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

SA3E Long Form

STATEMENT OF ACCOUNT

for Secondary Transmissions by Cable Systems (Long Form)

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

FOR COPYRIGHT OFFICE USE ONLY						
DATE RECEIVED AMOUNT						
8/30/2023	\$ ALLOCATION NUMBER					

Return completed workbook by email to:

coplicsoa@loc.gov

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

Α	ACCOUNTING PERIOD COVERED BY THIS STATEMENT:									
Accounting	2023/1									
Period										
B Owner	Instructions: Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation. List any other name or names under which the owner conducts the business of the cable system. If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entire accounting period. Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.									
	LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM CMN-RUS, INC.									
				06263420231						
				062634 2023/1						
	8837 BOND STREET OVERLAND PARK, KS 66214									
С	INSTRUCTIONS: In line 1, give any business or trade names used									
C	names already appear in space B. In line 2, give the mailing addres	s of the system, if di	fferent from the address giv	en in space B.						
System	1 IDENTIFICATION OF CABLE SYSTEM:									
	MAILING ADDRESS OF CABLE SYSTEM:									
	2 (Number, street, rural route, apartment, or suite number)									
	(City, town, state, zip code)									
D	Instructions: For complete space D instructions, see page 1b. Ider	tify only the frst com	munity served below and re	elist on page 1b						
Area	with all communities.									
Served	CITY OR TOWN	STATE								
First	GREENCASTLE	IN								
Community	Below is a sample for reporting communities if you report multiple	channel line-ups in	Space G.							
	CITY OR TOWN (SAMPLE)	STATE	CH LINE UP	SUB GRP#						
Sample	Alda	MD	A	1						
•	Alliance	MD	В	2						
	Gering	MD	В	3						

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

FORM SA3E. PAGE 1b. LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# 062634 CMN-RUS. INC. Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined D in FCC rules: "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single, discrete unincorporated areas," 47 C.F.R. §76.5(dd). The frst community that you list will serve as a form **Area** of system identification hereafter known as the "first community." Please use it as the first community on all future filings. Served Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified city or town. If all communities receive the same complement of television broadcast stations (i.e., one channel line-up for all), then either associate all communities with the channel line-up "A" in the appropriate column below or leave the column blank. If you report any stations on a partially distant or partially permitted basis in the DSE Schedule, associate each relevant community with a subscriber group, designated by a number (based on your reporting from Part 9). When reporting the carriage of television broadcast stations on a community-by-community basis, associate each community with a channel line-up designated by an alpha-letter(s) (based on your Space G reporting) and a subscriber group designated by a number (based on your reporting from Part 9 of the DSE Schedule) in the appropriate columns below. CITY OR TOWN **STATE** CH LINE UP SUB GRP# **GREENCASTLE** IN AA First **SEYMOUR** IN AΒ 2 Community **VINCENNES** IN AC 3 2 **NORTH VERNON** IN AB **MADISON** IN AD 4 **WABASH** IN ΑE 5 See instructions for **NORTH MANCHESTER** IN AF 6 additional information on alphabetization. IN AG **HUNTINGTON** CONNERSVILLE IN AΗ 8 **NEW CASTLE** IN ΑI 9 IN 10 **LENBANON** AJ Add rows as necessary. **FRANKLIN** IN ΑK 11 **LAFAYETTE** IN AL 12 **CRAWFORDSVILLE** IN AM 13 WESTFIELD IN AN 14 **GREENWOOD** IN ΑK 11 15 **PLAINFIELD** IL AO **BLOOMINGTON** IL AP 16 **FISHERS** IN AN 14 **OSWEGO** IL AQ 17 **ROMEOVILLE** IL AO 15 **BATAVIA** IL AR 18 **NORTH AURORA** IL **AR** 18 **SOUTH ELGIN** IL AR 18 ST CHARLES IL **AR** 18 IL **SUGAR GROVE** AR 18 IL **GENEVA** AR 18 **DEKALB** IL AS 19 IL 19 **SYCAMORE** AS **LEXINGTON** KY AT 20 **SOUTH INDIANAPOLIS** IN AN 14 **PLANO** IL 17 AQ **YORKVILLE** IL AQ 17 **SANDWICH** IL AQ 17 **DAVENPORT** IA ΑU 21 ROCHESTER MN AV 22 21 **BETTENDORF** IA ΑU **VERSAILLES** KY AT 20 20 **RICHMOND** KY AT **NICHOLASVILLE** KY 20 AT **AMES** IA AW 23

ENGLEWOOD	OH	AX	24
CLAYTON	OH	AX	24
TIPP CITY	OH	AX	24
TROY	ОН	AX	24
UNION	ОН	AX	24
VANDALIA	OH	AX	24
WEST MILTON	OH	AX	24
LANSING	MI	AY	25
EAST LANSING	MI	AY	25
TALLAHASSEE	FL	AZ	26
ALBERT LEA	MN	BA	27
AUSTIN	MN	BA	27
BELLE PLAINE	MN	BA	27
BLOOMINGTON	MN	BA	27
FARIBAULT	MN	BA	27
LAKEVILLE	MN	BA	27
MANKATO	MN	BA	27
NORTHFIELD	MN	BA	27
OWATONNA	MN	BA	27
ROCHESTER	MN	BA	27
SHAKOPEE	MN	BA	27
WACONIA	MN	BA	27
WASECA	MN	BA	27
ROCK ISLAND	IL	BB	28
FAYETTEVILLE	NC	ВС	29

Ε

Secondary Transmission Service: Subscribers and Rates

SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

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

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

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

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

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

BL	OCK 1		BLOCK 2				
	NO. OF				NO. OF		
CATEGORY OF SERVICE	SUBSCRIBERS		RATE	CATEGORY OF SERVICE	SUBSCRIBERS		RATE
Residential:							
 Service to first set 	25,567	\$	10.00	Lifeline Service	-	\$	10.00
 Service to additional set(s) 				Preferred Digital	8,481	\$	18.95
• FM radio (if separate rate)				HD Elite	646	\$	6.95
Motel, hotel				HD Standard Service	11,040	\$	9.95
Commercial	850	\$	10.00	HD Preferred Service	7,354	\$	9.95
Converter				Residential HD/DVR	13,162	\$	16.95
Residential	10,584	\$	4.95	Commercial HD/DVR	52	\$	16.95
Non-residential	1,244	\$	4.95				
	I	1			T	T	

F

Services Other Than Secondary Transmissions: Rates

SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

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

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

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

	BLO	CK 1				BLOCK 2	
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE		RATE	CA ⁻	TEGORY OF SERVICE	RATE
Continuing Services:		Installation: Non-residential					
• Pay cable		 Motel, hotel 					
 Pay cable—add'l channel 		Commercial					
Fire protection		• Pay cable					
Burglar protection		Pay cable-add'l channel					
Installation: Residential		Fire protection					
• First set		Burglar protection					
 Additional set(s) 		Other services:					
• FM radio (if separate rate)		Reconnect	\$	35.00			
Converter		Disconnect					
		Outlet relocation	\$	80.00			
		 Move to new address 	\$	29.95			

FORM SA3E. PAGE 3.					AVA==11.15				
LEGAL NAME OF OWNE		STEM:			SYSTEM ID# 062634	Namo			
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 specifc FC	_			a Special Stateme	ent and Program Log)—if the				
station was carried of	•		it iii space i (tiit	е оресіаі отатепіс	int and Program Log/—ii the				
	•				ute basis and also on some other fithe general instructions located				
in the paper SA3 for		erriirig substit	ule basis station	is, see page (v) o	the general instituctions located				
		-			s such as HBO, ESPN, etc. Identify ion. For example, report multi-				
			•	•	n stream separately; for example				
WETA-simulcast).	channel numb	or the ECC h	as assigned to t	he television stati	on for broadcasting over-the-air in				
			•		may be different from the channel				
on which your cable sys			ation is a netwo	rk station an inde	pendent station, or a noncommercial				
					ast), "I" (for independent), "I-M"				
•	,		,.	,	mmercial educational multicast).				
	ation is outside	the local serv	rice area, (i.e. "d	listant"), enter "Ye	s". If not, enter "No". For an ex-				
planation of local service					paper SA3 form. tating the basis on which your				
•			•	•	ering "LAC" if your cable system				
carried the distant station		aa hacia haca	use of lack of a	ctivated channel c	anacity.				
	-				· · · · ·				
For the retransmissi	on of a distant	multicast stre	am that is not s	ubject to a royalty	payment because it is the subject tem or an association representing				
For the retransmissi of a written agreement the cable system and a	on of a distant entered into or primary transr	multicast stre or before Jui nitter or an as	eam that is not sone 30, 2009, bet ssociation repres	ubject to a royalty ween a cable sys senting the primar	payment because it is the subject tem or an association representing y transmitter, enter the designa-				
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FORM SA3E. PAGE 3.	-	OTEM			SYSTEM ID#	:
CMN-RUS, INC.	ER OF CABLE 51	SIEM:			062634	Namo
	De. TEL EVICIO	M.			00200-	
PRIMARY TRANSMITTEI In General: In space G carried by your cable sy FCC rules and regulation 76.59(d)(2) and (4), 76. substitute program bas Substitute Basis S basis under specific FC Do not list the station station was carried of the station here, at basis. For further in in the paper SA3 for Column 1: List each each multicast stream a cast stream as "WETA- WETA-simulcast). Column 2: Give the its community of license on which your cable sys Column 3: Indicate educational station, by (for independent multic	i, identify every vistem during the ons in effect or 61(e)(2) and (4) is, as explained tations: With I C rules, regula here in space only on a substand also in sparormation concern. In station's call associated with 2". Simulcast echannel numbers them carried the in each case wentering the lefast), "E" (for no	r television star e accounting in June 24, 198 4), or 76.63 (red d in the next p respect to any tions, or autho G—but do list itute basis. ce I, if the star erning substitusing. Do not re a a station accostreams must ber the FCC has e station.	period, except (at), permitting the eferring to 76.61 aragraph. distant stations orizations: it in space I (the tion was carried at the basis station ording to its over be reported in comparing to its over the tion was assigned to the tion of the tion was assigned to the tion of th	1) stations carried e carriage of certa (e)(2) and (4))]; a carried by your case Special Statement both on a substitus, see page (v) on program service er-the-air designation of the television statifington, D.C. This rek station, an indefor network multic r "E-M" (for nonco	and low power television stations) d only on a part-time basis under ain network programs [sections and (2) certain stations carried on a sable system on a substitute program ent and Program Log)—if the ute basis and also on some other if the general instructions located s such as HBO, ESPN, etc. Identify tion. For example, report multi- in stream separately; for example ion for broadcasting over-the-air in may be different from the channel expendent station, or a noncommercial ast), "I" (for independent), "I-M" commercial educational multicast).	G Primary Transmitters: Television
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		CHANN	EL LINE-UP	AA (2)		1
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION	
WIPX	27	I	No		Bloomington, Indiana	
WIPX-HD/DT (Sim	63.1	I-M	No		Bloomington, Indiana	See instructions for
WIPX-Qubo	63.2	I-M	No		Bloomington, Indiana	additional information o
WIPX-lon Life	63.3	I-M	No		Bloomington, Indiana	alphabetization.
WTIU	14	E	No		Bloomington, Indiana]
WTIU-HD/DT (Sim	30.1	E-M	No		Bloomington, Indiana	1
WTTV	48	N	No		Bloomington, Indiana	1
WTTV-HD/DT (Sim	4.1	N-M	No		Bloomington, Indiana	1
WTTV - CW	4.2	I-M	No		Bloomington, Indiana	1
WXIN	45	I	No		Indianapolis, Indiana	1
WXIN-HD/DT (Sim	59.1	I-M	No		Indianapolis, Indiana	1
WXIN-Antenna TV	59.2	I-M	No		Indianapolis, Indiana	1
WXIN-This TV	59.3	I-M	No		Indianapolis, Indiana	

PRIMARY TRANSMITTERS: TELEVISION

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

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

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

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

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

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

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

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

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

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

		CHANN	EL LINE-UP	AB	
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION
WAVE	47	N	No		Louisville, Kentucky
WAVE-HD/DT (Sin	3.1	N-M	No		Louisville, Kentucky
WAVE-Bounce TV	3.2	I-M	No		Louisville, Kentucky
WAVE-GRIT	3.3	I-M	No		Louisville, Kentucky
WBKI	19	I	No		Campbellsville, Kentucky
WBKI-HD/DT (Sim	34.1	I-M	No		Campbellsville, Kentucky
WDRB	49	I	No		Louisville, Kentucky
WDRB-HD/DT (Sir	41.1	I-M	No		Louisville, Kentucky
WHAS	11	N	No		Louisville, Kentucky
WHAS-HD/DT (Sir	11.1	N-M	No		Louisville, Kentucky
WHAS-Justice Ne	11.2	I-M	No		Louisville, Kentucky
WHAS-Weather R	11.3	N-M	No		Louisville, Kentucky
WISH	9	ı	No		Indianapolis, Indiana
WISH-HD/DT (sim	8.1	I-M	No		Indianapolis, Indiana
WISH-getTV	8.2	I-M	No		Indianapolis, Indiana
WISH-Justice	8.3	I-M	No		Indianapolis, Indiana
WLKY	26	N	No		Louisville, Kentucky
WLKY-HD/DT (Sin	32.1	N-M	No		Louisville, Kentucky

G

Primary Transmitters: Television

PRIMARY TRANSMITTERS: TELEVISION

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

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

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

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

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

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

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

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

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

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

		CHANN	EL LINE-UP	AB (2)	
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION
WLKY-ME TV	32.2	I-M	No		Louisville, Kentucky
WMYO	51	I	No		Salem, Indiana
WMYO-HD/DT (Sir	58.1	I-M	No		Salem, Indiana
WRTV	25	N	No		Indianapolis, Indiana
WRTV-HD/DT (Sin	6.1	N-M	No		Indianapolis, Indiana
WRTV-Grit	6.2	I-M	No		Indianapolis, Indiana
WRTV-Laff	6.3	I-M	No		Indianapolis, Indiana
WTHR	13	N	No		Indianapolis, Indiana
WTHR-HD/DT (Sin	13.1	N-M	No		Indianapolis, Indiana
WTHR-Cozi TV	13.2	I-M	No		Indianapolis, Indiana
WTHR-Me-TV	13.3	I-M	No		Indianapolis, Indiana
WTIU	14	Е	No		Bloomington, Indiana
WTIU-HD/DT (Sim	30.1	E-M	No		Bloomington, Indiana
WTTV	48	N	No		Bloomington, Indiana
WTTV-HD/DT (Sim	4.1	N-M	No		Bloomington, Indiana
WTTV - CW	4.2	I-M	No		Bloomington, Indiana
WBNA	8	I	No		Louisville, Kentucky

G

Primary Transmitters: Television

PRIMARY TRANSMITTERS: TELEVISION

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

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

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

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

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

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

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

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

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

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

		CHANN	EL LINE-UP	AC			
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION		
WAWV	39	N	No		Terre Haute Indiana		
WAWV-HD/DT (Sii	39.1	N-M	No		Terre Haute Indiana		
WTHI-CBS	10	N	No		Terre Haute Indiana		
WTHI-HD/DT (Sim	10.1	N-M	No		Terre Haute Indiana		
WTHI-My Fox	10.2	I	No		Terre Haute Indiana		
WTVW	28	I	No		Evansville, Indiana		
WTVW-HD/DT (Sir	7.1	I-M	No		Evansville, Indiana		
WTWO	36	N	No		Terre Haute Indiana		
WTWO-HD/DT (sir	36.1	N-M	No		Terre Haute Indiana		
WVUT	22	E	No		Vincennes, Indiana		
WVUT-HD/DT (Sin	22.1	E-M	No		Vincennes, Indiana		
		1					

G

Primary Transmitters: Television

PRIMARY TRANSMITTERS: TELEVISION

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

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

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

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

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

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

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

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

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

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

		CHANN	EL LINE-UP	AD	
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION
WAVE	47	N	No		Louisville, Kentucky
WAVE-HD/DT (Sin	3.1	N-M	No		Louisville, Kentucky
WAVE-Bounce TV	3.2	I-M	No		Louisville, Kentucky
WAVE-GRIT	3.3	I-M	No		Louisville, Kentucky
WBKI	19	I	No		Campbellsville, Kentucky
WBKI-HD/DT (Sim	34.1	I-M	No		Campbellsville, Kentucky
WBNA	8	I	No		Louisville, Kentucky
WCPO	22	N	No		Cincinnati, Ohio
WCPO-HD/DT (Sir	9.1	N-M	No		Cincinnati, Ohio
WDRB	49	I	No		Louisville, Kentucky
WDRB-HD/DT (Sir	41.1	I-M	No		Louisville, Kentucky
WHAS	11	N	No		Louisville, Kentucky
WHAS-HD/DT (Sir	11.1	N-M	No		Louisville, Kentucky
WHAS-Justice Ne	11.2	I-M	No		Louisville, Kentucky
WHAS-Weather R	11.3	N-M	No		Louisville, Kentucky
WLKY	26	N	No		Louisville, Kentucky
WLKY-HD/DT (Sin	32.1	N-M	No		Louisville, Kentucky
WLKY-ME TV	32.2	I-M	No		Louisville, Kentucky

G

Primary Transmitters: Television

011111 0710211 7102 01		
LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	NI
CMN-RUS, INC.	062634	Name

PRIMARY TRANSMITTERS: TELEVISION

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

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

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

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

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

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

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

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

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

		CHANN	EL LINE-UP	AD (2)	
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION
WLWT	35	N	No		Cincinnati, Ohio
WLWT-HD/DT (Sir	5.1	N-M	No		Cincinnati, Ohio
WKPC	17	E	No		Lexington, Kentucky
WMYO	51	I	No		Salem, Indiana
WMYO-HD/DT (Sir	58.1	I-M	No		Salem, Indiana
WTTV	48	N	No		Bloomington, Indiana
WTTV-HD/DT (Sim	4.1	N-M	No		Bloomington, Indiana
WTTV - CW	4.2	I-M	No		Bloomington, Indiana
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		<u> </u>			†

G

Primary Transmitters: Television

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.

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

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

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

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

		CHANN	EL LINE-UP	AE	
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION
WANE	31	N	No		Fort Wayne, Indiana
WANE-HD/DT (Sir	15.1	N-M	No		Fort Wayne, Indiana
WANE-Antenna T	15.2	I-M	No		Fort Wayne, Indiana
WFFT	36	I	No		Fort Wayne, Indiana
WFFT-HD/DT (sim	55.1	I-M	No		Fort Wayne, Indiana
WFWA	40	E	No		Fort Wayne, Indiana
WFWA-HD/DT (Sii	39.1	Е-М	No		Fort Wayne, Indiana
WFWA-Kids	39.2	Е-М	No		Fort Wayne, Indiana
WFWA-Create	39.3	E	No		Fort Wayne, Indiana
WFWA-4you	39.4	E	No		Fort Wayne, Indiana
WFYI	21	E	Yes	0	Indianapolis, Indiana
WFYI-HD/DT (Sim	20.1	Е-М	Yes	E	Indianapolis, Indiana
WFYI-Kids	20.2	Е-М	Yes	0	Indianapolis, Indiana
WFYI-Create	20.3	Е-М	Yes	0	Indianapolis, Indiana
WISE	18	I	No		Fort Wayne, Indiana
WISE-HD/DT (Sim	33.1	I-M	No		Fort Wayne, Indiana
WISH	9	I	No		Indianapolis, Indiana
WISH-HD/DT (sim	8.1	I-M	No		Indianapolis, Indiana

G

Primary Transmitters: Television

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.

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

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

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

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

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

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

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

		CHANN	EL LINE-UP	AE (2)	
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION
WISH-getTV	8.2	I-M	No		Indianapolis, Indiana
WISH-Justice	8.3	I-M	No		Indianapolis, Indiana
WNDY	32	I	No		Marion, Indiana
WNDY-HD/DT (Sin	23.1	I-M	No		Marion, Indiana
WNDY-Bounce TV	23.2	I-M	No		Marion, Indiana
WPTA	24	N	No		Fort Wayne, Indiana
WPTA-HD/DT (Sin	21.1	N-M	No		Fort Wayne, Indiana
WPTA-DT2	21.2	N-M	No		Fort Wayne, Indiana
WPTA-DT3	21.3	I-M	No		Fort Wayne, Indiana
WRTV	25	N	No		Indianapolis, Indiana
WRTV-HD/DT (Sin	6.1	N-M	No		Indianapolis, Indiana
WRTV-Grit	6.2	I-M	No		Indianapolis, Indiana
WRTV-Laff	6.3	I-M	No		Indianapolis, Indiana
WTHR	13	N	No		Indianapolis, Indiana
WTHR-HD/DT (Sin	13.1	N-M	No		Indianapolis, Indiana
WTHR-Cozi TV	13.2	I-M	No		Indianapolis, Indiana
WTHR-Me-TV	13.3	I-M	No		Indianapolis, Indiana

G

Primary Transmitters: Television

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.

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

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

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

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

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

		CHANN	EL LINE-UP	AF	
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION
WANE	31	N	No		Fort Wayne, Indiana
WANE-HD/DT (Sin	15.1	N-M	No		Fort Wayne, Indiana
WANE-Antenna T\	15.2	I-M	No		Fort Wayne, Indiana
WFFT	36	I	No		Fort Wayne, Indiana
WFFT-HD/DT (sim	55.1	I-M	No		Fort Wayne, Indiana
WFWA	40	Е	No		Fort Wayne, Indiana
WFWA-HD/DT (Sir	39.1	E-M	No		Fort Wayne, Indiana
WFWA-Kids	39.2	E-M	No		Fort Wayne, Indiana
WFWA-Create	39.3	Е	No		Fort Wayne, Indiana
WFWA-4you	39.4	Е	No		Fort Wayne, Indiana
WISE	18	I	No		Fort Wayne, Indiana
WISE-HD/DT (Sim	33.1	I-M	No		Fort Wayne, Indiana
WPTA	24	N	No		Fort Wayne, Indiana
WPTA-HD/DT (Sin	21.1	N-M	No		Fort Wayne, Indiana
WPTA-DT2	21.2	N-M	No		Fort Wayne, Indiana
	21.3	I-M	No		Fort Wayne, Indiana

G

Primary Transmitters: Television

PRIMARY TRANSMITTERS: TELEVISION

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

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

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

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

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

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

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

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

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

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

		CHANN	EL LINE-UP	AG	
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION
WANE	31	N	No		Fort Wayne, Indiana
WANE-HD/DT (Sin	15.1	N-M	No		Fort Wayne, Indiana
WANE-Antenna T\	15.2	I-M	No		Fort Wayne, Indiana
WFFT	36	I	No		Fort Wayne, Indiana
WFFT-HD/DT (sim	55.1	I-M	No		Fort Wayne, Indiana
WFWA	40	E	No		Fort Wayne, Indiana
WFWA-HD/DT (Sir	39.1	E-M	No		Fort Wayne, Indiana
WFWA-Kids	39.2	E-M	No		Fort Wayne, Indiana
WFWA-Create	39.3	E	No		Fort Wayne, Indiana
WFWA-4you	39.4	E	No		Fort Wayne, Indiana
WISE	18	I	No		Fort Wayne, Indiana
WISE-HD/DT (Sim	33.1	I-M	No		Fort Wayne, Indiana
WPTA	24	N	No		Fort Wayne, Indiana
WPTA-HD/DT (Sin	21.1	N-M	No		Fort Wayne, Indiana
WPTA-DT2	21.2	N-M	No		Fort Wayne, Indiana
		I-M	No		Fort Wayne, Indiana

G

Primary Transmitters: Television

PRIMARY TRANSMITTERS: TELEVISION

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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.

		CHANN	EL LINE-UP	AH	
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION
WCLJ	42	ı	No		Bloomington, Indiana
WCPO	22	N	No		Cincinnati, Ohio
WCPO-HD/DT (Sir	9.1	N-M	No		Cincinnati, Ohio
WFYI	21	E	Yes	0	Indianapolis, Indiana
WFYI-HD/DT (Sim	20.1	E-M	Yes	E	Indianapolis, Indiana
WFYI-Kids	20.2	E-M	Yes	0	Indianapolis, Indiana
WFYI-Create	20.3	E-M	Yes	0	Indianapolis, Indiana
WHMB	20	I	No		Indianapolis, Indiana
WHMB-World Har	40.2	I-M	No		Indianapolis, Indiana
WIPX	27	I	No		Bloomington, Indiana
WIPX-HD/DT (Sim	63.1	I-M	No		Bloomington, Indiana
WIPX-Qubo	63.2	I-M	No		Bloomington, Indiana
WIPX-Ion Life	63.3	I-M	No		Bloomington, Indiana
WISH	9	I	No		Indianapolis, Indiana
WISH-HD/DT (sim	8.1	I-M	No		Indianapolis, Indiana
WISH-getTV	8.2	I-M	No		Indianapolis, Indiana
WISH-Justice	8.3	I-M	No		Indianapolis, Indiana
WLWT	35	N	No		Cincinnati, Ohio

G

Primary Transmitters: Television

PRIMARY TRANSMITTERS: TELEVISION

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

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

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

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

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

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

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

		CHANN	EL LINE-UP	AH (2)	
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION
WLWT-HD/DT (Sir	5.1	N-M	No		Cincinnati, Ohio
WNDY	32	I	No		Marion, Indiana
WNDY-HD/DT (Sir	23.1	I-M	No		Marion, Indiana
WNDY-Bounce TV	23.2	I-M	No		Marion, Indiana
WRTV	25	N	No		Indianapolis, Indiana
WRTV-HD/DT (Sin	6.1	N-M	No		Indianapolis, Indiana
WRTV-Grit	6.2	I-M	No		Indianapolis, Indiana
WRTV-Laff	6.3	I-M	No		Indianapolis, Indiana
WTHR	13	N	No		Indianapolis, Indiana
WTHR-HD/DT (Sin	13.1	N-M	No		Indianapolis, Indiana
WTHR-Cozi TV	13.2	I-M	No		Indianapolis, Indiana
WTHR-Me-TV	13.3	I-M	No		Indianapolis, Indiana
WTTV	48	N	No		Bloomington, Indiana
WTTV-HD/DT (Sin	4.1	N-M	No		Bloomington, Indiana
WTTV - CW	4.2	I-M	No		Bloomington, Indiana
WXIN	45	I	No		Indianapolis, Indiana
WXIN-HD/DT (Sim	59.1	I-M	No		Indianapolis, Indiana
WXIN-Antenna TV	59.2	I-M	No		Indianapolis, Indiana

G

Primary Transmitters: Television

FORM SA3E. PAGE 3.					
LEGAL NAME OF OWNER OF CAR	BLE SYSTEM:			SYSTEM ID#	Name
CMN-RUS, INC.				062634	
PRIMARY TRANSMITTERS: TELE	VISION				
PRIMARY TRANSMITTERS: TELE In General: In space G, identify carried by your cable system du FCC rules and regulations in eff 76.59(d)(2) and (4), 76.61(e)(2) substitute program basis, as ex Substitute Basis Stations: basis under specifc FCC rules, • Do not list the station here in s station was carried only on a List the station here, and also basis. For further informatior in the paper SA3 form. Column 1: List each station each multicast stream associate cast stream as "WETA-2". Simu WETA-simulcast). Column 2: Give the channel its community of license. For ex on which your cable system car Column 3: Indicate in each e educational station, by entering (for independent multicast), "E" For the meaning of these terms Column 4: If the station is o planation of local service area, s Column 5: If you have enter cable system carried the distant carried the distant station on a p For the retransmission of a c of a written agreement entered if the cable system and a primary	every television string the accounting fect on June 24, 19 and (4), or 76.63 (blained in the next With respect to an regulations, or authorace G—but do lis substitute basis. In space I, if the state concerning substitute so concerning substitutes the station action action of the station. It is concerned to the station concerned to the station. It is concerned to the station of the station see page (v) of the see page (v) of the see page (v) of the station during the station during the station during the station on or before Jutransmitter or an attent of the see page (v) of the station during the station on or before Jutransmitter or an attent of the see page (v) of the station during the station on or before Jutransmitter or an attent see page (v) of the station during the station on or before Jutransmitter or an attent see page (v) of the station during the station or before Jutransmitter or an attent see page (v) or before Jutrans	g period, except (81, permitting the referring to 76.61 paragraph. y distant stations norizations: t it in space I (the ation was carried tute basis station report origination cording to its over the reported in compass assigned to the tannel 4 in Washi tation is a network etwork), "N-M" (for all educational), or egeneral instruction is a network etwork, "all educational), or egeneral instruction is a network etwork, "all educational), or egeneral instruction is a network etwork, "all educational), or egeneral instruction en experience area, (i.e. "dispensed instruction in the expensed in the exp	1) stations carried a carriage of certa (e)(2) and (4))]; a carried by your case Special Stateme both on a substitute, see page (v) of a program services ar-the-air designaticulumn 1 (list each the television staticington, D.C. This reserved in the complete column 5, see the column 6, see the column	and low power television stations) only on a part-time basis under in network programs [sections and (2) certain stations carried on a able system on a substitute program and and Program Log)—if the te basis and also on some other the general instructions located a such as HBO, ESPN, etc. Identify on. For example, report multi- stream separately; for example on for broadcasting over-the-air in may be different from the channel bendent station, or a noncommercial ast), "I" (for independent), "I-M" mercial educational multicast). The paper SA3 form. The paper SA3 form is a paper SA3 form. The paper SA3 form is a paper SA3 form. The paper SA3 form is a paper SA3 form. The paper SA3 form is a paper SA3 form. The paper SA3 form is a paper SA3 form is a paper SA3 form. The paper SA3 form is a paper SA3 form is a paper SA3 form is a paper SA3 form. The paper SA3 form is a paper SA3 form is a paper SA3 form is a paper SA3 form. The paper SA3 form is a paper SA3 form is a paper SA3 form is a paper SA3 form. The paper SA3 form is a paper SA	G Primary Transmitters: Television
tion "E" (exempt). For simulcast explanation of these three categ	s, also enter "E". If ories, see page (v of each station. Fo stations, if any, giv	you carried the o of the general in or U.S. stations, I be the name of the	channel on any oth nstructions located ist the community e community with	er basis, enter "O." For a further in the paper SA3 form. to which the station is licensed by the which the station is identifed.	
	CHAN	NEL LINE-UP	AH (3)		
1. CALL 2. B'CAS	NEL OF	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE	6. LOCATION OF STATION	
WXIN-This TV 59.			(If Distant)		
	3 I-M	No	(If Distant)	Indianapolis, Indiana	
	3 I-M	No	(If Distant)	Indianapolis, Indiana	

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

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.

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

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

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		CHANN	EL LINE-UP	Al	
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION
WCLJ	42	I	No		Bloomington, Indiana
WFYI	21	E	No		Indianapolis, Indiana
WFYI-HD/DT (Sim	20.1	E-M	No		Indianapolis, Indiana
WFYI-Kids	20.2	E-M	No		Indianapolis, Indiana
WFYI-Create	20.3	E-M	No		Indianapolis, Indiana
WHMB	20	I	No		Indianapolis, Indiana
WHMB-World Har	40.2	I-M	No		Indianapolis, Indiana
WIPB	23	E	No		Muncie, Indiana
WIPB-HD/DT (Sim	49.1	E-M	No		Muncie, Indiana
WIPB-Create	49.2	E-M	No		Muncie, Indiana
WIPB - Weather	49.3	I-M	No		Muncie, Indiana
WIPX	27	ı	No		Bloomington, Indiana
WIPX-HD/DT (Sim	63.1	I-M	No		Bloomington, Indiana
WIPX-Qubo	63.2	I-M	No		Bloomington, Indiana
WIPX-Ion Life	63.3	I-M	No		Bloomington, Indiana
WISH	9	ı	No		Indianapolis, Indiana
WISH-HD/DT (sim	8.1	I-M	No		Indianapolis, Indiana
WISH-getTV	8.2	I-M	No		Indianapolis, Indiana

G

Primary Transmitters: Television

PRIMARY TRANSMITTERS: TELEVISION

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		CHANN	EL LINE-UP	Al (2)	
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION
WISH-Justice	8.3	I-M	No		Indianapolis, Indiana
WNDY	32	I	No		Marion, Indiana
WNDY-HD/DT (Sin	23.1	I-M	No		Marion, Indiana
WNDY-Bounce TV	23.2	I-M	No		Marion, Indiana
WRTV	25	N	No		Indianapolis, Indiana
WRTV-HD/DT (Sin	6.1	N-M	No		Indianapolis, Indiana
WRTV-Grit	6.2	I-M	No		Indianapolis, Indiana
WRTV-Laff	6.3	I-M	No		Indianapolis, Indiana
WTHR	13	N	No		Indianapolis, Indiana
WTHR-HD/DT (Sin	13.1	N-M	No		Indianapolis, Indiana
WTHR-Cozi TV	13.2	I-M	No		Indianapolis, Indiana
WTHR-Me-TV	13.3	I-M	No		Indianapolis, Indiana
WTTV	48	N	No		Bloomington, Indiana
WTTV-HD/DT (Sim	4.1	N-M	No		Bloomington, Indiana
WTTV - CW	4.2	I-M	No		Bloomington, Indiana
WXIN	45	I	No		Indianapolis, Indiana
WXIN-HD/DT (Sim	59.1	I-M	No		Indianapolis, Indiana
WXIN-Antenna TV	59.2	I-M	No		Indianapolis, Indiana

G

Primary Transmitters: Television

FORM SA3E. PAGE 3.						
LEGAL NAME OF OWN	ER OF CABLE SY	STEM:			SYSTEM ID#	Name
CMN-RUS, INC	•				062634	
PRIMARY TRANSMITTE	RS: TELEVISIO	N				
In General: In space (carried by your cable series FCC rules and regulation 76.59(d)(2) and (4), 76.59(d)(2) and (4), 76.59(d)(2) and (4), 76.59(d)(2) and (4), 76.59(d)(2) and substitute Basis series basis under specific FC • Do not list the station station was carried • List the station here, basis. For further in in the paper SA3 for Column 1: List each multicast stream cast stream as "WETA-Simulcast). Column 2: Give the its community of licens on which your cable sy Column 3: Indicate educational station, by	G, identify every system during the ions in effect on 6.61(e)(2) and (4 sis, as explained stations: With record only on a substand also in spanformation concerm. The station's call associated with associated with a carried the in each case we entering the let cast), "E" (for no	television state accounting a June 24, 198 4), or 76.63 (red in the next prespect to any tions, or authors—but do list itute basis. If the state a station account of the state of the stat	period, except (the period) period, except (the period) period of the	1) stations carried a carriage of certa (e)(2) and (4))]; a carried by your case Special Stateme both on a substitute, see page (v) of program services or the-air designation of the television static ington, D.C. This results that is station, an independent of the television of the television static ington, and independent of the television of the television static ington, D.C. This results are the television of the television static ington, and independent of the television	and low power television stations) only on a part-time basis under in network programs [sections and (2) certain stations carried on a able system on a substitute program and Program Log)—if the site basis and also on some other the general instructions located as such as HBO, ESPN, etc. Identify on. For example, report multi- stream separately; for example on for broadcasting over-the-air in may be different from the channel pendent station, or a noncommercial ast), "I" (for independent), "I-M" mmercial educational multicast).	G Primary Transmitters: Television
planation of local servi Column 5: If you h cable system carried the carried the distant stat For the retransmiss of a written agreement the cable system and a tion "E" (exempt). For explanation of these th Column 6: Give the FCC. For Mexican or C	ce area, see pa ave entered "Ye ne distant statio ion on a part-tin ion of a distant entered into on a primary transr simulcasts, also iree categories, e location of eac Canadian station	ge (v) of the ges" in column and during the and basis becamulticast street or before Jurnitter or an aspect of the column and	general instruction of the general instruction o	ons located in the aplete column 5, s d. Indicate by entectivated channel cubject to a royalty ween a cable systemany of the community with community with community with the community with the community with	tating the basis on which your bring "LAC" if your cable system apacity. payment because it is the subject em or an association representing y transmitter, enter the designater basis, enter "O." For a further I in the paper SA3 form. to which the station is licensed by the which the station is identifed.	
Note: If you are utilizing	ig multiple chan	nel line-ups, ι	use a separate s	space G for each o	channel line-up.	
	1	CHANN	EL LINE-UP	AI (3)		
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION	
WXIN-This TV	59.3	I-M	No	(ii Biotaint)	Indianapolis, Indiana	

PRIMARY TRANSMITTERS: TELEVISION

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

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

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

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

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

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

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

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

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

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

		CHANN	EL LINE-UP	AJ	
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION
WTTV	48	N	No		Bloomington, Indiana
WTTV-HD/DT (Sin	4.1	N-M	No		Bloomington, Indiana
WTTV - CW	4.2	I-M	No		Bloomington, Indiana
WRTV	25	N	No		Indianapolis, Indiana
WRTV-HD/DT (Sin	6.1	N-M	No		Indianapolis, Indiana
WRTV-Grit	6.2	I-M	No		Indianapolis, Indiana
WRTV-Laff	6.3	I-M	No		Indianapolis, Indiana
WNDY	32	ı	No		Marion, Indiana
WNDY-HD/DT (Sir	23.1	I-M	No		Marion, Indiana
WNDY-Bounce TV	23.2	I-M	No		Marion, Indiana
WISH	9	ı	No		Indianapolis, Indiana
WISH-HD/DT (sim	8.1	I-M	No		Indianapolis, Indiana
WISH-getTV	8.2	I-M	No		Indianapolis, Indiana
WISH-Justice	8.3	I-M	No		Indianapolis, Indiana
WHMB	20	ı	No		Indianapolis, Indiana
WHMB-World Har	40.2	I-M	No		Indianapolis, Indiana
WIPB	23	E	Yes	0	Muncie, Indiana
WIPB-HD/DT (Sim	49.1	E-M	Yes	E	Muncie, Indiana

G

Primary Transmitters: Television

PRIMARY TRANSMITTERS: TELEVISION

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

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

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

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

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

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

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

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

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

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

		CHANN	EL LINE-UP	AJ (2)	
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION
WIPB-Create	49.2	E-M	Yes	0	Muncie, Indiana
WIPB - Weather	49.3	I-M	Yes	0	Muncie, Indiana
WXIN	45	I	No		Indianapolis, Indiana
WXIN-HD/DT (Sim	59.1	I-M	No		Indianapolis, Indiana
WXIN-Antenna TV	59.2	I-M	No		Indianapolis, Indiana
WXIN-This TV	59.3	I-M	No		Indianapolis, Indiana
WTHR	13	N	No		Indianapolis, Indiana
WTHR-HD/DT (Sin	13.1	N-M	No		Indianapolis, Indiana
WTHR-Cozi TV	13.2	I-M	No		Indianapolis, Indiana
WTHR-Me-TV	13.3	I-M	No		Indianapolis, Indiana
WCLJ	42	I	No		Bloomington, Indiana
WIPX	27	I	No		Bloomington, Indiana
WIPX-HD/DT (Sim	63.1	I-M	No		Bloomington, Indiana
WIPX-Qubo	63.2	I-M	No		Bloomington, Indiana
WIPX-Qubo	63.2	I-M	No		Bloomington, Indiana
WFYI	21	E	No		Indianapolis, Indiana
WFYI-HD/DT (Sim	20.1	E-M	No		Indianapolis, Indiana
WFYI-Kids	20.2	E-M	No		Indianapolis, Indiana

G

Primary Transmitters: Television

FORM SA3E. PAGE 3.									
LEGAL NAME OF OWN		STEM:			SYSTEM ID#	Name			
CMN-RUS, INC					062634				
PRIMARY TRANSMITTERS: TELEVISION									
carried by your cable s FCC rules and regulat 76.59(d)(2) and (4), 76 substitute program base	system during the ions in effect or 6.61(e)(2) and (sis, as explaine	ne accounting n June 24, 198 4), or 76.63 (r d in the next p	period, except (31, permitting the eferring to 76.61 paragraph.	1) stations carried e carriage of certa (e)(2) and (4))]; an	and low power television stations) only on a part-time basis under in network programs [sections nd (2) certain stations carried on a able system on a substitute program	G Primary Transmitters: Television			
basis under specifc FCC rules, regulations, or authorizations: • Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. • List the station here, and also in space I, if the station was carried both on a substitute basis and also on some 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									
Note: If you are utilizing	ng multiple char	•	•	•	channel line-up.				
	1	CHANN	EL LINE-UP	AJ (3)					
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION				
WFYI-Create	20.3	E-M	No		Indianapolis, Indiana				

PRIMARY TRANSMITTERS: TELEVISION

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

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

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

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

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

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

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

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

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

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

		CHANN	EL LINE-UP	AK	
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION
WCLJ	42	I	No		Bloomington, Indiana
WTTV	48	N	No		Bloomington, Indiana
WTTV-HD/DT (Sin	4.1	N-M	No		Bloomington, Indiana
WTTV - CW	4.2	I-M	No		Bloomington, Indiana
WTIU	14	E	No		Bloomington, Indiana
WTIU-HD/DT (Sim	30.1	E-M	No		Bloomington, Indiana
WRTV	25	N	No		Indianapolis, Indiana
WRTV-HD/DT (Sin	6.1	N-M	No		Indianapolis, Indiana
WRTV-Grit	6.2	I-M	No		Indianapolis, Indiana
WRTV-Laff	6.3	I-M	No		Indianapolis, Indiana
WNDY	32	I	No		Marion, Indiana
WNDY-HD/DT (Sir	23.1	I-M	No		Marion, Indiana
WNDY-Bounce T\	23.2	I-M	No		Marion, Indiana
WISH	9	I	No		Indianapolis, Indiana
WISH-HD/DT (sim	8.1	I-M	No		Indianapolis, Indiana
WISH-getTV	8.2	I-M	No		Indianapolis, Indiana
WISH-Justice	8.3	I-M	No		Indianapolis, Indiana
WHMB	20	I	No		Indianapolis, Indiana

G

Primary Transmitters: Television

PRIMARY TRANSMITTERS: TELEVISION

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

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

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

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

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

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

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

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

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

CHANNEL LINE-UP AK (2)									
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION				
WHMB-World Har	40.2	I-M	No		Indianapolis, Indiana				
WXIN	45	I	No		Indianapolis, Indiana				
WXIN-HD/DT (Sim	59.1	I-M	No		Indianapolis, Indiana				
WXIN-Antenna TV	59.2	I-M	No		Indianapolis, Indiana				
WXIN-This TV	59.3	I-M	No		Indianapolis, Indiana				
WTHR	13	N	No		Indianapolis, Indiana				
WTHR-HD/DT (Sin	13.1	N-M	No		Indianapolis, Indiana				
WTHR-Cozi TV	13.2	I-M	No		Indianapolis, Indiana				
WTHR-Me-TV	13.3	I-M	No		Indianapolis, Indiana				
WIPX	27	I	No		Bloomington, Indiana				
WIPX-HD/DT (Sim	63.1	I-M	No		Bloomington, Indiana				
WIPX-Qubo	63.2	I-M	No		Bloomington, Indiana				
WIPX-Ion Life	63.3	I-M	No		Bloomington, Indiana				
WFYI	21	Е	No		Indianapolis, Indiana				
WFYI-HD/DT (Sim	20.1	E-M	No		Indianapolis, Indiana				
WFYI-Kids	20.2	E-M	No		Indianapolis, Indiana				
WFYI-Create	20.3	E-M	No		Indianapolis, Indiana				

G

Primary Transmitters: Television

PRIMARY TRANSMITTERS: TELEVISION

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

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

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

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

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

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

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

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

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

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

		CHANN	EL LINE-UP	AL	
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION
WTTV	48	N	No		Bloomington, Indiana
WTTV-HD/DT (Sin	4.1	N-M	No		Bloomington, Indiana
WTTV - CW	4.2	I-M	No		Bloomington, Indiana
WRTV	25	N	No		Indianapolis, Indiana
WRTV-HD/DT (Sin	6.1	N-M	No		Indianapolis, Indiana
WRTV-Grit	6.2	I-M	No		Indianapolis, Indiana
WRTV-Laff	6.3	I-M	No		Indianapolis, Indiana
WNDY	32	I	No		Marion, Indiana
WNDY-HD/DT (Sir	23.1	I-M	No		Marion, Indiana
WNDY-Bounce TV	23.2	I-M	No		Marion, Indiana
WHMB	20	I	No		Indianapolis, Indiana
WHMB-World Har	40.2	I-M	No		Indianapolis, Indiana
WIPB	23	E	Yes	0	Muncie, Indiana
WIPB-HD/DT (Sim	49.1	E-M	Yes	E	Muncie, Indiana
WIPB-Create	49.2	E-M	Yes	0	Muncie, Indiana
WIPB-Weather	49.3	E-M	Yes	0	Muncie, Indiana
WTHR	13	N	No		Indianapolis, Indiana
WTHR-HD/DT (Sin	13.1	N-M	No		Indianapolis, Indiana

G

Primary Transmitters: Television

PRIMARY TRANSMITTERS: TELEVISION

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

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

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

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

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

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

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

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

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

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

		CHANN	EL LINE-UP	AL (2)	
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION
WTHR-Cozi TV	13.2	I-M	No		Indianapolis, Indiana
WTHR-Me-TV	13.3	I-M	No		Indianapolis, Indiana
WLFI	11	N	No		West Layfatyette, Indiana
WLFI-HD/DT (Sim	18.1	N-M	No		West Layfatyette, Indiana
WLFI-GetTV	18.2	I-M	No		West Layfatyette, Indiana
WFYI	21	E	No		Indianapolis, Indiana
WFYI-HD/DT (Sim	20.1	Е-М	No		Indianapolis, Indiana
WFYI-Kids	20.2	E-M	No		Indianapolis, Indiana
WFYI-Create	20.3	E-M	No		Indianapolis, Indiana
WPBI-LD	16.1	I	No		Lafayette, Indiana
WISH	9	I	No		Indianapolis, Indiana
WISH-HD/DT (sim	8.1	I-M	No		Indianapolis, Indiana
WISH-getTV	8.2	I-M	No		Indianapolis, Indiana
WISH-Justice	8.3	I-M	No		Indianapolis, Indiana

G

Primary Transmitters: Television

PRIMARY TRANSMITTERS: TELEVISION

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

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

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

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

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

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

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

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

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

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

		CHANN	EL LINE-UP	AM	
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION
WCLJ	42	ı	No		Bloomington, Indiana
WTTV	48	N	No		Bloomington, Indiana
WTTV-HD/DT (Sin	4.1	N-M	No		Bloomington, Indiana
WTTV - CW	4.2	I-M	No		Bloomington, Indiana
WRTV	25	N	No		Indianapolis, Indiana
WRTV-HD/DT (Sin	6.1	N-M	No		Indianapolis, Indiana
WRTV-Grit	6.2	I-M	No		Indianapolis, Indiana
WRTV-Laff	6.3	I-M	No		Indianapolis, Indiana
WNDY	32	I	No		Marion, Indiana
WNDY-HD/DT (Sir	23.1	I-M	No		Marion, Indiana
WNDY-Bounce TV	23.2	I-M	No		Marion, Indiana
WISH	9	I	No		Indianapolis, Indiana
WISH-HD/DT (sim	8.1	I-M	No		Indianapolis, Indiana
WISH-getTV	8.2	I-M	No		Indianapolis, Indiana
WISH-Justice	8.3	I-M	No		Indianapolis, Indiana
WHMB	20	I	No		Indianapolis, Indiana
WHMB-World Har	40.2	I-M	No		Indianapolis, Indiana
WXIN	45	ı	No		Indianapolis, Indiana

G

Primary Transmitters: Television

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

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

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

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

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

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

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

		CHANN	EL LINE-UP	AM (2)	
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION
WXIN-HD/DT (Sim	59.1	I-M	No		Indianapolis, Indiana
WXIN-Antenna TV	59.2	I-M	No		Indianapolis, Indiana
WXIN-This TV	59.3	I-M	No		Indianapolis, Indiana
WTHR	13	N	No		Indianapolis, Indiana
WTHR-HD/DT (Sin	13.1	N-M	No		Indianapolis, Indiana
WTHR-Cozi TV	13.2	I-M	No		Indianapolis, Indiana
WTHR-Me-TV	13.3	I-M	No		Indianapolis, Indiana
WIPX	27	I	No		Bloomington, Indiana
WIPX-HD/DT (Sim	63.1	I-M	No		Bloomington, Indiana
WIPX-Qubo	63.2	I-M	No		Bloomington, Indiana
WIPX-Ion Life	63.3	I-M	No		Bloomington, Indiana
WFYI	21	E	No		Indianapolis, Indiana
WFYI-HD/DT (Sim	20.1	E-M	No		Indianapolis, Indiana
WFYI-Kids	20.2	E-M	No		Indianapolis, Indiana
WFYI-Create	20.3	E-M	No		Indianapolis, Indiana

G

Primary Transmitters: Television

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.

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

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

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

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		CHANN	EL LINE-UP	AN	
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION
WCLJ	42	I	No		Bloomington, Indiana
WTTV	48	N	No		Bloomington, Indiana
WTTV-HD/DT (Sin	4.1	N-M	No		Bloomington, Indiana
WTTV - CW	4.2	I-M	No		Bloomington, Indiana
WRTV	25	N	No		Indianapolis, Indiana
WRTV-HD/DT (Sin	6.1	N-M	No		Indianapolis, Indiana
WRTV-Grit	6.2	I-M	No		Indianapolis, Indiana
WRTV-Laff	6.3	I-M	No		Indianapolis, Indiana
WNDY	32	I	No		Marion, Indiana
WNDY-HD/DT (Sir	23.1	I-M	No		Marion, Indiana
WNDY-Bounce TV	23.2	I-M	No		Marion, Indiana
WISH	9	I	No		Indianapolis, Indiana
WISH-HD/DT (sim	8.1	I-M	No		Indianapolis, Indiana
WISH-getTV	8.2	I-M	No		Indianapolis, Indiana
WISH-Justice	8.3	I-M	No		Indianapolis, Indiana
WHMB	20	I	No		Indianapolis, Indiana
WHMB-World Har	40.2	I-M	No		Indianapolis, Indiana
WXIN	45	I	No		Indianapolis, Indiana

G

Primary Transmitters: Television

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.

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

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

		CHANN	EL LINE-UP	AN (2)	
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION
WXIN-HD/DT (Sim	59.1	I-M	No		Indianapolis, Indiana
WXIN-Antenna TV	59.2	I-M	No		Indianapolis, Indiana
WXIN-This TV	59.3	I-M	No		Indianapolis, Indiana
WTHR	13	N	No		Indianapolis, Indiana
WTHR-HD/DT (Sin	13.1	N-M	No		Indianapolis, Indiana
WTHR-Cozi TV	13.2	I-M	No		Indianapolis, Indiana
WTHR-Me-TV	13.3	I-M	No		Indianapolis, Indiana
WIPX	27	I	No		Bloomington, Indiana
WIPX-HD/DT (Sim	63.1	I-M	No		Bloomington, Indiana
WIPX-Qubo	63.2	I-M	No		Bloomington, Indiana
WIPX-Ion Life	63.3	I-M	No		Bloomington, Indiana
WFYI	21	E	No		Indianapolis, Indiana
WFYI-HD/DT (Sim	20.1	E-M	No		Indianapolis, Indiana
WFYI-Kids	20.2	E-M	No		Indianapolis, Indiana
WFYI-Create	20.3	E-M	No		Indianapolis, Indiana
WIPB	23	E	No		Muncie, Indiana
WIPB-HD/DT (Sim	49.1	E-M	No		Muncie, Indiana
WIPB-Create	49.2	E-M	No		Muncie, Indiana

G

Primary Transmitters: Television

FORM SA3E. PAGE 3.						T
LEGAL NAME OF OWN		STEM:			SYSTEM ID#	Name
CMN-RUS, INC	•				062634	
PRIMARY TRANSMITTE	RS: TELEVISIO	N				
PRIMARY TRANSMITTE In General: In space (carried by your cable s FCC rules and regulati 76.59(d)(2) and (4), 76 substitute program bas Substitute Basis S basis under specifc FC • Do not list the station station was carried • List the station here, basis. For further in in the paper SA3 fo Column 1: List eace each multicast stream cast stream as "WETA WETA-simulcast). Column 2: Give the its community of licens on which your cable sy Column 3: Indicate educational station, by (for independent multic For the meaning of the Column 4: If the s planation of local servi Column 5: If you h cable system carried tl carried the distant stat For the retransmiss of a written agreement the cable system and a tion "E" (exempt). For	RS: TELEVISIO G, identify every system during the ions in effect or 6.61(e)(2) and (6.5); as explained there in space only on a substand also in space formation concern. The station's call associated with a system carried the in each case we entering the left cast), "E" (for no see terms, see parave entered "Ye are distant static ion on a part-tiricion of a distant entered into or a primary transr simulcasts, also	r television started accounting in June 24, 1984), or 76.63 (May 1984), or 76.63 (May 1984), or 76.63 (May 1984), or 76.63 (May 1984), or authors, or	period, except (al., permitting the eferring to 76.61 paragraph. It distant stations orizations: It in space I (the tion was carried tute basis station eport origination cording to its over the error of the end of the e	1) stations carried a carriage of certa (e)(2) and (4))]; all carried by your case Special Statement both on a substitution of the program services ar-the-air designation of the television static ington, D.C. This result is station, an independent of the television static ington, D.C. This result is station, an independent of the television static ington, p.C. This result is station, an independent of the television static ington, p.C. This result is station, an independent of the television static ington, p.C. This result is station, an independent in the instant, and in the process of the program of the process	and low power television stations) only on a part-time basis under in network programs [sections and (2) certain stations carried on a suble system on a substitute program and and Program Log)—if the the basis and also on some other the general instructions located as such as HBO, ESPN, etc. Identify on. For example, report multi- stream separately; for example on for broadcasting over-the-air in may be different from the channel bendent station, or a noncommercial ast), "I" (for independent), "I-M" mmercial educational multicast). The paper SA3 form. To in the one of the paper SA3 form. To it for, enter "No". For an ex- paper SA3 form. To it for, enter "No" and the paper shad form. To it for independent system apacity. The payment because it is the subject term or an association representing to transmitter, enter the designa- ter basis, enter "O." For a further	G Primary Transmitters: Television
					in the paper SA3 form.	
				•	to which the station is licensed by the which the station is identifed.	
Note: If you are utilizing				•		
,	· .	CHANN	IEL LINE LID	AN (2)		
		CHANN	IEL LINE-UP	AN (3)		
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION	
WIPB - Weather	49.3	I-M	No	(Muncie, Indiana	
WIFD - Weather	43.3	1-141	140		iwuncie, mulana	
		ļ				

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

G

Primary

Transmitters:

Television

U.S. Copyright Office

LEGAL NAME OF OWNER OF CABLE SYSTEM:

CMN-RUS, INC.

SYSTEM ID#
Name

PRIMARY TRANSMITTERS: TELEVISION

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

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

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

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

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

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

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

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

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

		CHANN	EL LINE-UP	AO		
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION	
WMAQ-HD/DT	5.1	N	No		Chicago, Illinois	
WMAQ-COZI TV	5.2	I-M	No		Chicago, Illinois	
WBBM	12	N	No		Chicago, Illinois	
WBBM-HD/DT (Si	2.1	N-M	No		Chicago, Illinois	
WLS	44	N	No		Chicago, Illinois	
WLS-HD/DT (Simu	7.1	N-M	No		Chicago, Illinois	
WPWR-CW	51	ı	No		Gary, Indiana	
WPWR-Movies!	50.2	I-M	No		Gary, Indiana	
WPWR-Buzzr	50.4	I-M	No		Gary, Indiana	
WCPX-HD/DT	38.1	ı	No		Chicago, Illinois	
WFLD-HD/DT	32.1	I	No		Chicago, Illinois	
WTTV-HD/DT (Sin	4.1	N-M	No		Bloomington, Indiana	
WYIN-HD/DT	56.1	E-M	No		Gary, Indiana	
WYIN-NHK World	56.2	E-M	No		Gary, Indiana	

Form SA3E Long Form (Rev. 05-17)

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.

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

		CHANN	EL LINE-UP	AP	
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION
WILL	9	Е	No		Urbana, Illinois
WEEK-HD/DT	25.1	N	No		Bloomington, Illinois
WEEK-ABC	25.2	N-M	No		Bloomington, Illinois
WEEK-CW HD	25.3	I-M	No		Bloomington, Illinois
WMBD	30	N	No		Bloomington, Illinois
WMBD-Bounce	31.2	I-M	No		Bloomington, Illinois
WAOE	39	I	No		Bloomington, Illinois
WYZZ	28	I	No		Bloomington, Illinois
WYZZ-Get TV	43.3	I-M	No		Bloomington, Illinois
WTVP	46	E	No		Peoria, Illinois
WTVP-Create/Wo	47.3	E-M	No		Peoria, Illinois

G

Primary Transmitters: Television

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.

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

		CHANN	EL LINE-UP	AQ	
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION
WILL	9	Е	No		Urbana, Illinois
WEEK-HD/DT	25.1	N	No		Bloomington, Illinois
WEEK-ABC	25.2	N-M	No		Bloomington, Illinois
WEEK-CW HD	25.3	I-M	No		Bloomington, Illinois
WMBD	30	N	No		Bloomington, Illinois
WMBD-Bounce	31.2	I-M	No		Bloomington, Illinois
WAOE	39	I	No		Bloomington, Illinois
WYZZ	28	I	No		Bloomington, Illinois
WYZZ-Get TV	43.3	I-M	No		Bloomington, Illinois
WTVP	46	E	No		Peoria, Illinois
WTVP-Create/Wor	47.3	E-M	No		Peoria, Illinois
		1		†	

G

Primary Transmitters: Television

LEGAL NAME OF OWNER OF CABLE SYSTEM:

CMN-RUS, INC.

SYSTEM ID#
Name
Name

PRIMARY TRANSMITTERS: TELEVISION

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

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

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

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

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

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		CHANN	EL LINE-UP	AR		
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION	
WYIN-HD/DT	56.1	E-M	No		Gary, Indiana	
WYIN-NHK World	56.2	E-M	No		Gary, Indiana	
WMAQ-HD/DT	5.1	N	No		Chicago, Illinois	
WMAQ-COZI TV	5.2	I-M	No		Chicago, Illinois	
WBBM-HD/DT (Si	2.1	N-M	No		Chicago, Illinois	
WBBM-Decades	2.2	I-M	No		Chicago, Illinois	
WLS-HD/DT (Simi	7.1	N-M	No		Chicago, Illinois	
WLS-LivWell	7.2	I-M	No		Chicago, Illinois	
WPWR-CW	51	I	No		Gary, Indiana	
WCPX-HD/DT	38.1	I	No		Chicago, Illinois	
WFLD-HD/DT	32.1	I	No		Chicago, Illinois	
WTTW-HD/DT	11.1	E	No		Chicago, Illinois	
WSNS-HD/DT	44.1	I-M	No		Chicago, Illinois	
WSNS-T-Xitos	44.2	I-M	No		Chicago, Illinois	

G

Primary Transmitters: Television

LEGAL NAME OF OWNER OF CABLE SYSTEM:

CMN-RUS, INC.

SYSTEM ID#
Name

PRIMARY TRANSMITTERS: TELEVISION

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

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		CHANN	EL LINE-UP	AS	
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION
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WYIN-NHK World	56.2	E-M	No		Gary, Indiana
WMAQ-HD/DT	5.1	N	No		Chicago, Illinois
WMAQ-COZI TV	5.2	I-M	No		Chicago, Illinois
WBBM-HD/DT (Sii	2.1	N-M	No		Chicago, Illinois
WBBM-Decades	2.2	I-M	No		Chicago, Illinois
WLS-HD/DT (Simu	7.1	N-M	No		Chicago, Illinois
WLS-LivWell	7.2	I-M	No		Chicago, Illinois
WPWR-CW	51	I	No		Gary, Indiana
WCPX-HD/DT	38.1	I	No		Chicago, Illinois
WFLD-HD/DT	32.1	I	No		Chicago, Illinois
WFLD-Movies!	32.3	I-M	No		Chicago, Illinois
WFLD-Buzzr	32.4	I-M	No		Chicago, Illinois
WSNS-T-Xitos	44.2	I-M	No		Chicago, Illinois
WFLD-Movies!	32.3	I-M	No		Chicago, Illinois
WFLD-Buzzr	32.4	I-M	No		Chicago, Illinois

G

Primary Transmitters: Television

LEGAL NAME OF OWNER OF CABLE SYSTEM:

CMN-RUS, INC.

SYSTEM ID#
Name
Name

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.

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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.

		CHANN	EL LINE-UP	AT	
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION
WKLE-HD/DT	46	E	No		Lexington, Kentucky
WDKY-HD/DT	56.1	I	No		Danville, KY
WDKY-Comet	56.2	I-M	No		Danville, KY
WDKY-Charge!	56.3	I-M	No		Danville, KY
WDKY-TBD	56.4	I-M	No		Danville, KY
WKYT-HD/DT	27.1	N	No		Lexington, Kentucky
WKYT-CW	27.2	I-M	No		Lexington, Kentucky
WKYT-Local Rada	27.3	I-M	No		Lexington, Kentucky
WLEX-HD/DT	18.1	N	No		Lexington, Kentucky
WLEX-MeTV	18.2	I-M	No		Lexington, Kentucky
WLEX-Bounce	18.3	I-M	No		Lexington, Kentucky
WTVQ-HD/DT	36.1	N	No		Lexington, Kentucky
WTVQ-My Networ	36.2	I-M	No		Lexington, Kentucky
WTVQ-Justice	36.3	I-M	No		Lexington, Kentucky
WTVQ-Laff	36.4	I-M	No		Lexington, Kentucky
WTVQ-Escape	36.5	I-M	No		Lexington, Kentucky
WTVQ-Quest	36.6	I-M	No		Lexington, Kentucky
WTVQ-Grit	36.7	I-M	No		Lexington, Kentucky

G

Primary Transmitters: Television

FORM SA3E. PAGE 3.					Account	NG FEMOD: 2023/1			
LEGAL NAME OF OWN		STEM:			SYSTEM ID#	Name			
CMN-RUS, INC	•				062634				
PRIMARY TRANSMITTE									
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 76.50(d)(2) and (4) 77.50(d)(2) and (4) 77.50(d									
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 specifc FCC rules, regulations, or authorizations: • Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the									
	and also in spa formation conc	ce I, if the sta			ite basis and also on some other the general instructions located				
Column 1: List eac	h station's call	-			s such as HBO, ESPN, etc. Identify ion. For example, report multi-				
					a stream separately; for example				
	e. For example	, WRC is Cha	•		on for broadcasting over-the-air in may be different from the channel				
					pendent station, or a noncommercial ast), "I" (for independent), "I-M"				
For the meaning of the	se terms, see p	age (v) of the	general instruc	tions located in th	mmercial educational multicast). e paper SA3 form. s". If not, enter "No". For an ex-				
planation of local servi	ce area, see pa	ige (v) of the (general instructi	ons located in the					
· ·	ne distant statio	n during the a	accounting perio	d. Indicate by ente	ering "LAC" if your cable system				
For the retransmiss	ion of a distant	multicast stre	am that is not s	ubject to a royalty	payment because it is the subject				
the cable system and a	a primary transr	nitter or an as	sociation repres	senting the primar	y transmitter, enter the designa- ner basis, enter "O." For a further				
explanation of these th	ree categories,	see page (v)	of the general ir	nstructions located	d in the paper SA3 form. to which the station is licensed by the				
FCC. For Mexican or C Note: If you are utilizin		. ,		•	which the station is identifed.				
Trotal in you are dailed	g marapio onai		EL LINE-UP		Statistics and up.				
1. CALL	2. B'CAST	3. TYPE	4. DISTANT?	5. BASIS OF	6. LOCATION OF STATION				
SIGN	CHANNEL NUMBER	OF STATION	(Yes or No)	CARRIAGE (If Distant)					
WUPX-lon	67.1	I	No		Richmond, KY				
WUPX-Qubo	67.2	I-M	No		Richmond, KY				
WUPX-Ion Life	67.3	I-M	No		Richmond, KY				

LEGAL NAME OF OWNER OF CABLE SYSTEM:

CMN-RUS, INC.

SYSTEM ID#
Name
Name

PRIMARY TRANSMITTERS: TELEVISION

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

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

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

		CHANN	EL LINE-UP	AU	
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION
KGCW-DT	26.1	ı	No		Burlington, IA
KGCW-This TV	26.2	I-M	No		Burlington, IA
KGCW-Laff	26.3	I-M	No		Burlington, IA
KGCW-Bounce T\	26.4	I-M	No		Burlington, IA
KIIN-HD/DT	12.1	E	No		Iowa City, IA
KIIN-PBS Kids	12.2	E-M	No		Iowa City, IA
KIIN-World	12.3	E-M	No		Iowa City, IA
KIIN-Create	12.4	E-M	No		Iowa City, IA
KLJB-HD/DT	18.1	I	No		Davenport, IA
KLJB-Me TV	18.2	I-M	No		Davenport, IA
KWQC-HD/DT	6.1	N	No		Davenport, IA
KWQC-ION	6.2	I-M	No		Davenport, IA
KWQC-Cozi TV	6.3	I-M	No		Davenport, IA
KWQC-H&I	6.4	I-M	No		Davenport, IA
WHBF-HD/DT	4.1	N	No		Rock Island, IL
WHBF-Grit	4.3	I-M	No		Rock Island, IL
WHBF-Court TV M	4.4	I-M	No		Rock Island, IL
WQAD-HD/DT	8.1	N			Moline, IL

G

Primary Transmitters: Television

G

Primary

Transmitters:

Television

LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	
CMN-RUS, INC.	062634	Name

PRIMARY TRANSMITTERS: TELEVISION

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

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

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

		CHANN	EL LINE-UP	AU (2)	
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION
WQAD-Antenna T	8.2	I-M	No		Moline, IL
WQAD-MyNetwor	8.3	I-M	No		Moline, IL
WQAD-True Crim	8.4	I-M	No		Moline, IL
WQPT-HD/DT	24.1	E	No		Moline, IL
WQPT-Deutsche \	24.2	E-M	No		Moline, IL
			No		
			No	•	
			No	•	
			No		
				 	<u> </u>

LEGAL NAME OF OWNER OF CABLE SYSTEM:

CMN-RUS, INC.

SYSTEM ID#
Name

PRIMARY TRANSMITTERS: TELEVISION

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

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

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		CHANN	EL LINE-UP	AV	
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION
KAAL-HD/DT	6.1	N	No		Austin, MN
KAAL-This TV	6.2	I-M	No		Austin, MN
KIMT-HD/DT	3.1	N	No		Mason City, IA
KIMT-MyNetwork	3.2	I-M	No		Mason City, IA
KIMT-ION	3.3	I-M	No		Mason City, IA
KIMT-Antenna	3.4	I-M	No		Mason City, IA
KSMQ-HD/DT	15.1	Е	No		Austin, MN
KSMQ-Worldview	15.2	E-M	No		Austin, MN
KSMQ-Create	15.3	E-M	No		Austin, MN
KSMQ-MN Chann	15.4	E-M	No		Austin, MN
KTTC-HD/DT	10.1	N	No		Rochester, MN
KTTC-CW	10.2	I-M	No		Rochester, MN
KTTC-H&I	10.3	I-M	No		Rochester, MN
KTTC-Court TV	10.4	I-M	No		Rochester, MN
KTTC-Justice	10.5	I-M	No		Rochester, MN
KXLT-HD/DT	47.1	I	No		Rochester, MN
KXLT-Me TV	47.2	I-M	No		Rochester, MN
KXLT-Laff	47.3	I-M			Rochester, MN

G

Primary Transmitters: Television

LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	Name -
CMN-RUS, INC.	062634	Name

PRIMARY TRANSMITTERS: TELEVISION

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

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

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

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

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

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

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

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

		CHANN	EL LINE-UP	AV (2)	
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION
KXLT-Escape	47.4	I-M	No		Rochester, MN
KXLT-Quest	47.5	I-M	No		Rochester, MN
KYIN-HD/DT	18.1	E	No		Mason City, IA
KYIN-PBS Kids	18.2	E-M	No		Mason City, IA
KYIN-World	18.3	E-M	No		Mason City, IA
KYIN-Create	18.4	E-M	No		Mason City, IA

G

Primary Transmitters: Television

LEGAL NAME OF OWNER OF CABLE SYSTEM:

CMN-RUS, INC.

SYSTEM ID#
Name
Name

PRIMARY TRANSMITTERS: TELEVISION

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

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

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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.

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

		CHANN	EL LINE-UP	AW	
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION
KCCI-HD/DT	8.1	N	No		Des Moines, IA
KCCI-Me TV	8.2	I-M	No		Des Moines, IA
KCCI-MyNetwork	8.3	I-M	No		Des Moines, IA
KCWI-CW	23.1	I-M	No		Des Moines, IA
KCWI-Court TV M	23.2	I-M	No		Des Moines, IA
KCWI-Bounce TV	23.3	I-M	No		Des Moines, IA
KCWI-Quest	23.4	I-M	No		Des Moines, IA
KDIN-HD/DT	11.1	Е	No		Des Moines, IA
KDIN-PBS Kids	11.2	E-M	No		Des Moines, IA
KDIN-World	11.3	E-M	No		Des Moines, IA
KDIN-Create	11.4	E-M	No		Des Moines, IA
KDSM-HD/DT	17.1	N	No		Des Moines, IA
KDSM-Comet	17.2	I-M	No		Des Moines, IA
KDSM-Charge!	17.3	I-M	No		Des Moines, IA
KDSM-TBD	17.4	I-M	No		Des Moines, IA
KFPX-HD/DT	39.1	I-M	No		Newton, IA
WHO-HD/DT	13.1	N	No		Des Moines, IA
WHO-Weather	13.2	I-M	No		Des Moines, IA

G

Primary Transmitters: Television

G

Primary

Transmitters:

Television

DDIMADY TDANSMITTEDS: TELEVISION		
CMN-RUS, INC.	062634	Name
LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	
ONWIGAGE, I AGE 9.		

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 specifc FCC rules, regulations, or authorizations:

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

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

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

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

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

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

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

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

		CHANN	EL LINE-UP	AW (2)	
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION
WHO-Antenna TV	13.3	I-M	No		Des Moines, IA
WHO-Court TV	13.4	I-M	No		Des Moines, IA
WOI-HD/DT	5.1	N	No		Des Moines, IA
WOI-Laff	5.2	I-M	No		Des Moines, IA
WOI-Grit	5.3	I-M	No		Des Moines, IA
WOI-Cozi TV	5.4	I-M	No		Des Moines, IA
	†	ł			<u> </u>

LEGAL NAME OF OWNER OF CABLE SYSTEM:

CMN-RUS, INC.

SYSTEM ID#
Name

PRIMARY TRANSMITTERS: TELEVISION

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

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

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

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

		CHANN	EL LINE-UP	AX	
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION
WDTN-HD/DT	2.1	N	No		Dayton, OH
WDTN-Court TV N	2.2	I-M	No		Dayton, OH
WHIO-HD/DT	7.1	N	No		Dayton, OH
WHIO-MeTV	7.2	I-M	No		Dayton, OH
WHIO-Laff	7.3	I-M	No		Dayton, OH
WKEF-HD/DT	22.1	N	No		Dayton, OH
WKEF-Fox	22.2	N-M	No		Dayton, OH
WKEF-Antenna T	22.3	I-M	No		Dayton, OH
WKOI-lon	43.1	I-M	No		Richmond, IN
WPTD-HD/DT	16.1	Е	No		Dayton, OH
WPTD-Again	16.2	E-M	No		Dayton, OH
WPTD-Life	16.3	E-M	No		Dayton, OH
WPTD-Ohio Chan	16.4	E-M	No		Dayton, OH
WRGT-HD/DT	45.1	I-M	No		Dayton, OH
WRGT-Comet	45.3	I-M	No		Dayton, OH
WRGT-Charge!	45.4	I-M	No		Dayton, OH

G

Primary Transmitters: Television

LEGAL NAME OF OWNER OF CABLE SYSTEM:

CMN-RUS, INC.

SYSTEM ID#
Name

PRIMARY TRANSMITTERS: TELEVISION

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

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

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

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

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

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

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

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

CHANNEL LINE-UP AY								
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION			
WILX-HD/DT	10.1	N	No		Lansing, MI			
WILX-Circle	10.3	I-M	No		Lansing, MI			
WILX-Antenna TV	10.5	I-M	No		Lansing, MI			
WILX-True Crime	10.6	I-M	No		Lansing, MI			
WKAR-HD/DT	23.1	Е	No		Lansing, MI			
WKAR-World	23.2	E-M	No		Lansing, MI			
WKAR-Create	23.3	E-M	No		Lansing, MI			
WKAR-PBS Kids	23.4	E-M	No		Lansing, MI			
WLAJ-HD/DT	53.1	N	No		Lansing, MI			
WLAJ-CW	53.2	I-M	No		Lansing, MI			
WLNS-HD/DT	6.1	N	No		Lansing, MI			
WSYM-HD/DT	47.1	N	No		Lansing, MI			
WSYM-MeTV	47.2	I-M	No		Lansing, MI			
WSYM-Bounce TV	47.3	I-M	No		Lansing, MI			
WSYM-My Networ	47.4	I-M	No		Lansing, MI			
WSYM-Court TV	47.5	I-M	No		Lansing, MI			

G

Primary Transmitters: Television

LEGAL NAME OF OWNER OF CABLE SYSTEM:

CMN-RUS, INC.

SYSTEM ID#
Name
Name

PRIMARY TRANSMITTERS: TELEVISION

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

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

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

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

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

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

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		CHANN	EL LINE-UP	AZ	
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION
WCTV-HD/DT	6.1	N	No		Tallahassee, FL
WCTV-MeTV	6.2	I-M	No		Tallahassee, FL
WCTV-Circle	6.3	I-M	No		Tallahassee, FL
WCTV-True Crime	6.5	I-M	No		Tallahassee, FL
WFSU-HD/DT	11.1	E	No		Tallahassee, FL
WFSU-The Florida	11.2	E-M	No		Tallahassee, FL
WFSU-Create	11.3	E-M	No		Tallahassee, FL
WFSU-PBS Kids	11.4	Е-М	No		Tallahassee, FL
WTWC-HD/DT	40.1	N	No		Tallahassee, FL
WTWC-Charge	40.3	I-M	No		Tallahassee, FL
WTXL-HD/DT	27.1	N	No		Tallahassee, FL
WTXL-Bounce TV	27.2	I-M	No		Tallahassee, FL
WTXL-Grit	27.3	I-M	No		Tallahassee, FL
WTXL-Court TV M	27.4	I-M	No		Tallahassee, FL
				+	
					

G

Primary Transmitters: Television

LEGAL NAME OF OWNER OF CABLE SYSTEM:

CMN-RUS, INC.

SYSTEM ID#
Name
Name

PRIMARY TRANSMITTERS: TELEVISION

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

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

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		CHANN	EL LINE-UP	ВА	
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION
KARE-HD/DT	11.1	N	No		Minneapolis-St Paul, MN
KARE-Court TV	11.2	I-M	No		Minneapolis-St Paul, MN
KARE-True Crime	11.3	I-M	No		Minneapolis-St Paul, MN
KARE-Quest	11.4	I-M	No		Minneapolis-St Paul, MN
KARE-Circle	11.5	I-M	No		Minneapolis-St Paul, MN
KMSP-HD/DT	9.9	N	No		Minneapolis-St Paul, MN
KMSP-Buzzr	9.4	I-M	No		Minneapolis-St Paul, MN
KMSP-The Grio T	9.5	I-M	No		Minneapolis-St Paul, MN
KMSP-Decades	9.6	I-M	No		Minneapolis-St Paul, MN
KSTC-HD/DT	5.2	N	No		Minneapolis-St Paul, MN
KSTC-MeTV	5.3	I-M	No		Minneapolis-St Paul, MN
KSTC-Antenna T\	5.4	I-M	No		Minneapolis-St Paul, MN
KSTC-This TV	5.5	I-M	No		Minneapolis-St Paul, MN
KSTP-HD/DT	5.1	N	No		Minneapolis-St Paul, MN
KSTP-Heros & Ico	5.7	I-M	No		Minneapolis-St Paul, MN
WCCO-HD/DT	4.1	N	No		Minneapolis-St Paul, MN
WCCO-Start TV	4.2	I-M	No		Minneapolis-St Paul, MN
WCCO-Dabl	4.3	I-M	No		Minneapolis-St Paul, MN

G

Primary Transmitters: Television

LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	
CMN-RUS, INC.	062634	Name

PRIMARY TRANSMITTERS: TELEVISION

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

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

		CHANN	EL LINE-UP	ВА	
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION
WFTC-HD/DT	9.1	N	No		Minneapolis-St Paul, MN
WFTC-Movies	9.3	I-M	No		Minneapolis-St Paul, MN
WUCW-HD/DT	23.1	I	No		Minneapolis-St Paul, MN
WUCW-Comet	23.2	I-M	No		Minneapolis-St Paul, MN
WUCW-Charge!	23.3	I-M	No		Minneapolis-St Paul, MN
WUCW-TBD	23.4	I-M	No		Minneapolis-St Paul, MN

G

Primary Transmitters: Television

LEGAL NAME OF OWNER OF CABLE SYSTEM:

CMN-RUS, INC.

SYSTEM ID#
Name

PRIMARY TRANSMITTERS: TELEVISION

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

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

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

		CHANN	EL LINE-UP	ВВ	
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION
KGCW-DT	26.1	I	No		Burlington, IA
KGCW-This TV	26.2	I-M	No		Burlington, IA
KGCW-Laff	26.3	I-M	No		Burlington, IA
KIIN-Create	12.4	E-M	No		Iowa City, IA
KLJB-HD/DT	18.1	I	No		Davenport, IA
KLJB-Me TV	18.2	I-M	No		Davenport, IA
KWQC-HD/DT	6.1	N	No		Davenport, IA
KWQC-Cozi TV	6.3	I-M	No		Davenport, IA
KWQC-H&I	6.4	I-M	No		Davenport, IA
KWQC-Start TV	6.5	I-M	No		Davenport, IA
KWQC-Circle	6.6	I-M	No		Davenport, IA
WHBF-HD/DT	4.1	N	No		Rock Island, IL
WHBF-Grit	4.3	I-M	No		Rock Island, IL
WHBF-Court TV N	4.4	I-M	No		Rock Island, IL
WQAD-HD/DT	8.1	N	No		Moline, IL
WQAD-Antenna T	8.2	I-M	No		Moline, IL
WQAD-MyNetwor	8.3	I-M	No		Moline, IL
WQAD-True Crim	8.4	I-M	No		Moline, IL

G

Primary Transmitters: Television

FORM SASE DAGE 3					ACCOUNT	ING PERIOD: 2023/1			
FORM SA3E. PAGE 3. LEGAL NAME OF OWN	ER OF CABLE SY	STEM:			SYSTEM ID#				
CMN-RUS, INC.					062634	Name			
PRIMARY TRANSMITTE	RS: TELEVISIO	N							
Reimary 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), 76.63(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specife 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 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, "I-M" (for independent mult									
Note: If you are utilizin		•	•	•		-			
		CHANN	EL LINE-UP	ВВ					
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION				
WQPT-HD/DT	24.1	Е	No		Moline, IL				
WQPT-Deutsche									
WUPX-lon	67.1	I	Yes	0	Richmond, KY				

LEGAL NAME OF OWNER OF CABLE SYSTEM:

CMN-RUS, INC.

SYSTEM ID#
Name

PRIMARY TRANSMITTERS: TELEVISION

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

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

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

		CHANN	EL LINE-UP	ВС	
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION
WLFL-HD/TV	22.1	I	No		Raleigh, NC
WLFL-Stadium	22.2	I-M	No		Raleigh, NC
WLFL-TBD	22.3	I-M	No		Raleigh, NC
WLFL-Antenna TV	22.4	I-M	No		Raleigh, NC
WNCN-HD/TV	17.1	N	No		Goldsboro, NC
WNCN-Rewind TV	17.2	I-M	No		Goldsboro, NC
WNCN-Grit	17.3	I-M	No		Goldsboro, NC
WNCN-Circle	17.4	I-M	No		Goldsboro, NC
WRAL-HD/TV	5.1	N	No		Raleigh, NC
WRAL-Cozi	5.2	I-M	No		Raleigh, NC
WRAL-Start TV	5.3	I-M	No		Raleigh, NC
WRAZ-HD/TV	50.1	N	No		Raleigh, NC
WRAZ-MeTV	50.2	I-M	No		Raleigh, NC
WRAZ-Dabl	50.3	I-M	No		Raleigh, NC
WRDC-MyNetworl	28.1	I	No		Durham, NC
WRDC-Charge!	28.2	I-M	No		Durham, NC
WRDC-Comet	28.3	I-M	No		Durham, NC
WTVD-HD/TV	11.1	N	No		Durham, NC

G

Primary Transmitters: Television

LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	
CMN-RUS, INC.	062634	Name

PRIMARY TRANSMITTERS: TELEVISION

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

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

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

		CHANN	EL LINE-UP	ВС	
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION
WTVD-Localish	11.2	I-M	No		Durham, NC
WTVD-ThisTV	11.3	I-M	No		Durham, NC
WUPX-lon	67.1	I	Yes	0	Richmond, KY
WUNU-HD/TV	31	E	No		Fayetteville, NC
			No		

G

Primary Transmitters: Television

ACCOUNTING PERIOD: 2023/1 FORM SA3E. PAGE 4.

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name 062634 CMN-RUS. INC. PRIMARY TRANSMITTERS: RADIO Н In General: List every radio station carried on a separate and discrete basis and list those FM stations carried on an all-band basis whose signals were "generally receivable" by your cable system during the accounting period. **Primary** Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally Transmitters: receivable if (1) it is carried by the system whenever it is received at the system's headend, and (2) it can be expected, Radio on the basis of monitoring, to be received at the headend, with the system's FM antenna, during certain stated intervals. For detailed information about the the Copyright Office regulations on this point, see page (vi) of the general instructions located in the paper SA3 form. Column 1: Identify the call sign of each station carried. Column 2: State whether the station is AM or FM. Column 3: If the radio station's signal was electronically processed by the cable system as a separate and discrete signal, indicate this by placing a check mark in the "S/D" column. Column 4: Give the station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified). CALL SIGN LOCATION OF STATION CALL SIGN LOCATION OF STATION AM or FM S/D AM or FM S/D

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

FURM SA3E. PAGE 5.						ACCOUNTING	1 PERIOD: 2023/1		
CMN-RUS, INC.	CABLE SYST	EM:			S	062634	Name		
SUBSTITUTE CARRIAGE	E: SPECIA	L STATEME	NT AND PROGRAM LOC	9					
In General: In space I, identi substitute basis during the ac explanation of the programm 1. SPECIAL STATEMENT	ccounting pe ing that mus	riod, under spe t be included in	cific present and former FC0 this log, see page (v) of the	C rules, regula	ations, or authorizations. F	or a further	Substitute Carriage: Special		
• During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program broadcast by a distant station?									
Note: If your answer is "No", 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. See page (vi) of the general instructions located in the paper SA3 form for futher information. 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									
S	UBSTITUT	E PROGRAM			EN SUBSTITUTE	7. REASON			
TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. TIMES FROM — TO	FOR DELETION			
					_				
					_				
					_				
		 			_				
	<u> </u>								
	 	 							

ACCOUNTING PERIOD: 2023/1 FORM SA3E. PAGE 6.

Name	LEGAL NAME OF C		SYSTEM:						S	YSTEM ID# 062634	
	PART-TIME CA										
Part-Time Carriage Log											
			DATE	S AND HOURS (OF F	PART-TIME CAR	RIAGE				
	0.444 01044	MHEI	N CARRIAGE OCC	URRED		0.444 01044	MHE1	N CARRIAGE O	CCUF	RRED	
	CALL SIGN	DATE	HOU			CALL SIGN	DATE		OUR		
		DATE	FROM	ТО			DATE	FROM		ТО	
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LEG	L NAME OF OWNER OF CABLE SYSTEM:			SYSTEM ID:	Mama							
CM	N-RUS, INC.			062634	1 Name							
Inst all a (as	DSS RECEIPTS ructions: The figure you give in this space determines the form you fle and the amount y mounts (gross receipts) paid to your cable system by subscribers for the system's secon dentifed in space E) during the accounting period. For a further explanation of how to core (vii) of the general instructions. Gross receipts from subscribers for secondary transmission service(s) during the accounting period.	dary transi	missioi amour	n service	K Gross Receipts							
IMP	IMPORTANT: You must complete a statement in space P concerning gross receipts. (Amount of gross receipts)											
CorCorIf you feeIf you	copyright royalty fee instructions: Use the blocks in this space L to determine the royalty fee you owe: Complete block 1, showing your minimum fee. Complete block 2, showing whether your system carried any distant television stations. If your system did not carry any distant television stations, leave block 3 blank. Enter the amount of the minimum fee from block 1 on line 1 of block 4, and calculate the total royalty fee. If your system did carry any distant television stations, you must complete the applicable parts of the DSE Schedule accompanying this form and attach the schedule to your statement of account.											
	rt 8 or part 9, block A, of the DSE schedule was completed, the base rate fee should be ϵ 8 below.	entered on	n line 1	of								
	rt 6 of the DSE schedule was completed, the amount from line 7 of block C should be en low.	tered on li	ne 2 in	block								
	rt 7 or part 9, block B, of the DSE schedule was completed, the surcharge amount should block 4 below.	d be enter	ed on I	ine								
Block 1	MINIMUM FEE: All cable systems with semiannual gross receipts of \$527,600 or more a least the minimum fee, regardless of whether they carried any distant stations. This fee i system's gross receipts for the accounting period.											
	Line 1. Enter the amount of gross receipts from space K Line 2. Multiply the amount in line 1 by 0.01064	\$	<u> </u>	5,693,156.53								
	Enter the result here. This is your minimum fee.	\$		60,575.19								
Block 2	DISTANT TELEVISION STATIONS CARRIED: Your answer here must agree with the in space G. If, in space G, you identifed any stations as "distant" by stating "Yes" in column "Yes" in this block. • Did your cable system carry any distant television stations during the accounting period X Yes—Complete the DSE schedule. No—Leave block 3 below blank and control to the co	า 4, you mเ ป๋?	ust che	ck								
Block 3	Line 1. BASE RATE FEE: Enter the base rate fee from either part 8, section 3 or 4, or part 9, block A of the DSE schedule. If none, enter zero	\$	3	8,054.44								
	Line 2. 3.75 Fee: Enter the total fee from line 7, block C, part 6 of the DSE schedule. If none, enter zero			0.00								
	Line 3. Add lines 1 and 2 and enter here	\$		8,054.44								
Block 4	Line 1. BASE RATE FEE/3.75 FEE or MINIMUM FEE: Enter either the minimum fee from block 1 or the sum of the base rate fee / 3.75 fee from block 3, line 3, whichever is larger Line 2. SYNDICATED EXCLUSIVITY SURCHARGE: Enter the fee from either part 7	\$;	60,575.19	Cable systems							
	(block D, section 3 or 4) or part 9 (block B) of the DSE schedule. If none, enter zero.											
	Line 3. Line 3. INTEREST CHARGE: Enter the amount from line 4, space Q, page 9 (Interest Worksheet)											
	Line 4. FILING FEE. \$ 725.00											
	TOTAL ROYALTY AND FILING FEES DUE FOR ACCOUNTING PERIOD. Add Lines 1, 2 and 3 of block 4 and enter total here	\$		61,300.19	appropriate form for submitting the							
	Remit this amount via <i>electronic payment</i> payable to Register of Copyrights. (Sometimes of South Sout) of the		additional fees.							

ACCOUNTING PERIOD: 2023/1

FORM SA3E PAGE 8

Name		EM ID# 62634
M Channels	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. 58	
	2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services	
N Individual to	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED: (Identify an individual we can contact about this statement of account.)	
Be Contacted for Further Information	Name ED CORR Telephone 913-794-3121	
	Address 8837 BOND STREET (Number, street, rural route, apartment, or suite number) OVERLAND PARK, KS 66214	
	(City, town, state, zip) EmailFax (optional)	
0	CERTIFICATION (This statement of account must be certifed and signed in accordance with Copyright Office regulations.)	
Certifcation	• I, the undersigned, hereby certify that (Check one, but only one, of the boxes.) (Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or	
	(Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as identified in line 1 of space B and that the owner is not a corporation or partnership; or	
	(Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner of the cable system in line 1 of space B.	
	I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith. [18 U.S.C., Section 1001(1986)]	
	X /s/ Ed Corr	
	Enter an electronic signature on the line above using an "/s/" signature to certify this statement. (e.g., /s/ John Smith). Before entering the first forward slash of the /s/ signature, place your cursor in the box and press the "F2" button, then type /s/ and your name. Pressing the "F" button will avoid enabling Excel's Lotus compatibility settings.	
	Typed or printed name: ED CORR	
	Title: VICE PRESIDENT TAX (Title of official position held in corporation or partnership)	
	Date: August 30, 2023	

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

LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	Name
CMN-RUS, INC.	062634	
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 lowing sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the service of providing secondary transmissions of primary broadcast transmitters, the system shall not inconscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section. For more information on when to exclude these amounts, see the note on page (vii) of the general instructions paper SA3 form. During the accounting period did the cable system exclude any amounts of gross receipts for secondary transmit made by satellite carriers to satellite dish owners? X NO YES. Enter the total here and list the satellite carrier(s) below	basic clude sub- n 119." in the	Special Statement Concerning Gross Receipts Exclusion
Name Mailing Address Name Mailing Address		
INTEREST ASSESSMENTS		
INTEREST ASSESSMENTS You must complete this worksheet for those royalty payments submitted as a result of a late payment or underplaced for an explanation of interest assessment, see page (viii) of the general instructions in the paper SA3 form.	payment.	Q
Line 1 Enter the amount of late payment or underpayment		Interest Assessment
Line 2 Multiply line 1 by the interest rate* and enter the sum here	- days	
Line 3 Multiply line 2 by the number of days late and enter the sum here	00274	
Line 4 Multiply line 3 by 0.00274** enter here and on line 3, block 4,		
space L, (page 7)	st charge)	
* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf . For further assistant contact the Licensing Division at (202) 707-8150 or licensing@loc.gov. ** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.	ce please	
NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Offce please list below the owner, address, first community served, accounting period, and ID number as given in the filing.	-	
Owner Address		
First community served		
Accounting period		
ID number		

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

ACCOUNTING PERIOD: 2023/1

DSE SCHEDULE. PAGE 10.

INSTRUCTIONS FOR DSE SCHEDULE WHAT IS A "DSE"

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

FORMULAS FOR COMPUTING A STATION'S DSE

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

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

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

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

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

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

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

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

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

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

TOTAL OF DSEs

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

THE ROYALTY FEE

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

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

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

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

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

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

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

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

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

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

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

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

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

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

PARTIALLY DISTANT STATIONS—PART 9 OF THE DSE SCHEDULE

- If any of the stations were partially distant:
- 1. Divide all of your subscribers into subscriber groups depending on their location. A particular subscriber group consists of all subscribers who are distant with respect to exactly the same complement of stations.
 - 2. Identify the communities/areas represented by each subscriber group.
- 3. For each subscriber group, calculate the total number of DSEs of that group's complement of stations.

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

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

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

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

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

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

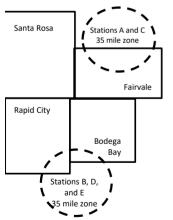
- When the fourth decimal point is 1, 2, 3, or 4, the third decimal remains unchanged (example: .34647 is rounded to .346).
- When the fourth decimal point is 5, 6, 7, 8, or 9, the third decimal is rounded up (example: .34651 is rounded to .347).

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

EXAMPLE:

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

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



	Distant Stations Carried		Identification	Identification of Subscriber Groups					
	STATION	DSE	CITY	OUTSIDE LOCAL	GROSS RECEIPTS				
ı	A (independent)	1.0		SERVICE AREA OF	FROM SUBSCRIBERS				
	B (independent)	1.0	Santa Rosa	Stations A, B, C, D ,E	\$310,000.00				
	C (part-time)	0.083	Rapid City	Stations A and C	100,000.00				
	D (part-time)	0.139	Bodega Bay	Stations A and C	70,000.00				
	E (network)	0.25	Fairvale	Stations B, D, and E	120,000.00				
	TOTAL DSFs	2 472		TOTAL GROSS RECEIPTS	\$600,000,00				

Minimum Fee Total Gross Receipts	\$600,000.00
	x .01064
	\$6,384,00

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

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

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

DSE SCHEDULE. PAGE						OVOTEN ID#				
1	LEGAL NAME OF OWNER OF CABLE	E SYSTEM:			•	SYSTEM ID#				
-	CMN-RUS, INC.					062634				
	SUM OF DSEs OF CATEGOR		IS:							
	Add the DSEs of each station				0.50					
	Enter the sum here and in line	1 of part 5 of thi	s schedule.		2.50					
2	Instructions:	Simmile link the a sec	Il sienes at all distant stations	وينط المستقانة مساملات	de a latte a MCN" in a all man E					
	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)									
Computation	of space G (page 3). In the column headed "DSE": for each independent station, give the DSE as "1.0"; for each network or noncom-									
	mercial educational station, giv									
Category "O"										
Stations	CALL SIGN	DSE	CALL SIGN DSE		CALL SIGN	DSE				
	WFYI	0.250	WFYI-Kids	0.250	WFYI-Create	0.250				
	WIPB	0.250	WIPB-Create	0.250	WIPB-Weather	0.250				
	WUPX-lon	1.000								
Add rows as										
necessary.										
Remember to copy all										
formula into new										
rows.						····				
						····				
						<mark></mark>				
						····				
						····				
						····				
				<u> </u>						

LEGAL NAME OF OWNER OF CABLE SYSTEM SYSTEM ID# Name CMN-RUS. INC. 062634 Instructions: CAPACITY Column 1: List the call sign of all distant stations identified by "LAC" in column 5 of space G (page 3). Column 2: For each station, give the number of hours your cable system carried the station during the accounting period. This figure should correspond with the information given in space J. Calculate only one DSE for each station. Column 3: For each station, give the total number of hours that the station broadcast over the air during the accounting period. Computation of DSEs for Column 4: Divide the figure in column 2 by the figure in column 3, and give the result in decimals in column 4. This figure must be carried out at least to the third decimal point. This is the "basis of carriage value" for the station. Stations **Carried Part** Column 5: For each independent station, give the "type-value" as "1.0." For each network or noncommercial educational station, Time Due to give the type-value as ".25." Column 6: Multiply the figure in column 4 by the figure in column 5, and give the result in column 6. Round to no less than the Lack of Activated third decimal point. This is the station's DSE. (For more information on rounding, see page (viii) of the general instructions in the paper Channel Capacity CATEGORY LAC STATIONS: COMPUTATION OF DSEs 2. NUMBER 3. NUMBER 4. BASIS OF 5. TYPE 6. DSE 1 CALL OF HOURS OF HOURS **VALUE** SIGN **CARRIAGE** CARRIED BY **STATION VALUE** SYSTEM ON AIR SUM OF DSEs OF CATEGORY LAC STATIONS: Add the DSFs of each station 0.00 Instructions: Column 1: Give the call sign of each station listed in space I (page 5, the Log of Substitute Programs) if that station: · Was carried by your system in substitution for a program that your system was permitted to delete under FCC rules and regulartions in effect on October 19, 1976 (as shown by the letter "P" in column 7 of space I); and Computation • Broadcast one or more live, nonnetwork programs during that optional carriage (as shown by the word "Yes" in column 2 of of DSEs for space I). Substitute-Column 2: For each station give the number of live, nonnetwork programs carried in substitution for programs that were deleted **Basis Stations** at your option. This figure should correspond with the information in space I. Column 3: Enter the number of days in the calendar year: 365, except in a leap year. Column 4: Divide the figure in column 2 by the figure in column 3, and give the result in column 4. Round to no less than the third decimal point. This is the station's DSE (For more information on rounding, see page (viii) of the general instructions in the paper SA3 form). SUBSTITUTE-BASIS STATIONS: COMPUTATION OF DSEs 2. NUMBER 3. NUMBER 1. CALL 3. NUMBER 1. CALL 4. DSE 2. NUMBER 4. DSE SIGN OF DAYS SIGN OF DAYS OF OF **PROGRAMS** IN YEAR **PROGRAMS** IN YEAR = = SUM OF DSEs OF SUBSTITUTE-BASIS STATIONS: Add the DSEs of each station. 0.00 Enter the sum here and in line 3 of part 5 of this schedule, 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 5 number of DSEs applicable to your system. 2.50 **Total Number** 1. Number of DSEs from part 2 • 0.00 of DSEs 2. Number of DSEs from part 3 ● 0.00 3. Number of DSEs from part 4 • 2.50 TOTAL NUMBER OF DSEs

DSE SCHEDULE. PAGE 13. ACCOUNTING PERIOD: 2023/1

LEGAL NAME OF C		SYSTEM:					S	YSTEM ID#	Name
CMN-RUS, INC) .							062634	Name
•			art 6 and part 7	of the DSE schedul	le blank and	complete part 8	, (page 16) of the		6
schedule. • If your answer if "No," complete blocks B and C below.									
BLOCK A: TELEVISION MARKETS									Computation of
effect on June 24,	1981?		•	er markets as define			rules and regulati	ions in	3.75 Fee
1 -	lete blocks B and								
		BLO	CK B: CARR	IAGE OF PERM	IITTED DS	Es			
Column 1: CALL SIGN	Eist the dan signs of distant stations listed in part 2, 0, and 4 of this softed that your system was permitted to daily under								
Column 2: Enter the appropriate letter indicating the basis on which you carried a permitted station. (Note the FCC rules and regulations cited below pertain to those in effect on June 24, 1981.) PERMITTED A Stations carried pursuant to the FCC market quota rules [76.57, 76.59(b), 76.61(b)(c), 76.63(a) referring to 76.61(b)(c)] B Specialty station as defined in 76.5(kk) (76.59(d)(1), 76.61(e)(1), 76.63(a) referring to 76.61(e)(1)									
C Noncommerical educational station [76.59(c), 76.61(d), 76.63(a) referring to 76.61(d)] D Grandfathered station (76.65) (see paragraph regarding substitution of grandfathered stations in the instructions for DSE schedule). E Carried pursuant to individual waiver of FCC rules (76.7) *F A station previously carried on a part-time or substitute basis prior to June 25, 1981 G Commercial UHF station within grade-B contour, [76.59(d)(5), 76.61(e)(5), 76.63(a) referring to 76.61(e)(5)] M Retransmission of a distant multicast stream.									
Column 3:		e stations ider	ntified by the let	parts 2, 3, and 4 of ter "F" in column 2,			ssheet on page 14	of	
1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	
WFYI	С	0.25	WFYI-Kids		0.25	WFYI-Crea		0.25	
WIPB	C	0.25	WIPB-Crea	С	0.25	WIPB-Wea	С	0.25	
WUPX-lon	M	1.00							
								2.50	
			BLOCK C: CC	MPUTATION OF	3.75 FEE				
Line 1: Enter the	total number of	DSEs from	part 5 of this s	chedule					
Line 2: Enter the	sum of permitte	d DSEs fron	n block B abov	/e					
				of DSEs subject to of this schedule)		ate.			
Line 4: Enter gro	ss receipts from	space K (pa	age 7)				x 0.03	375	Do any of the DSEs represent
Line 5: Multiply li	ne 4 by 0.0375 a	and enter su	m here				×		partially permited/ partially nonpermitted
Line 6: Enter tota	al number of DSE	Es from line	3						carriage? If yes, see part 9 instructions.
Line 7: Multiply li	ne 6 by line 5 an	nd enter here	e and on line 2	2, block 3, space L	_ (page 7)			0.00	

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID#								Name		
CMN-RUS, INC. 062634										
BLOCK A: TELEVISION MARKETS (CONTINUED)										
	1. CALL SIGN	2. PERMITTED BASIS		1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	6
										Computation of
										3.75 Fee
										
						†				

ACCOUNTING PERIOD: 2023/1

Name	CMN-RUS, INC.		SYSTEM:						062634
Worksheet for Computating the DSE Schedule for Permitted Part-Time and Substitute Carriage	Instructions: You must complete this worksheet for those stations identifed by the letter "F" in column 2 of block B, part 6 (i.e., those stations carried prior to June 25, 1981, under former FCC rules governing part-time and substitute carriage.) Column 1: List the call sign for each distant station identified by the letter "F" in column 2 of part 6 of the DSE schedule. Column 2: Indicate the DSE for this station for a single accounting period, occurring between January 1, 1978 and June 30, 1981. Column 3: Indicate the accounting period and year in which the carriage and DSE occurred (e.g., 1981/1). Column 4: Indicate the basis of carriage on which the station was carried by listing one of the following letters: (Note that the FCC rules and regulations cited below pertain to those in effect on June 24, 1981.) A—Part-time specialty programming: Carriage, on a part-time basis, of specialty programming under FCC rules, sections 76.59(d)(1),76.61(e)(1), or 76.63 (referring to 76.61(e)(1)). B—Late-night programming: Carriage under FCC rules, sections 76.59(d)(3), 76.61(e)(3), or 76.63 (referring to 76.61(e)(3)). S—Substitute carriage under certain FCC rules, regulations, or authorizations. For further explanation, see page (vi) of the general instructions in the paper SA3 form. Column 5: Indicate the station's DSE for the current accounting period as computed in parts 2, 3, and 4 of this schedule. Column 6: Compare the DSE figures listed in columns 2 and 5 and list the smaller of the two figures here. This figure should be entered in block B, column 3 of part 6 for this station. IMPORTANT: The information you give in columns 2, 3, and 4 must be accurate and is subject to verification from the designated statement of account on file in the Licensing Division.								
		PERMIT	TED DSE FOR STA	TIONS CARRIE	ΞD	ON A PART-TIME AN	D SUBSTI	TUTE BASIS	
	1. CALL SIGN	2. PRIO	-	COUNTING ERIOD		4. BASIS OF CARRIAGE		RESENT 6. DSE	PERMITTED DSE
7 Computation of the	1	"Yes," comple	· ·te blocks B and C, ocks B and C blank	and complete p		t 8 of the DSE schedul			
Syndicated			BLOC	K A: MAJOR	TE	ELEVISION MARK	ET		
Exclusivity Surcharge	Is any portion of the c	able system w	ithin a top 100 major	television marke	t as	s defned by section 76.5	of FCC rule	es in effect June 24, 19	981?
	X Yes—Complete	-	-			No—Proceed to			
	BLOCK B: Carriage of VHF/Grade B Contour Stations BLOCK C: Computation of Exer						itation of Exempt DSI	Ēs	
	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					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.					No—Enter zero and proceed to part 8.			
	CALL SIGN	DSE	CALL SIGN	DSE		CALL SIGN	DSE	CALL SIGN	DSE
		ļ							
			TOTAL DSEs	0.00				TOTAL DSEs	0.00

LEGAL NA	MME OF OWNER OF CABLE SYSTEM: CMN-RUS, INC. SYSTEM ID# 062634	Name
	BLOCK D: COMPUTATION OF THE SYNDICATED EXCLUSIVITY SURCHARGE	
Section 1	Enter the amount of gross receipts from space K (page 7)	7
Section 2	A. Enter the total DSEs from block B of part 7	Computation of the
	B. Enter the total number of exempt DSEs from block C of part 7	Syndicated Exclusivity
	C. Subtract line B from line A and enter here. This is the total number of DSEs subject to the surcharge computation. If zero, proceed to part 8	Surcharge
• Is an	y portion of the cable system within a top 50 television market as defned by the FCC? Yes—Complete section 3 below.	
	SECTION 3: TOP 50 TELEVISION MARKET	
Section 3a	Did your cable system retransmit the signals of any partially distant television stations during the accounting period? X Yes—Complete part 9 of this schedule. No—Complete the applicable section below.	
	If the figure in section 2, line C is 4.000 or less, compute your surcharge here and leave section 3b blank. NOTE: If the DSE is 1.0 or less, multiply the gross receipts by .00599 by the DSE. Enter the result on line A below.	
	A. Enter 0.00599 of gross receipts (the amount in section1)	
	B. Enter 0.00377 of gross receipts (the amount in section 1.)	
	C. Subtract 1.000 from total permitted DSEs (the figure on	
	line C in section 2) and enter here	
	D. Multiply line B by line C and enter here	
	E. Add lines A and D. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7) Syndicated Exclusivity Surcharge	
Section 3b	If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 3a blank.	
	A. Enter 0.00599 of gross receipts (the amount in section 1)	
	B. Enter 0.00377 of gross receipts (the amount in section 1)	
	C. Multiply line B by 3.000 and enter here	
	D. Enter 0.00178 of gross receipts (the amount in section 1)	
	E. Subtract 4.000 from total DSEs (the fgure on line C in section 2) and enter here	
	F. Multiply line D by line E and enter here	
	G. Add lines A, C, and F. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7) Syndicated Exclusivity Surcharge.	
	SECTION 4: SECOND 50 TELEVISION MARKET	
	Did your cable system retransmit the signals of any partially distant television stations during the accounting period?	
Section 4a	X Yes—Complete part 9 of this schedule. No—Complete the applicable section below.	
	If the figure in section 2, line C is 4.000 or less, compute your surcharge here and leave section 4b blank. NOTE: If the DSE is 1.0 or less, multiply the gross receipts by 0.003 by the DSE. Enter the result on line A below. A. Enter 0.00300 of gross receipts (the amount in section 1)	
	B. Enter 0.00189 of gross receipts (the amount in section 1)	
	C.Subtract 1.000 from total permitted DSEs (the fgure on line C in section 2) and enter here	
	D. Multiply line B by line C and enter here	
	E. Add lines A and D. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7) Syndicated Exclusivity Surcharge	

Name		ME OF OWNER OF CABLE SYSTEM: CMN-RUS, INC. SYSTEM ID# 062634
Computation of the Syndicated Exclusivity Surcharge	Section 4b	If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 4a blank. A. Enter 0.00300 of gross receipts (the amount in section 1). B. Enter 0.00189 of gross receipts (the amount in section 1). C. Multiply line B by 3.000 and enter here. D. Enter 0.00089 of gross receipts (the amount in section 1). E. Subtract 4.000 from the total DSEs (the figure on line C in section 2) and enter here. F. Multiply line D by line E and enter here. G. Add lines A, C, and F. This is your surcharge. Enter here and on line 2, block 4, space L (page 7) Syndicated Exclusivity Surcharge.
8 Computation of Base Rate Fee	You me 6 was In blo If you If you blank What i	ctions: ust complete this part of the DSE schedule for the SUM OF PERMITTED DSEs in part 6, block B; however, if block A of part checked "Yes," use the total number of DSEs from part 5. ck A, indicate, by checking "Yes" or "No," whether your system carried any partially distant stations. r answer is "No," compute your system's base rate fee in block B. Leave part 9 blank. r answer is "Yes" (that is, if you carried one or more partially distant stations), you must complete part 9. Leave block B below s a partially distant station? A station is "partially distant" if, at the time your system carried it, some of your subscribers coated within that station's local service area and others were located outside that area. For the definition of a station's "local e area," see page (v) of the general instructions.
	_	BLOCK A: CARRIAGE OF PARTIALLY DISTANT STATIONS our 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 following sections. BLOCK B: NO PARTIALLY DISTANT STATIONS—COMPUTATION OF BASE RATE FEE
	Section 1 Section 2	Enter the amount of gross receipts from space K (page 7)
	Section 3	If the figure in section 2 is 4.000 or less, compute your base rate fee here and leave section 4 blank. NOTE: If the DSE is 1.0 or less, multiply the gross receipts by 0.01064 by the DSE. Enter the result on line A below. A. Enter 0.01064 of gross receipts (the amount in section 1)

DSE SCHEDULE. PAGE 17. ACCOUNTING PERIOD: 2023/1

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID#	N
CMN-RUS, INC. 062634	Name
Section If the figure in section 2 is more than 4.000, compute your base rate fee here and leave section 3 blank.	
	8
A. Enter 0.01064 of gross receipts	
(the amount in section 1) • \$	
B. Enter 0.00701 of gross receipts	Computation
(the amount in section 1) \$	of
C. Multiply line B by 3.000 and enter here ▶ \$	Base Rate Fee
D. Enter 0.00330 of gross receipts	
(the amount in section 1) ▶ \$	
E. Subtract 4.000 from total DSEs (the figure in section 2) and enter here ▶	
F. Multiply line D by line E and enter here \$	
G. Add lines A, C, and F. This is your base rate fee.	
Enter here and in block 3, line 1, space L (page 7)	
Base Rate Fee ▶ \$ 0.00	
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.	9
In General: If any of the stations you carried were partially distant, the statute allows you, in computing your base rate fee, to exclude	Computation
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:	of
Oxolusion, you must.	Base Rate Fee and
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	Syndicated
DSEs and the portion of your system's gross receipts attributable to that group, and calculate a separate base rate fee for each group.	Exclusivity
Finally: Add up the separate base rate fees for each subscriber group. That total is the base rate fee for your system.	Surcharge for
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	Partially
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.	Distant Stations, and
	for Partially
How to Identify a Subscriber Group for Partially Distant Stations	Permitted
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.	Stations
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,	
 any portion of your system is located in a major or smaller televison market, give each station's DSE as you gave it in block B, part 6 of this schedule. 	
Add the DSEs for each station. This gives you the total DSEs for the particular subscriber group.	
Calculate gross receipts for the subscriber group. For further explanation of gross receipts see page (vii) of the general instructions 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	

	LEGAL NAME OF OWNER OF CABLE SYSTEM:	STEM ID#
Name	CMN-RUS, INC.	062634
	Guidance for Computing the Royalty Fee for Partially Permitted/Partially NonPermitted Signals	
	Step 1: Use part 9, block A, of the DSE Schedule to establish subscriber groups to compute the base rate fee for wholly and	
	partially permitted distant signals. Write "Permitted Signals" at the top of the page. Note: One or more permitted signals in these	
	subscriber groups may be partially distant. Step 2: Use a separate part 9, block A, to compute the 3.75 percent fee for wholly nonpermitted and partially nonpermitted distant	
	signals. Write "Nonpermitted 3.75 stations" at the top of this page. Multiply the subscriber group gross receipts by total DSEs by	
	.0375 and enter the grand total 3.75 percent fees on line 2, block 3, of space L. Important: The sum of the gross receipts reported	
	for each part 9 used in steps 1 and 2 must equal the amount reported in space K.	
	Step 3: Use part 9, block B, to compute a syndicated exclusivity surcharge for any wholly or partially permitted distant	
	signals from step 1 that is subject to this surcharge.	
	Guidance for Computing the Royalty Fee for Carriage of Distant and Partially Distant Multicast Streams	
	Step 1: Use part 9, Block A, of the DSE Schedule to report each distant multicast stream of programming that is transmitted from	
	a primary television broadcast signal. Only the base rate fee should be computed for each multicast stream. The 3.75 Percent Rate	
	and Syndicated Exclusivity Surcharge are not applicable to the secondary transmission of a multicast stream.	
	You must report but not assign a DSE value for the retransmission of a multicast stream that is the subject of a written agreement	
	entered into on or before June 30, 2009 between a cable system or an association representing the cable system and a primary	
	transmitter or an association representing the primary transmitter.	

LEGAL NAME OF OWNE CMN-RUS, INC.	R OF CABLE	E SYSTEM:				S	YSTEM ID# 062634	Name
	BLOCK A:	COMPUTATION OF	BASE RA	ATE FEES FOR EACH	SUBSCRII	BER GROUP		
	FIRST	SUBSCRIBER GROU)		SECOND	SUBSCRIBER GROU	Р	•
COMMUNITY/ AREA	GREEN	CASTLE		COMMUNITY/ AREA	SEYMO	UR/NORTH VERNO	ON	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
								Syndicated
								Exclusivity
								Surcharge
								for
								Partially
								Distant
								Stations
			·····					
Total DSEs			0.00	Total DSEs	+		0.00	
Gross Receipts First G	roun	s 135	726.91	Gross Receipts Second	d Group	s 3:	55,790.89	
Oross Receipts First Or	оир	100	720.51	Gross Receipts decond	a Group	3	00,7 00.00	
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Second	d Group	\$	0.00	
	THIRD	SUBSCRIBER GROUI	D		FOURTH	SUBSCRIBER GROU	Р	
COMMUNITY/ AREA	VINCE	INES		COMMUNITY/ AREA	MADISC	DN		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
			<u> </u>					
			ļ					
			.					
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	Group	\$ 170	740.59	Gross Receipts Fourth	Group	\$ 2	57,317.72	
Daniel Berliner			0.00	December 5: 5: "	0		2.52	
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block			oer group a	s shown in the boxes abo	ove.	\$	8,054.44	
	,, e _l						,	

LEGAL NAME OF OWNE CMN-RUS, INC.	R OF CABLE	SYSTEM:				•	062634	Name
	BLOCK A:	COMPUTATION C	OF BASE RA	ATE FEES FOR EACH	SUBSCRI	BER GROUP		
	FIFTH	SUBSCRIBER GRO	UP		SIXTH	SUBSCRIBER GROU	JP	•
COMMUNITY/ AREA	WABAS	SH		COMMUNITY/ AREA	NORTH	MANCHESTER		9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
WFYI	0.25	WFYI-Kids	0.25					Base Rate Fee
WFYI-Create	0.25							and
	···	<u> </u>			<u>"</u>			Syndicated
		H				H		Exclusivity
							······	Surcharge
		-				H		_
	<mark></mark>	<u> </u>	.			 	······	for
							······	Partially
						H		Distant
								Stations
						 		
T-4-1 DOE-	-		0.75	T-4-1 DOE-	•	•	0.00	
Total DSEs			0.75	Total DSEs		-	0.00	
Gross Receipts First G	roup	\$ 12	6,171.02	Gross Receipts Secon	d Group	\$	51,330.26	
			1					
Base Rate Fee First G	roup	\$	1,006.84	Base Rate Fee Secon	d Group	\$	0.00	
	SEVENTH	SUBSCRIBER GRO)UP		EIGHTH	SUBSCRIBER GROU	JP	
COMMUNITY/ AREA	HUNTI	NGTON		COMMUNITY/ AREA	CONNE	RSVILLE		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
				WFYI	0.25	WFYI-Kids	0.25	
				WFYI-Create	0.25			
	···	<u> </u>						
	··· ··································	H	····				······	
						H		
	···				<u>-</u>	H		
						H		
						H		
	<mark></mark>		 		<u></u>	H		
Total DSEs			0.00	Total DSEs			0.75	
Orana Baasista This LO	\ran		0 270 52	Cross Bassints Family	Crou-		102 150 40	
Gross Receipts Third G	поир	a 13	9,378.52	Gross Receipts Fourth	Group	\$	102,150.40	
Base Rate Fee Third G	Group	\$	0.00	Base Rate Fee Fourth	Group	\$	815.16	
Page Bets For A 110	o be	for for any last	oribo	an about to the				
Base Rate Fee: Add the Enter here and in block			criber group	as shown in the boxes at	oove.	\$		

LEGAL NAME OF OWNER CMN-RUS, INC.	R OF CABLE	E SYSTEM:				Sì	O62634	Name
Е	BLOCK A:	COMPUTATION OF	BASE RA	ATE FEES FOR EACH	SUBSCRI	BER GROUP		
	NINTH	SUBSCRIBER GROU	Р		TENTH	SUBSCRIBER GROUP)	•
COMMUNITY/ AREA	NEW C	ASTLE		COMMUNITY/ AREA	LEBANC	ON .		9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
				WIPB	0.25	WIPB-Create	0.25	Base Rate Fee
				WIPB-Weather	0.25			and
	··						<u> </u>	Syndicated
						H		Exclusivity
	··							Surcharge
								for
		 				H		Partially
						H		
						<u> </u>	<mark></mark>	Distant
							<mark></mark>	Stations
	<mark></mark>		ļ				. 	
	<mark></mark>		ļ		. <mark> </mark>			
			ļ					
Total DSEs			0.00	Total DSEs			0.75	
Gross Receipts First Gr	oup	\$ 150	079.93	Gross Receipts Second	d Group	\$ 14	15,535.21	
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Second	d Group	\$	1,161.37	
Е	LEVENTH	SUBSCRIBER GROU	P		TWELVTH	SUBSCRIBER GROUP)	
COMMUNITY/ AREA	FRANK	LIN/GREENWOOI)	COMMUNITY/ AREA	LAFAYE	TTE		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
				WIPB	0.25	WIPB-Create	0.25	
				WIPB-Weather	0.25		<u></u>	
	<mark></mark>							
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Total DSEs			0.00	Total DSEs			0.75	
Gross Receipts Third G	roup	\$ 408	793.64	Gross Receipts Fourth	Group	\$ 58	37,461.63	
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourth	Group	\$	4,687.94	
Base Rate Fee: Add the Enter here and in block			ber group	as shown in the boxes ab	ove.	\$		
		(1:30) /				•		

LEGAL NAME OF OWNER CMN-RUS, INC.	R OF CABLE	E SYSTEM:				S	YSTEM ID# 062634	Name
E	BLOCK A:	COMPUTATION O	BASE RA	ATE FEES FOR EACH	SUBSCRI	BER GROUP		
		SUBSCRIBER GROU	JP	FOL		SUBSCRIBER GROUP		9
COMMUNITY/ AREA	CRAWI	FORDSVILLE		COMMUNITY/ AREA	WESTFI	ELD/FISHERS/CAF	RMEL/ZION	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
								Syndicated
						-		Exclusivity Surcharge
	<u></u>		-		·			for
								Partially
								Distant
								Stations
	···					-		
Total DSEs			0.00	Total DSEs		_	0.00	
Gross Receipts First G	oup	\$ 214	,968.53	Gross Receipts Secon	d Group	\$ 50	00,778.40	
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Secon	d Group	\$	0.00	
FI	FTEENTH	SUBSCRIBER GROU	JP	S	SIXTEENTH	SUBSCRIBER GROUP	D	
COMMUNITY/ AREA	PLAINF	FIELD/ROMEOVIL	LE	COMMUNITY/ AREA	BLOOM	INGTON		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
			<u> </u>		<u> </u>	-		
	<mark></mark>				<u>.</u>	-		
						-		
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	iroup	<u>\$</u> 92	,991.09	Gross Receipts Fourth	Group	\$ 28	82,946.14	
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
Base Rate Fee: Add th Enter here and in block			iber group	as shown in the boxes ab	ove.	\$		

LEGAL NAME OF OWNER CMN-RUS, INC.	OF CABLE	SYSTEM:				SY	062634	Name		
В	LOCK A:	COMPUTATION OF	BASE RA	ATE FEES FOR EACH	SUBSCRII	BER GROUP				
		SUBSCRIBER GROU		(1)		SUBSCRIBER GROUP		_		
COMMUNITY/ AREA	OSWE	O/PLANO/YORK	/ILLE	COMMUNITY/ AREA	BATAVI	VGENEVA/N AURO	RA/S EL(9 Computation		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of		
07.122.0.0.1	302	0,122 0.011		57.122 S.S.T.	202	07.122.01011	302	Base Rate Fee		
								and		
								Syndicated		
								Exclusivity		
								Surcharge for		
								Partially		
								Distant		
								Stations		
								Stations		
	<u> </u>			-			 			
				-						
	ļ									
Total DSEs			0.00	Total DSEs			0.00			
Gross Receipts First Gro	oup	<u>\$ 115,</u>	781.60	Gross Receipts Second	I Group	\$ 218	3,037.98			
Base Rate Fee First Gro	oup	\$	0.00	Base Rate Fee Second	l Group	\$	0.00			
NIN	ITEENTH	SUBSCRIBER GROU	Р	TV	VENTIETH	SUBSCRIBER GROUP				
COMMUNITY/ AREA	DEKAL	B/SYCAMORE		COMMUNITY/ AREA	LEXING [*]	TON/VERSAILLES/F	RSAILLES/RICHMON			
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE			
	 									
	ļ									
	 									
	ļ									
Total DSEs			0.00	Total DSEs			0.00			
Gross Receipts Third Gr	oup	\$ 96,	823.68	Gross Receipts Fourth	Group	\$ 349	9,954.42			
Base Rate Fee Third Gr	oup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00			
Rasa Pata Foo: Add the	haen rata	a face for each subseri	her aroun	as shown in the boxes abo	ove					
Enter here and in block			Soi Aionh	ac chown in the boxes and	J. 10.	\$				

Computation DSE of Base Rate Fand Syndicate Exclusivities Surcharge for Partially Distant Stations	IBER GROUP	SUBSCRIBER GR	Y-SECOND	TWENTY		(A: COMPUTATION OI		
Computation DSE of Base Rate F and Syndicate Exclusivit Surcharg for Partially Distant		STER		ii -	UP	RST SUBSCRIBER GROU	T) / FID OT	
Computation DSE of Base Rate F and Syndicate Exclusivit Surcharg for Partially Distant	SIGN DSE		ROCHE	COMMUNITY/ADEA		tor cobcortiblit of to	TY-FIRST	TWEN
DSE of Base Rate F and Syndicate Exclusivit Surcharg for Partially Distant	SIGN DSE	CALL SIGN		COMMUNITY/ AREA	ORF	ENPORT/BETTEND	DAVEN	COMMUNITY/ AREA
and Syndicate Exclusivit Surcharg for Partially Distant			DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Syndicate Exclusivit Surcharg for Partially Distant								
Exclusivit Surcharg for Partially Distant			<u>.</u>				. <mark>.</mark>	
Surcharg for Partially Distant			<u>.</u>					
for Partially Distant								
Partially Distant			<mark></mark>		<mark></mark>		<mark>. </mark>	
Distant		-	<u></u>					
		·	<u></u>		••••••••			
		-						
			<u>.</u>		<u>_</u>			
 								
0.00	0.00			Total DSEs	0.00			otal DSEs
5.10	82,105.10	\$	d Group	Gross Receipts Second	7,481.81	oss Receipts First Group \$ 187,481.81		
								
0.00	0.00	\$	d Group	Base Rate Fee Second	0.00	\$	oup	ase Rate Fee First Gr
	IBER GROUP	SUBSCRIBER GR	Y-FOURTH	TWENT	UP	IRD SUBSCRIBER GROU	TY-THIRD	TWEN
CITY/	CLAYTON/TIPP CITY/	WOOD/CLAYTO	ENGLE	COMMUNITY/ AREA		ES	AMES	OMMUNITY/ AREA
DSE	SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
		-		-	 		···	
		·	<u></u>		••••••••			
			<u></u>					
			<u> </u>	-				
		.	<u></u>		<u></u>		<mark> </mark>	
		-						
		H						
					<u> </u>			
0.00	0.00			Total DSEs	0.00			otal DSEs
7.61	72,267.61	\$	Group	Gross Receipts Fourth	3,178.43	<u>\$ 58</u>	roup	ross Receipts Third G
0.00	0.00	\$	Group	Base Rate Fee Fourth	0.00	\$	roup	ase Rate Fee Third G

LEGAL NAME OF OWNER CMN-RUS, INC.	R OF CABLE	SYSTEM:				s	YSTEM ID# 062634	Name
E	BLOCK A:	COMPUTATION OF	BASE RA	ATE FEES FOR EACH	SUBSCRI	BER GROUP		
TWEN	TY-FIFTH	SUBSCRIBER GROU	IP	TWE	NTY-SIXTH	SUBSCRIBER GROU	Р	^
COMMUNITY/ AREA	LANSIN	IG/EAST LANSIN	3	COMMUNITY/ AREA	TALLAH	ASSEE		9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
								Syndicated
								Exclusivity
								Surcharge
								for
								Partially
								Distant
								Stations
	. <mark> </mark>		 					
			 					
								
								
			 				<u></u>	
			<u> </u>		ļ			
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gr	oup	\$ 7	,841.78	Gross Receipts Second	d Group	\$	48,641.56	
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Second	d Group	\$	0.00	
TWENTY-	SEVENTH	SUBSCRIBER GROU	IP	TWENT	Y-EIGHTH	SUBSCRIBER GROU	P	
COMMUNITY/ AREA	JAGUA			COMMUNITY/ AREA	ROCK IS			
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
				WUPX-Ion	1.00			
		-				_		
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	<u>-</u>		 					
								
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			†					
Total DSEs			0.00	Total DSEs			1.00	
Gross Receipts Third G	roup	\$ 697	,873.79	Gross Receipts Fourth	Group	\$	15,298.06	
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourth	Group	\$	162.77	
			iber group a	as shown in the boxes ab	ove.			
Enter here and in block	ع, ııne 1, sp	pace ∟ (page 7)				\$		

	062634							
		IBER GROUP	SUBSCRI	TE FEES FOR EACH	F BASE RA	COMPUTATION O	SLOCK A: (Е
•	Р	SUBSCRIBER GROUP				SUBSCRIBER GROU		
9 Computat	0			COMMUNITY/ AREA		TEVILLE	FAYETI	COMMUNITY/ AREA
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate and							1.00	WUPX-lon
Syndicate Exclusivi								
Surcharg for Partially								
Distant								
	0.00			Total DSEs	1.00			otal DSEs
	0.00	\$	d Group	Gross Receipts Secon	0,709.83	\$ 20	oup	ross Receipts First Gr
	0.00	\$	d Group	Base Rate Fee Secon	220.35	\$	oup	ase Rate Fee First Gr
	P 0	SUBSCRIBER GROUI	Y-SECOND	THIRT' COMMUNITY/ AREA	UP 0	SUBSCRIBER GROU	TY-FIRST	THIR OMMUNITY/ AREA
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
							-	
		-						
			<u></u>		<u></u>			
				1		1		
							-	
	0.00			Total DSEs	0.00			
	0.00	\$	Group	Total DSEs Gross Receipts Fourth	0.00	\$	roup	otal DSEs Gross Receipts Third G

LEGAL NAME OF OWNE CMN-RUS, INC.	R OF CABLI	E SYSTEM:				S	062634	Name
		COMPUTATION C		ATE FEES FOR EACH		IBER GROUP SUBSCRIBER GROU	JP	
COMMUNITY/ AREA	GREEN	ICASTLE		COMMUNITY/ AREA	SEYMO	UR/NORTH VERN	ON	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								Syndicated
								Exclusivity Surcharge
								for
								Partially
								Distant Stations
								
Total DSEs		Ш	0.00	Total DSEs		II.	0.00	
Gross Receipts First Group \$ 135,726.91				Gross Receipts Secon	d Group	s 3		
3 133,720.31				·	·	·	355,790.89	
Base Rate Fee First G		\$	0.00	Base Rate Fee Secon		\$	0.00	
COMMUNITY/ AREA	THIRD	SUBSCRIBER GRO	UP	COMMUNITY/ AREA		SUBSCRIBER GROU	JP	
COMMONT IT AREA	VIIIOLI	MILO		COMMONT I/ AREA	MADIO	JN		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third C	Group	\$ 17	0,740.59	Gross Receipts Fourth	Group	\$ 2	257,317.72	
Base Rate Fee Third G	Group	\$	0.00	Base Rate Fee Fourth	ı Group	\$	0.00	
				II				
Base Rate Fee: Add th Enter here and in block			criber group a	as shown in the boxes ab	oove.	\$	0.00	

LEGAL NAME OF OWNE CMN-RUS, INC.	R OF CABLI	E SYSTEM:				S	YSTEM ID# 062634	Name
į.		COMPUTATION C SUBSCRIBER GRO		ATE FEES FOR EACH		IBER GROUP I SUBSCRIBER GROU	P	
COMMUNITY/ AREA	WABAS	SH		COMMUNITY/ AREA	NORTH	MANCHESTER		9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								Syndicated
								Exclusivity
								Surcharge for
								Partially
								Distant Stations
Total DSEs			0.00	Total DSEs		11	0.00	
				Gross Receipts Secon	d Group	\$		
Gross Receipts First Group \$ 126,171.02			0,171102	Cross ressipie essen	a Group	_ -	51,330.26	
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Secon	d Group	\$	0.00	
		SUBSCRIBER GRO	UP			SUBSCRIBER GROU	Р	
COMMUNITY/ AREA	HUNIII	NGTON		COMMUNITY/ AREA	CONNE	RSVILLE		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	Group	<u>\$</u> 13	9,378.52	Gross Receipts Fourth	Group	<u>\$</u> 1	02,150.40	
Base Rate Fee Third G	Group	\$	0.00	Base Rate Fee Fourth	ı Group	\$	0.00	
Base Rate Fee: Add th Enter here and in block			criber group a	as shown in the boxes at	oove.			

LEGAL NAME OF OWNER OF CABLE SYSTEM: CMN-RUS, INC. SYSTEM ID# 062634								
Ī		COMPUTATION C		ATE FEES FOR EACH		IBER GROUP I SUBSCRIBER GROU	JP	
COMMUNITY/ AREA	NEW C	ASTLE		COMMUNITY/ AREA	LEBAN	ON		9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and Syndicated
								Exclusivity
								Surcharge for
								Partially
								Distant
								Stations
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Group \$ 150,079.93			0,079.93	Gross Receipts Secon	d Group	\$	145,535.21	
Base Rate Fee First Gi	oup	\$	0.00	Base Rate Fee Secon	d Group	\$	0.00	
Е	LEVENTH	SUBSCRIBER GRO	UP		TWELVTH	I SUBSCRIBER GROU	JP	
COMMUNITY/ AREA	FRANK	LIN/GREENWOO	DD	COMMUNITY/ AREA	LAFAYI	ETTE		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		-						
			····					
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	iroup	\$ 408	8,793.64	Gross Receipts Fourth	Group	\$	587,461.63	
Base Rate Fee Third G	iroup	\$	0.00	Base Rate Fee Fourth	ı Group	\$	0.00	
Base Rate Fee: Add th			criber group a	as shown in the boxes ab	oove.	\$		

LEGAL NAME OF OWNE CMN-RUS, INC.	R OF CABLI	E SYSTEM:				\$	062634	Name
		COMPUTATION C		ATE FEES FOR EACH		IBER GROUP	JP	
COMMUNITY/ AREA		FORDSVILLE		COMMUNITY/ AREA		IELD/FISHERS/CA		9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								Syndicated
								Exclusivity Surcharge
								for Partially
								Distant
								Stations
Total DSEs		. 04	0.00	Total DSEs			0.00	
Gross Receipts First Group \$ 214,968.53			4,968.53	Gross Receipts Secon	d Group	\$	500,778.40	
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Secon	d Group	\$	0.00	
FICOMMUNITY/ AREA		SUBSCRIBER GRO		COMMUNITY/ AREA		I SUBSCRIBER GROU	JP	
COMMUNITY AREA	FLAIN	ILLD/ROMLOVII		COMMONT 1/ AREA	BLOOK	IIII		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	Group	\$ 9	2,991.09	Gross Receipts Fourth	Group	\$	282,946.14	
Base Rate Fee Third G	Group	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
Base Rate Fee: Add th Enter here and in block			criber group a	II as shown in the boxes ab	oove.	\$		

LEGAL NAME OF OWNE	R OF CABLE	E SYSTEM:	_			S	062634	Name
				TE FEES FOR EACH				
SEVENTEENTH SUBSCRIBER GROUP COMMUNITY/ AREA OSWEGO/PLANO/YORKVILLE				†		SUBSCRIBER GROU		9
COMMUNITY/ AREA	OSWE	30/PLANO/YORF	VILLE	COMMUNITY/ AREA	BATAVIA/GENEVA/N AURORA/S ELC			Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
	<mark>.</mark>							and
					<u></u>			Syndicated Exclusivity
					<u></u>			Surcharge
								for
								Partially
								Distant
					<u></u>			Stations
	···				<u></u>			
		<u> </u>	0.00			Щ	0.00	
Total DSEs			0.00	Total DSEs				
Gross Receipts First Gr	oup	<u>\$ 115</u>	5,781.60	Gross Receipts Secon	d Group	\$ 218,037.98		
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Secon	d Group	\$	0.00	
NI	NTEENTH	SUBSCRIBER GRO	UP	Т				
COMMUNITY/ AREA DEKALB/SYCAMORE				COMMUNITY/ AREA				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
					<u></u>			
					<u></u>			
					<u></u>			
	<mark></mark>							
	···				<u></u>			
Total DSEs	1		0.00	Total DSEs	1		0.00	
Gross Receipts Third Group \$ 96,823.68			Gross Receipts Fourth Group \$ 349,954.42			349,954.42		
Base Rate Fee Third G	iroup	\$	0.00	Base Rate Fee Fourth	ı Group	\$	0.00	
	•	L			•	L		
Base Rate Fee: Add th Enter here and in block			riber group a	as shown in the boxes ab	oove.	\$		

LEGAL NAME OF OWNE CMN-RUS, INC.	R OF CABLE	E SYSTEM:				\$	062634	Name
				ATE FEES FOR EACH			ID	
TWENTY-FIRST SUBSCRIBER GROUP COMMUNITY/ AREA DAVENPORT/BETTENDORF				COMMUNITY/ AREA	Y-SECOND SUBSCRIBER GROUP ROCHESTER			9
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE CALL SIGN		DSE	Computation of
								Base Rate Fee
								and Syndicated
								Exclusivity
			···					Surcharge for
								Partially
								Distant Stations
								Otations
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	roup	\$ 18	7,481.81	Gross Receipts Secon	d Group	\$ 82,105.10		
Base Rate Fee First Gi	roup	\$	0.00	Base Rate Fee Secon	d Group	\$	0.00	
TWEN	TY-THIRD	SUBSCRIBER GRO	UP	TWENT				
COMMUNITY/ AREA	AMES			COMMUNITY/ AREA	ENGLE	WOOD/CLAYTON	TIPP CITY/	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
			•••••••					
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	Group	\$ 58	8,178.43	Gross Receipts Fourth	Group	\$	72,267.61	
Base Rate Fee Third G	Group	\$	0.00	Base Rate Fee Fourth	ı Group	\$	0.00	
Base Rate Fee: Add th Enter here and in block			criber group a	as shown in the boxes ab	oove.	\$		

LEGAL NAME OF OWNE	R OF CABLE	E SYSTEM:	-			5	062634	Name
				ATE FEES FOR EACH			IP	
TWENTY-FIFTH SUBSCRIBER GROUP COMMUNITY/ AREA LANSING/EAST LANSING			COMMUNITY/ AREA	NTY-SIXTH SUBSCRIBER GROUP TALLAHASSEE			9	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of
								Base Rate Fee and
								Syndicated
								Exclusivity Surcharge
								for
								Partially Distant
								Stations
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gr	roup	\$	7,841.78	Gross Receipts Secon	d Group	\$		
Base Rate Fee First Gr	roup	\$	0.00	Base Rate Fee Secon	d Group	\$	0.00	
		SUBSCRIBER GRO	UP	TWEN				
COMMUNITY/ AREA	JAGUA	.R		COMMUNITY/ AREA				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	Group	\$ 697	7,873.79	Gross Receipts Fourth	Group	\$	15,298.06	
Base Rate Fee Third G	Group	\$	0.00	Base Rate Fee Fourth	ı Group	\$	0.00	
Base Rate Fee: Add th Enter here and in block			riber group a	II as shown in the boxes ab	oove.	\$		

LEGAL NAME OF OWNE CMN-RUS, INC.	R OF CABLI	E SYSTEM:				•	062634	Name
		COMPUTATION C		TE FEES FOR EAG		IBER GROUP I SUBSCRIBER GROU	JP	
COMMUNITY/ AREA	FAYET	TEVILLE		COMMUNITY/ ARE	9 Computation			
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								Syndicated
								Exclusivity Surcharge
								for
								Partially Distant
								Stations
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	roup	\$ 2	0,709.83	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
	RTY-FIRST	SUBSCRIBER GRO		THI				
COMMUNITY/ AREA			0	COMMUNITY/ ARE				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third Group \$ 0.00		Gross Receipts Fourth Group \$		0.00				
Base Rate Fee Third G	Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
	r	L [*]	0.50		P	L [*]	0.00	
Base Rate Fee: Add th Enter here and in block			criber group a	as shown in the boxes	above.	\$		