compute your system’s base rate fee in block B. Leave part 9 blank.</td>
</tr>
<tr>
<td>•</td>
<td>If your answer is &quot;Yes&quot; (that is, if you carried one or more partially distant stations), you must complete part 9. Leave block B below blank.</td>
</tr>
</tbody>
</table>

**What is a partially distant station?** A station is “partially distant” if, at the time your system carried it, some of your subscribers were located within that station’s local service area and others were located outside that area. For the definition of a station’s “local service area,” see page (v) of the general instructions.

#### BLOCK A: CARRIAGE OF PARTIALLY DISTANT STATIONS

- **Yes**—Complete part 9 of this schedule.
- **No**—Complete the following sections.

#### BLOCK B: NO PARTIALLY DISTANT STATIONS—COMPUTATION OF BASE RATE FEE

<table>
<thead>
<tr>
<th>Section 1</th>
<th>Enter the amount of gross receipts from space K (page 7).</th>
</tr>
</thead>
<tbody>
<tr>
<td>Section 2</td>
<td>Enter the total number of permitted DSEs from block B, part 6 of this schedule. (If block A of part 6 was checked “Yes.” use the total number of DSEs from part 5.).</td>
</tr>
<tr>
<td>Section 3</td>
<td>If the figure in section 2 is <strong>4.000 or less</strong>, compute your base rate fee here and leave section 4 blank. <strong>NOTE:</strong> 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.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Description</th>
<th>Calculation</th>
</tr>
</thead>
<tbody>
<tr>
<td>A.</td>
<td>Enter 0.01064 of gross receipts (the amount in section 1).</td>
</tr>
<tr>
<td>B.</td>
<td>Enter 0.00701 of gross receipts (the amount in section 1).</td>
</tr>
<tr>
<td>C.</td>
<td>Subtract 1.000 from total DSEs (the figure in section 2) and enter here.</td>
</tr>
<tr>
<td>D.</td>
<td>Multiply line B by line C and enter here.</td>
</tr>
<tr>
<td>E.</td>
<td>Add lines A, and D. This is your base rate fee. Enter here and in block 3, line 1, space L (page 7).</td>
</tr>
</tbody>
</table>

**Base Rate Fee:** $0.00
If the figure in section 2 is more than 4,000, compute your base rate fee here and leave section 3 blank.

A. Enter 0.01064 of gross receipts (the amount in section 1) $

B. Enter 0.00701 of gross receipts (the amount in section 1) $

C. Multiply line B by 3.000 and enter here $

D. Enter 0.00330 of gross receipts (the amount in section 1) $

E. Subtract 4,000 from total DSEs (the figure in section 2) and enter here $

F. Multiply line D by line E and enter here $

G. Add lines A, C, and F. This is your base rate fee. Enter here and in block 3, line 1, space L (page 7) $ 0.00

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

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

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

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

**How to Identify a Subscriber Group for Partially Distant Stations**

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

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

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

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

In each section:
- Identify the communities/areas represented by each subscriber group.
- Give the call sign for each of the stations in the subscriber group’s complement—that is, each station that is distant to all of the subscribers in the group.
- If:
  1. your system is located wholly outside all major and smaller television markets, give each station’s DSE as you gave it in parts 2, 3, and 4 of this schedule; or,
  2. any portion of your system is located in a major or smaller television market, give each station’s DSE as you gave it in block B, part 6 of this schedule.
- Add the DSEs for each station. This gives you the total DSEs for the particular subscriber group.
- Calculate gross receipts for the subscriber group. For further explanation of gross receipts see page (vii) of the general instructions in the paper SA3 form.
- Compute a base rate fee for each subscriber group using the formula outline in block B of part 8 of this schedule on the preceding page. In making this computation, use the DSE and gross receipts figure applicable to the particular subscriber group (that is, the total DSEs for that group’s complement of stations and total gross receipts from the subscribers in that group). You do not need to show your actual calculations on the form.
<table>
<thead>
<tr>
<th>Name</th>
<th>LEGAL NAME OF OWNER OF CABLE SYSTEM:</th>
<th>SYSTEM ID#</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Northwest Iowa Telephone Co</td>
<td>61026</td>
</tr>
</tbody>
</table>

**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.
### BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP

<table>
<thead>
<tr>
<th>COMMUNITY/ AREA</th>
<th>CALL SIGN</th>
<th>DSE</th>
<th>COMMUNITY/ AREA</th>
<th>CALL SIGN</th>
<th>DSE</th>
</tr>
</thead>
<tbody>
<tr>
<td>1-Salix</td>
<td>1-Sloan</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>CALL SIGN</th>
<th>DSE</th>
<th>CALL SIGN</th>
<th>DSE</th>
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</thead>
<tbody>
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</tbody>
</table>

**First Subscriber Group**
- **Total DSEs**: 0.00
- **Gross Receipts First Group**: $51,257.72
- **Base Rate Fee First Group**: $0.00

**Second Subscriber Group**
- **Total DSEs**: 0.00
- **Gross Receipts Second Group**: $82,800.94
- **Base Rate Fee Second Group**: $0.00

**Third Subscriber Group**
- **Total DSEs**: 0.00
- **Gross Receipts Third Group**: $55,894.97
- **Base Rate Fee Third Group**: $0.00

**Fourth Subscriber Group**
- **Total DSEs**: 0.00
- **Gross Receipts Fourth Group**: $62,881.85
- **Base Rate Fee Fourth Group**: $0.00

**Base Rate Fee**: Add the base rate fees for each subscriber group as shown in the boxes above. Enter here and in block 3, line 1, space L (page 7) $0.00
### BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP

#### FIFTH SUBSCRIBER GROUP

<table>
<thead>
<tr>
<th>CALL SIGN</th>
<th>DSE</th>
<th>CALL SIGN</th>
<th>DSE</th>
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</thead>
<tbody>
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</tbody>
</table>

#### SIXTH SUBSCRIBER GROUP

<table>
<thead>
<tr>
<th>CALL SIGN</th>
<th>DSE</th>
<th>CALL SIGN</th>
<th>DSE</th>
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<tbody>
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</tbody>
</table>

#### SEVENTH SUBSCRIBER GROUP

<table>
<thead>
<tr>
<th>CALL SIGN</th>
<th>DSE</th>
<th>CALL SIGN</th>
<th>DSE</th>
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<tbody>
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</tbody>
</table>

#### EIGHTH SUBSCRIBER GROUP

<table>
<thead>
<tr>
<th>CALL SIGN</th>
<th>DSE</th>
<th>CALL SIGN</th>
<th>DSE</th>
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</thead>
<tbody>
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</tbody>
</table>

**Total DSEs** 0.00 0.00

**Gross Receipts**

<table>
<thead>
<tr>
<th>First Group</th>
<th>$33,721.15</th>
<th>Second Group</th>
<th>$52,114.50</th>
</tr>
</thead>
<tbody>
<tr>
<td>Third Group</td>
<td>$43,322.90</td>
<td>Fourth Group</td>
<td>$13,973.74</td>
</tr>
</tbody>
</table>

**Base Rate Fee**

<table>
<thead>
<tr>
<th>First Group</th>
<th>$0.00</th>
<th>Second Group</th>
<th>$0.00</th>
</tr>
</thead>
<tbody>
<tr>
<td>Third Group</td>
<td>$0.00</td>
<td>Fourth Group</td>
<td>$0.00</td>
</tr>
</tbody>
</table>

**Base Rate Fee**

| $ |  |

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

**Base Rate Fee**: Add the base rate fees for each subscriber group as shown in the boxes above. Enter here and in block 3, line 1, space L (page 7) $
## BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP

### NINTH SUBSCRIBER GROUP

<table>
<thead>
<tr>
<th>Community/Area</th>
<th>CALL SIGN</th>
<th>DSE</th>
<th>CALL SIGN</th>
<th>DSE</th>
</tr>
</thead>
<tbody>
<tr>
<td>1-Ida Grove</td>
<td></td>
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</tr>
</tbody>
</table>

### TENTH SUBSCRIBER GROUP

<table>
<thead>
<tr>
<th>Community/Area</th>
<th>CALL SIGN</th>
<th>DSE</th>
<th>CALL SIGN</th>
<th>DSE</th>
</tr>
</thead>
<tbody>
<tr>
<td>1-Soldier</td>
<td></td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Community/Area</th>
<th>CALL SIGN</th>
<th>DSE</th>
<th>CALL SIGN</th>
<th>DSE</th>
</tr>
</thead>
<tbody>
<tr>
<td>1-Ute</td>
<td></td>
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</tbody>
</table>

### ELEVENTH SUBSCRIBER GROUP

<table>
<thead>
<tr>
<th>Community/Area</th>
<th>CALL SIGN</th>
<th>DSE</th>
<th>CALL SIGN</th>
<th>DSE</th>
</tr>
</thead>
<tbody>
<tr>
<td>1-Mapleton</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### TWELFTH SUBSCRIBER GROUP

<table>
<thead>
<tr>
<th>Community/Area</th>
<th>CALL SIGN</th>
<th>DSE</th>
<th>CALL SIGN</th>
<th>DSE</th>
</tr>
</thead>
</table>

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

- **Total DSEs**: 0.00
- **Gross Receipts First Group**: $216,593.03
- **Base Rate Fee First Group**: $0.00
- **Gross Receipts Second Group**: $14,137.32
- **Base Rate Fee Second Group**: $0.00
- **Gross Receipts Third Group**: $22,384.09
- **Base Rate Fee Third Group**: $0.00
- **Gross Receipts Fourth Group**: $101,401.14
- **Base Rate Fee Fourth Group**: $0.00

### Base Rate Fee

Enter here and in block 3, line 1, space L (page 7)

$
<table>
<thead>
<tr>
<th>Community/Area</th>
<th>1-Onawa</th>
<th>1-Blencoe</th>
<th>1-Moorhead</th>
<th>2-Sergeant Bluff</th>
</tr>
</thead>
<tbody>
<tr>
<td>CALL SIGN</td>
<td>DSE</td>
<td>CALL SIGN</td>
<td>DSE</td>
<td>CALL SIGN</td>
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<tr>
<td>Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above. Enter here and in block 3, line 1, space L (page 7)</td>
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</tbody>
</table>
**ACCOUNTING PERIOD:** 2023-01

**LEGAL NAME OF OWNER OF CABLE SYSTEM:** Northwest Iowa Telephone Co

**SYSTEM ID#** 61026

<table>
<thead>
<tr>
<th>SEVENTEENTH SUBSCRIBER GROUP</th>
<th>EIGHTEENTH SUBSCRIBER GROUP</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>CALL SIGN</strong></td>
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<tr>
<td><strong>TOTAL DSES</strong></td>
<td><strong>TOTAL DSES</strong></td>
</tr>
<tr>
<td><strong>GROSS RECEIPTS FIRST GROUP</strong></td>
<td><strong>$ 36,972.58</strong></td>
</tr>
<tr>
<td><strong>BASE RATE FEE FIRST GROUP</strong></td>
<td><strong>$ 0.00</strong></td>
</tr>
<tr>
<td><strong>GROSS RECEIPTS SECOND GROUP</strong></td>
<td><strong>$ 198,242.36</strong></td>
</tr>
<tr>
<td><strong>BASE RATE FEE SECOND GROUP</strong></td>
<td><strong>$ 0.00</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>NINTEENTH SUBSCRIBER GROUP</th>
<th>TWENTIETH SUBSCRIBER GROUP</th>
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<td><strong>TOTAL DSES</strong></td>
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<tr>
<td><strong>GROSS RECEIPTS THIRD GROUP</strong></td>
<td><strong>$ 274,580.65</strong></td>
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<tr>
<td><strong>BASE RATE FEE THIRD GROUP</strong></td>
<td><strong>$ 0.00</strong></td>
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<tr>
<td><strong>GROSS RECEIPTS FOURTH GROUP</strong></td>
<td><strong>$ 129,955.14</strong></td>
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<tr>
<td><strong>BASE RATE FEE FOURTH GROUP</strong></td>
<td><strong>$ 0.00</strong></td>
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**Base Rate Fee:** Add the base rate fees for each subscriber group as shown in the boxes above. Enter here and in block 3, line 1, space L (page 7) 

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<thead>
<tr>
<th>COMMUNITY/ AREA</th>
<th>CALL SIGN</th>
<th>Base Rate Fee</th>
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</thead>
<tbody>
<tr>
<td>2-Storm Lake IA</td>
<td></td>
<td>$0.00</td>
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<tr>
<td>3-Missouri Valley</td>
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<td>$0.00</td>
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<tr>
<td>3-Logan</td>
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<td>$0.00</td>
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<tr>
<td>4-Woodbine</td>
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<td>$0.00</td>
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</tbody>
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**Total DSEs:**
- **First Group:** 0.00
- **Second Group:** 0.00
- **Third Group:** 0.00
- **Fourth Group:** 0.00

**Gross Receipts:**
- **First Group:** $519,375.68
- **Second Group:** $117,960.28
- **Third Group:** $54,261.73
- **Fourth Group:** $58,980.14

**Base Rate Fee:**
- **First Group:** $0.00
- **Second Group:** $0.00
- **Third Group:** $0.00
- **Fourth Group:** $0.00

**Base Rate Fee:** Add the base rate fees for each subscriber group as shown in the boxes above. Enter here and in block 3, line 1, space L (page 7). $
### BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP

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<tr>
<th>COMMUNITY/ AREA</th>
<th>CALL SIGN</th>
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<th>COMMUNITY/ AREA</th>
<th>CALL SIGN</th>
<th>DSE</th>
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<tbody>
<tr>
<td>4-Magnolia</td>
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<td>5-Orange City</td>
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#### TWENTY-FIFTH SUBSCRIBER GROUP

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#### TWENTY-SIXTH SUBSCRIBER GROUP

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<th>CALL SIGN</th>
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#### TWENTY-SEVENTH SUBSCRIBER GROUP

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<tr>
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#### TWENTY-EIGHTH SUBSCRIBER GROUP

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</table>

**Base Rate Fee:** Add the base rate fees for each subscriber group as shown in the boxes above. Enter here and in block 3, line 1, space L (page 7)

- Total DSEs: 0.00
- Gross Receipts First Group: $4,718.41
- Base Rate Fee First Group: $0.00
- Total DSEs: 0.00
- Gross Receipts Second Group: $215,959.41
- Base Rate Fee Second Group: $0.00
- Total DSEs: 0.00
- Gross Receipts Third Group: $0.00
- Base Rate Fee Third Group: $0.00
- Total DSEs: 0.00
- Gross Receipts Fourth Group: $0.00
- Base Rate Fee Fourth Group: $0.00

**Base Rate Fee:** $
## Nonpermitted 3.75 Stations

**LEGAL NAME OF OWNER OF CABLE SYSTEM:**
Northwest Iowa Telephone Co

**SYSTEM ID#:** 61026

### BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP

<table>
<thead>
<tr>
<th>Community/Area</th>
<th>First Subscriber Group</th>
<th>Second Subscriber Group</th>
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<tr>
<td>1-Salix</td>
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**Total DSEs:** 0.00

**Gross Receipts First Group:** $51,257.72

**Base Rate Fee First Group:** $0.00

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<tr>
<th>Community/Area</th>
<th>Third Subscriber Group</th>
<th>Fourth Subscriber Group</th>
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<td>1-Anthon</td>
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**Total DSEs:** 0.00

**Gross Receipts Third Group:** $55,894.97

**Base Rate Fee Third Group:** $0.00

**Base Rate Fee:** Add the *base rate fees* for each subscriber group as shown in the boxes above.

Enter here and in block 3, line 1, space L (page 7) $0.00

---

**Computation of Base Rate Fee and Syndicated Exclusivity Surcharge for Partially Distant Stations**
## Nonpermitted 3.75 Stations

### BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP

<table>
<thead>
<tr>
<th>COMMUNITY/ AREA</th>
<th>FIFTH SUBSCRIBER GROUP</th>
<th>SIXTH SUBSCRIBER GROUP</th>
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<tbody>
<tr>
<td>CALL SIGN</td>
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| COMMUNITY/ AREA | 1-Danbury             | 1-Whiting              |

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<tr>
<th>TOTAL DSEs</th>
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<tbody>
<tr>
<td>GROSS RECEIPTS</td>
<td>$33,721.15</td>
<td>$52,114.50</td>
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<tr>
<td>BASE RATE FEE</td>
<td>$0.00</td>
<td>$0.00</td>
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</tbody>
</table>

### SEVENTH SUBSCRIBER GROUP

| COMMUNITY/ AREA | 1-Sioux City          |

<table>
<thead>
<tr>
<th>TOTAL DSEs</th>
<th>0.00</th>
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</thead>
<tbody>
<tr>
<td>GROSS RECEIPTS</td>
<td>$43,322.90</td>
</tr>
<tr>
<td>BASE RATE FEE</td>
<td>$0.00</td>
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</tbody>
</table>

### EIGHTH SUBSCRIBER GROUP

| COMMUNITY/ AREA | 1-Holstein            |

<table>
<thead>
<tr>
<th>TOTAL DSEs</th>
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<tbody>
<tr>
<td>GROSS RECEIPTS</td>
<td>$13,973.74</td>
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<tr>
<td>BASE RATE FEE</td>
<td>$0.00</td>
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</table>

### Computation of Base Rate Fee

Add the base rate fees for each subscriber group as shown in the boxes above.

Enter here and in block 3, line 1, space L (page 7): $

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Form SA3E Long Form (Rev. 05-17)
### Nonpermitted 3.75 Stations

**LEGAL NAME OF OWNER OF CABLE SYSTEM:**
Northwest Iowa Telephone Co

**SYSTEM ID#:**
61026

**ACCOUNTING PERIOD:**
2023-01

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**BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP**

<table>
<thead>
<tr>
<th>COMMUNITY/ AREA</th>
<th>NINTH SUBSCRIBER GROUP</th>
<th>TENTH SUBSCRIBER GROUP</th>
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<tbody>
<tr>
<td><strong>CALL SIGN</strong></td>
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<td><strong>CALL SIGN</strong></td>
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<tr>
<td>1-Ida Grove</td>
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<td>1-Soldier</td>
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</tbody>
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**Gross Receipts First Group:**
$216,593.03

**Base Rate Fee First Group:**
$0.00

**Gross Receipts Second Group:**
$14,137.32

**Base Rate Fee Second Group:**
$0.00

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**ELEVENTH SUBSCRIBER GROUP**

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<thead>
<tr>
<th>COMMUNITY/ AREA</th>
<th>CALL SIGN</th>
<th>DSE</th>
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<td>1-Ute</td>
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**Gross Receipts Third Group:**
$22,384.09

**Base Rate Fee Third Group:**
$0.00

**Gross Receipts Fourth Group:**
$101,401.14

**Base Rate Fee Fourth Group:**
$0.00

---

**Base Rate Fee:**
Add the base rate fees for each subscriber group as shown in the boxes above.

Enter here and in block 3, line 1, space L (page 7):

$
**Nonpermitted 3.75 Stations**

**Legal Name of Owner of Cable System:** Northwest Iowa Telephone Co

**System ID #:** 61026

**Accounting Period:** 2023-01

**Block A: Computation of Base Rate Fees for Each Subscriber Group**

<table>
<thead>
<tr>
<th>Community/Area</th>
<th>Thirteenth Subscriber Group</th>
<th>Fourteenth Subscriber Group</th>
</tr>
</thead>
<tbody>
<tr>
<td>Call Sign</td>
<td>DSE</td>
<td>Call Sign</td>
</tr>
<tr>
<td>1-Onawa</td>
<td></td>
<td>1-Blencoe</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Community/Area</th>
<th>Fifteenth Subscriber Group</th>
<th>Sixteenth Subscriber Group</th>
</tr>
</thead>
<tbody>
<tr>
<td>Call Sign</td>
<td>DSE</td>
<td>Call Sign</td>
</tr>
<tr>
<td>1-Moorhead</td>
<td></td>
<td>2-Sergeant Bluff</td>
</tr>
</tbody>
</table>

**Base Rate Fee:** Add the base rate fees for each subscriber group as shown in the boxes above. Enter here and in block 3, line 1, space L (page 7)

<table>
<thead>
<tr>
<th>Total DSEs</th>
<th>$205,392.45</th>
<th>Gross Receipts First Group</th>
<th>$260,231.53</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total DSEs</td>
<td>0.00</td>
<td>Gross Receipts Second Group</td>
<td>$15,327.80</td>
</tr>
<tr>
<td>Gross Receipts Third Group</td>
<td>$22,384.09</td>
<td>Base Rate Fee Third Group</td>
<td>$0.00</td>
</tr>
<tr>
<td>Gross Receipts Fourth Group</td>
<td>$205,392.45</td>
<td>Base Rate Fee Fourth Group</td>
<td>$0.00</td>
</tr>
</tbody>
</table>
## Nonpermitted 3.75 Stations

**LEGAL NAME OF OWNER OF CABLE SYSTEM:** Northwest Iowa Telephone Co  
**SYSTEM ID#** 61026

### BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP

#### SEVENTEENTH SUBSCRIBER GROUP

<table>
<thead>
<tr>
<th>COMMUNITY/ AREA</th>
<th>CALL SIGN</th>
<th>DSE</th>
<th>CALL SIGN</th>
<th>DSE</th>
<th>CALL SIGN</th>
<th>DSE</th>
</tr>
</thead>
<tbody>
<tr>
<td>2-Jefferson SD</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### EIGHTEENTH SUBSCRIBER GROUP

<table>
<thead>
<tr>
<th>COMMUNITY/ AREA</th>
<th>CALL SIGN</th>
<th>DSE</th>
<th>CALL SIGN</th>
<th>DSE</th>
<th>CALL SIGN</th>
<th>DSE</th>
</tr>
</thead>
<tbody>
<tr>
<td>2-Dakota Dunes SD</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### NINTEENTH SUBSCRIBER GROUP

<table>
<thead>
<tr>
<th>COMMUNITY/ AREA</th>
<th>CALL SIGN</th>
<th>DSE</th>
<th>CALL SIGN</th>
<th>DSE</th>
<th>CALL SIGN</th>
<th>DSE</th>
</tr>
</thead>
<tbody>
<tr>
<td>2-South Sioux City NE</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### TWENTIETH SUBSCRIBER GROUP

<table>
<thead>
<tr>
<th>COMMUNITY/ AREA</th>
<th>CALL SIGN</th>
<th>DSE</th>
<th>CALL SIGN</th>
<th>DSE</th>
<th>CALL SIGN</th>
<th>DSE</th>
</tr>
</thead>
<tbody>
<tr>
<td>2-North Sioux City SD</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Total DSEs:** 0.00  
**Gross Receipts First Group:** $36,972.58  
**Base Rate Fee First Group:** $0.00  
**Total DSEs:** 0.00  
**Gross Receipts Second Group:** $198,242.36  
**Base Rate Fee Second Group:** $0.00

**Total DSEs:** 0.00  
**Gross Receipts Third Group:** $274,580.65  
**Base Rate Fee Third Group:** $0.00  
**Total DSEs:** 0.00  
**Gross Receipts Fourth Group:** $129,955.14  
**Base Rate Fee Fourth Group:** $0.00

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

**Base Rate Fee:** Add the base rate fees for each subscriber group as shown in the boxes above. Enter here and in block 3, line 1, space L (page 7)

Form SA3E Long Form (Rev. 05-17)
**Nonpermitted 3.75 Stations**

**LEGAL NAME OF OWNER OF CABLE SYSTEM:** Northwest Iowa Telephone Co

**SYSTEM ID#** 61026

### Block A: Computation of Base Rate Fees for Each Subscriber Group

<table>
<thead>
<tr>
<th>Community/Area</th>
<th>CALL SIGN</th>
<th>Base Rate Fee</th>
<th>Gross Receipts</th>
</tr>
</thead>
<tbody>
<tr>
<td>2-Storm Lake IA</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3-Missouri Valley</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3-Logan</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4-Woodbine</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Total DSEs** 0.00

**Gross Receipts First Group** $519,375.68

**Gross Receipts Second Group** $117,960.28

**Base Rate Fee First Group** $0.00

**Base Rate Fee Second Group** $0.00

**Total DSEs** 0.00

**Gross Receipts Third Group** $54,261.73

**Gross Receipts Fourth Group** $58,980.14

**Base Rate Fee Third Group** $0.00

**Base Rate Fee Fourth Group** $0.00

**Base Rate Fee:** Add the base rate fees for each subscriber group as shown in the boxes above. Enter here and in block 3, line 1, space L (page 7) $58,980.14
**Nonpermitted 3.75 Stations**

**Legal Name of Owner of Cable System:** Northwest Iowa Telephone Co

**System ID:** 61026

**Accounting Period:** 2023-01

**Block A: Computation of Base Rate Fees for Each Subscriber Group**

<table>
<thead>
<tr>
<th>Community/Area</th>
<th>CALL SIGN</th>
<th>DSE</th>
<th>CALL SIGN</th>
<th>DSE</th>
<th>CALL SIGN</th>
<th>DSE</th>
<th>CALL SIGN</th>
<th>DSE</th>
</tr>
</thead>
<tbody>
<tr>
<td>20-Fifth Subscriber Group</td>
<td>4-Magnolia</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>26-Sixth Subscriber Group</td>
<td>5-Orange City</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>27-Seventeenth Subscriber Group</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>28-Eighth Subscriber Group</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Total DSEs:**
- 0.00
- 0.00
- 0.00
- 0.00

**Gross Receipts:**
- First Group: $4,718.41
- Second Group: $215,959.41
- Third Group: $0.00
- Fourth Group: $0.00

**Base Rate Fee:**
- First Group: $0.00
- Second Group: $0.00
- Third Group: $0.00
- Fourth Group: $0.00

**Base Rate Fee:** Add the base rate fees for each subscriber group as shown in the boxes above. Enter here and in block 3, line 1, space L (page 7). $0.00