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					
08/28/2023	\$ ALLOCATION NUMBER					

Return completed workbook by email to

coplicsoa@copyright.gov

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

Α	ACCOUNTING PERIOD COVERED BY THIS STATEMENT:				
Accounting Period	2023/1				
B Owner	Instructions: Give the full legal name of the owner of the cable system. If the owner is a rate title of the subsidiary, not that of the parent corporation List any other name or names under which the owner conducts the busine If there were different owners during the accounting period, only the owner a single statement of account and royalty fee payment covering the entire account conducts the busine is the system's first filing. If not, enter the system's ID	ess of the cable syster on the last day of to nunting period	em he accounting period should su		63110
	LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM				
	North State Communications, LLC				
	North State Communications				
				6311	020231
				63110	2023/1
	4100 Mendenhall Oaks Parkway, Suite 300				
	High Point, NC 27265				
С	INSTRUCTIONS: In line 1, give any business or trade names used to ic				
C	names already appear in space B. In line 2, give the mailing address of	the system, if diffe	erent from the address given	in space B	<b>š</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. Identify	only the first comr	nunity served below and reli	st on page	1b
Area	with all communities.				
Served	CITY OR TOWN	STATE			
First	High Point	NC			
Community	Below is a sample for reporting communities if you report multiple cha	nnel line-ups in S	pace G.		
	CITY OR TOWN (SAMPLE)	STATE	CH LINE UP	SUB	GRP#
Sample	Alda	MD	Α		1
	Alliance	MD	В		2
	Gering	MD	В		3

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

ORIVI SASE. PAGE 1D.			CVCTEM ID#						
LEGAL NAME OF OWNER OF CABLE SYSTEM:			SYSTEM ID#						
North State Communications, LLC			63110						
Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC rules: "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single, discrete unincorporated areas." 47 C.F.R. §76.5(dd). The first community that you list will serve as a form of system identification hereafter known as the "first community." Please use it as the first community on all future filings.									
Note: Entities and properties such as hotels, apartments, condominiums, or mobile 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., on all communities with the channel line-up "A" in the appropriate column below or leave the on a partially distant or partially permitted basis in the DSE Schedule, associate each relationated by a number (based on your reporting from Part 9).	e column blank. İt	f you report any st	tations						
When reporting the carriage of television broadcast stations on a community-by-community channel line-up designated by an alpha-letter(s) (based on your Space G reporting) and (based on your reporting from Part 9 of the DSE Schedule) in the appropriate columns be	a subscriber grou								
CITY OR TOWN	STATE	CH LINE UP	SUB GRP#						
High Point	NC			First					
Archdale	NC			Community					
Asheboro	NC								
Greensboro	NC								
Jamestown	NC								
Kernersville	NC			See instructions for					
Randleman	NC			additional information					
Thomasville	NC			on alphabetization.					
Trinity	NC								
				Add rows as necessary.					
				1					

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

North State Communications, LLC

SYSTEM ID#

63110

### 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				
CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	R	RATE	NO. OF CATEGORY OF SERVICE SUBSCRIBERS RATE			
Residential:							
Service to first set	9,097	\$	31.00				
<ul> <li>Service to additional set(s)</li> </ul>							
• FM radio (if separate rate)							
Motel, hotel							
Commercial							
Converter							
Residential							
Non-residential							
1	I	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.

		BLOCK 2					
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE		CATEGORY OF SERVICE	RATE		
Continuing Services:		Installation: Non-residential					
• Pay cable		Motel, hotel	\$	399.00			
<ul> <li>Pay cable—add'l channel</li> </ul>		Commercial					
Fire protection		• Pay cable					
•Burglar protection		<ul> <li>Pay cable-add'l channel</li> </ul>					
Installation: Residential		Fire protection					
• First set		Burglar protection					
<ul> <li>Additional set(s)</li> </ul>		Other services:					
• FM radio (if separate rate)		Reconnect	\$	38.00			
Converter		Disconnect					
		Outlet relocation	\$	20.00			
		Move to new address	\$	50.00			

FORM SA3E. PAGE						
	OWNER OF CABLE SY				SYSTEMI	Namo
North State	Communication	ns, LLC			631	10
PRIMARY TRANSM	ITTERS: TELEVISIO	ON				
carried by your cal FCC rules and reg 76.59(d)(2) and (4' substitute program Substitute Bas basis under specifi Do not list the sta station was car List the station he basis. For furth in the paper SA Column 1: List each multicast stre cast stream as "W WETA-simulcast). Column 2: Give its community of lic on which your cabi Column 3: Indi educational statior (for independent m For the meaning o Column 4: If th planation of local s Column 5: If you	ole system during to ulations in effect or o), 76.61(e)(2) and (a basis, as explained is Stations: With a case of the case of	he accounting In June 24, 19 (4), or 76.63 (6) (6) (6) (7) (7) (7) (7) (7) (7) (7) (7) (7) (7	g period, exception of the permitting the referring to 76.6 paragraph. y distant station horizations: at it in space I (the ation was carried tute basis station report origination coording to its own the period of the period o	t (1) stations carri- the carriage of cer 51(e)(2) and (4))]; s carried by your the Special Staten d both on a substants, see page (v) on program service ver-the-air designation of the television state into the television state into the television of the television of the television of the television state or "E-M" (for noncontictions located in distant"), enter "Y tions located in the television state in distant"), enter the television state in distant of the television state in t	is and low power television stations) led only on a part-time basis under tain network programs [sections and (2) certain stations carried on a cable system on a substitute program ment and Program Log)—if the litute basis and also on some other of the general instructions located les such as HBO, ESPN, etc. Identify lation. For example, report multi- ch stream separately; for example tion for broadcasting over-the-air in s may be different from the channel lependent station, or a noncommercial cast), "I" (for independent), "I-M" commercial educational multicast). the paper SA3 form. les". If not, enter "No". For an ex- le paper SA3 form. stating the basis on which your intering "LAC" if your cable system	Primary Transmitters: Television
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For the retransr of a written agreen the cable system a tion "E" (exempt). I explanation of thes Column 6: Give FCC. For Mexican Note: If you are ut  1. CALL SIGN  WCWG  WFMY-5  WFMY-1  WFMY-4  WFMY-2  WGHP-5  WGHP-6  WGHP-6	nission of a distant nent entered into o and a primary trans For simulcasts, also se three categories e the location of ea or Canadian static ilizing multiple char 2. B'CAST CHANNEL NUMBER 16.1 35.5 35.3 35.1 35.4 35.2 31.4 31.5 31.6 31.6 31.3	multicast stren or before Jumitter or an a conter "E". If , see page (v.ch station. Fons, if any, givenel line-ups,  CHANNI  3. TYPE  OF  STATION  I  N-M  N-M  N-M  N-M  N-M  N-M  N-M	eam that is not sune 30, 2009, but is sociation repreyou carried the of the general or U.S. stations, we the name of the use a separate  EL LINE-UP  4. DISTANT?  (Yes or No)	subject to a royali etween a cable sy esenting the prima channel on any of instructions locat list the community the community with space G for each AA 5. BASIS OF CARRIAGE	ty payment because it is the subject tystem or an association representing ary transmitter, enter the designather basis, enter "O." For a further ed in the paper SA3 form. It is to which the station is licensed by the the which the station is identified. In channel line-up.  6. LOCATION OF STATION  Lexington, NC  Greensboro, NC	additional information
For the retransr of a written agreen the cable system a tion "E" (exempt). I explanation of thes Column 6: Give FCC. For Mexican Note: If you are ut  1. CALL SIGN  WCWG  WFMY-5  WFMY-1  WFMY-4  WFMY-4  WGHP-4  WGHP-6  WGHP-3  WGPX	nission of a distant nent entered into o and a primary trans For simulcasts, also three categories e the location of ea or Canadian static dilizing multiple characteristics.  2. B'CAST CHANNEL NUMBER  16.1  35.5  35.3  35.1  35.4  35.2  31.4  31.5  31.6  31.3	multicast stren or before Jumitter or an a center "E". If , see page (v. ch station. Foons, if any, givenel line-ups,  CHANNII  3. TYPE  OF  STATION  I  N-M  N-M  N-M  N-M  N-M  N-M  N-M	eam that is not sune 30, 2009, but is sociation repreyou carried the of the general or U.S. stations, we the name of the use a separate  EL LINE-UP  4. DISTANT?  (Yes or No)	subject to a royali etween a cable sy esenting the prima channel on any of instructions locat list the community the community with space G for each AA 5. BASIS OF CARRIAGE	ty payment because it is the subject tystem or an association representing ary transmitter, enter the designation the basis, enter "O." For a further ed in the paper SA3 form. By to which the station is licensed by the station is identified. In channel line-up.  6. LOCATION OF STATION  Lexington, NC  Greensboro, NC	additional information
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For the retransr of a written agreen the cable system a tion "E" (exempt). I explanation of thes Column 6: Give FCC. For Mexican Note: If you are ut  1. CALL SIGN  WCWG  WFMY-5  WFMY-1  WFMY-4  WFMY-4  WGHP-4  WGHP-6  WGHP-3  WGPX	nission of a distant nent entered into o and a primary trans For simulcasts, also three categories e the location of ea or Canadian static dilizing multiple characteristics.  2. B'CAST CHANNEL NUMBER  16.1  35.5  35.3  35.1  35.4  35.2  31.4  31.5  31.6  31.3	multicast stren or before Jumitter or an a center "E". If , see page (v. ch station. Foons, if any, givenel line-ups,  CHANNII  3. TYPE  OF  STATION  I  N-M  N-M  N-M  N-M  N-M  N-M  N-M	eam that is not sune 30, 2009, but is sociation repreyou carried the of the general or U.S. stations, we the name of the use a separate  EL LINE-UP  4. DISTANT?  (Yes or No)	subject to a royali etween a cable sy esenting the prima channel on any of instructions locat list the community the community with space G for each AA 5. BASIS OF CARRIAGE	ty payment because it is the subject tystem or an association representing ary transmitter, enter the designation the basis, enter "O." For a further ed in the paper SA3 form. By to which the station is licensed by the station is identified. In channel line-up.  6. LOCATION OF STATION  Lexington, NC  Greensboro, NC	additional information
For the retransr of a written agreen the cable system a tion "E" (exempt). I explanation of thes Column 6: Give FCC. For Mexican Note: If you are ut  1. CALL SIGN  WCWG  WFMY-5  WFMY-1  WFMY-4  WFMY-2  WGHP-4  WGHP-5  WGHP-6  WGHP-3  WGPX	nission of a distant nent entered into o and a primary trans For simulcasts, also three categories at the location of ea or Canadian static ilizing multiple char 2. B'CAST CHANNEL NUMBER 16.1 35.5 35.3 35.1 35.4 35.2 31.4 31.5 31.6 31.3 26.3 20.17	multicast stren or before Jumitter or an a conter "E". If , see page (vech station. For station.	eam that is not sune 30, 2009, but is sociation repreyou carried the of the general or U.S. stations, we the name of the use a separate  EL LINE-UP  4. DISTANT?  (Yes or No)	subject to a royali etween a cable sy esenting the prima channel on any of instructions locat list the community the community with space G for each AA 5. BASIS OF CARRIAGE	ty payment because it is the subject tystem or an association representing ary transmitter, enter the designather basis, enter "O." For a further ed in the paper SA3 form. By to which the station is licensed by the the which the station is identified. In channel line-up.  6. LOCATION OF STATION  Lexington, NC  Greensboro, NC	additional information
For the retransr of a written agreen the cable system a tion "E" (exempt). I explanation of these Column 6: Give FCC. For Mexican Note: If you are ut  1. CALL SIGN  WCWG  WFMY-5  WFMY-1  WFMY-4  WFMY-2  WGHP-4  WGHP-6  WGHP-3  WGPX  WLXI  WMYV-5	nission of a distant nent entered into o and a primary trans For simulcasts, also three categories e the location of ea or Canadian static dilizing multiple characteristics.  2. B'CAST CHANNEL NUMBER  16.1  35.5  35.1  35.4  35.2  31.4  31.5  31.6  31.3  26.3  20.17  28.5	multicast stren or before Jumitter or an a conter "E". If , see page (v. ch station. Fons, if any, givenel line-ups,  CHANNI 3. TYPE OF STATION IN-M N-M N-M N-M N-M N-M N-M I-M I-M I-M I-M I-M	eam that is not sune 30, 2009, but is sociation repreyou carried the of the general or U.S. stations, we the name of the use a separate  EL LINE-UP  4. DISTANT?  (Yes or No)	subject to a royali etween a cable sy esenting the prima channel on any of instructions locat list the community the community with space G for each AA 5. BASIS OF CARRIAGE	ty payment because it is the subject system or an association representing ary transmitter, enter the designation the basis, enter "O." For a further ed in the paper SA3 form. By to which the station is licensed by the station that the station is identified. In channel line-up.  6. LOCATION OF STATION  Lexington, NC  Greensboro, NC	additional information
For the retransr of a written agreen the cable system a tion "E" (exempt). I explanation of thes Column 6: Give FCC. For Mexican Note: If you are ut  1. CALL SIGN  WCWG  WFMY-5  WFMY-1  WFMY-4  WFMY-4  WGHP-4  WGHP-5  WGHP-6  WGHP-3  WGPX  WLXI  WMYV-4	nission of a distant nent entered into o and a primary trans For simulcasts, also three categories at the location of ea or Canadian static ilizing multiple char 2. B'CAST CHANNEL NUMBER 16.1 35.5 35.3 35.1 35.4 35.2 31.4 31.5 31.6 31.3 26.3 20.17 28.5 28.4	multicast stren or before Jumitter or an a conter "E". If , see page (versions, if any, givened line-ups, CHANNI 3. TYPE OF STATION IN-M N-M N-M N-M N-M N-M N-M N-M N-M N-M	eam that is not sune 30, 2009, but is sociation repreyou carried the of the general or U.S. stations, we the name of the use a separate  EL LINE-UP  4. DISTANT?  (Yes or No)	subject to a royali etween a cable sy esenting the prima channel on any of instructions locat list the community the community with space G for each AA 5. BASIS OF CARRIAGE	ty payment because it is the subject system or an association representing ary transmitter, enter the designation the basis, enter "O." For a further ed in the paper SA3 form. By to which the station is licensed by the station is licensed by the station is identified. In channel line-up.  6. LOCATION OF STATION  Lexington, NC  Greensboro, NC	additional information
For the retransr of a written agreen the cable system a tion "E" (exempt). I explanation of these Column 6: Give FCC. For Mexican Note: If you are ut  1. CALL SIGN  WCWG  WFMY-5  WFMY-1  WFMY-2  WGHP-4  WGHP-5  WGHP-6  WGHP-3  WGPX  WLXI  WMYV-4  WMYV-4  WMYV-4  WMYV-4	nission of a distant nent entered into o and a primary trans For simulcasts, also three categories e the location of ea or Canadian statio dilizing multiple charman c	multicast stren or before Jumitter or an a conter "E". If , see page (v.ch station. Fons, if any, givenel line-ups,  CHANNI 3. TYPE OF STATION IN-M N-M N-M N-M N-M N-M N-M I-M I-M I-M I-M I-M I-M I	eam that is not sune 30, 2009, but is sociation repreyou carried the of the general or U.S. stations, we the name of the use a separate  EL LINE-UP  4. DISTANT?  (Yes or No)	subject to a royali etween a cable sy esenting the prima channel on any of instructions locat list the community the community with space G for each AA 5. BASIS OF CARRIAGE	ty payment because it is the subject system or an association representing ary transmitter, enter the designation the basis, enter "O." For a further ed in the paper SA3 form. By to which the station is licensed by the station that the station is identified. In channel line-up.  6. LOCATION OF STATION  Lexington, NC  Greensboro, NC	additional information

FORM SA3E. PAGE 3.					ACCOUNTII	NG PERIOD: 2023/1
LEGAL NAME OF OWN					SYSTEM ID#	Name
North State Co					63110	
PRIMARY TRANSMITTI						
carried by your cable s FCC rules and regulat 76.59(d)(2) and (4), 76 substitute program bas	system during the constant of	ne accounting I June 24, 19 4), or 76.63 (I d in the next	g period, except 81, permitting the referring to 76.6 paragraph.	t (1) stations carrie ne carriage of cert (1(e)(2) and (4))];	s and low power television stations) ed only on a part-time basis under cain network programs [sections and (2) certain stations carried on a cable system on a substitute program	G Primary Transmitters: Television
basis under specifc F0	CC rules, regula	tions, or auth	orizations:	, ,	ent and Program Log)—if the	Television
·	and also in spa	ce I, if the sta			tute basis and also on some other of the general instructions located	
Column 1: List each each multicast stream cast stream as "WETA WETA-simulcast).	ch station's call associated with a-2". Simulcast s	n a station ac streams must	cording to its ov t be reported in	er-the-air designa column 1 (list eac	es such as HBO, ESPN, etc. Identify ttion. For example, report multi- h stream separately; for example	
its community of licens on which your cable sy <b>Column 3:</b> Indicate	se. For example ystem carried th e in each case w	e, WRC is Ch le station. whether the s	annel 4 in Wash tation is a netwo	nington, D.C. This ork station, an inde	ion for broadcasting over-the-air in may be different from the channel ependent station, or a noncommercial	
(for independent multi For the meaning of the <b>Column 4:</b> If the st	cast), "E" (for no ese terms, see p ation is outside	oncommercia page (v) of th the local ser	l educational), o e general instru vice area, (i.e. "	or "E-M" (for nonce ctions located in t distant"), enter "Ye	es". If not, enter "No". For an ex-	
	ave entered "Ye he distant statio	es" in column on during the	4, you must co accounting peri	mplete column 5, od. Indicate by en	stating the basis on which your tering "LAC" if your cable system	
of a written agreement the cable system and tion "E" (exempt). For explanation of these th	t entered into or a primary transi simulcasts, also nree categories,	n or before Ju mitter or an a p enter "E". If see page (v	ne 30, 2009, be ssociation repre you carried the ) of the general	etween a cable sy esenting the prima channel on any o instructions locate	y payment because it is the subject stem or an association representing ity transmitter, enter the designather basis, enter "O." For a further ead in the paper SA3 form.	
	Canadian statio	ns, if any, giv	e the name of t	he community with	y to which the station is licensed by the n which the station is identifed. 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	
WUNL-3	33.3	E-M			Winston Salem, NC	
WXII-2	16.2	N-M			Winston Salem, NC	
WXII-1	16.1	N			Winston Salem, NC	
WXLV-3	29.3	N			Winston Salem, NC	
WXLV-5	29.5	N-M			Winston Salem, NC	
WXLV-6	29.6	N-M			Winston Salem, NC	
WXLV-4	29.4	N-M			Winston Salem, NC	

FURM SAJE. PAGE 3.					OVOTEM ID#	
North State Co					SYSTEM ID# 63110	Name
PRIMARY TRANSMITTI	ERS: TELEVISION	ON				
carried by your cable s FCC rules and regulat 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 ir in the paper SA3 fo Column 1: List eace each multicast stream cast stream as "WETA	system during to ions in effect of 5.61(e)(2) and (5.61(e)(2) and (5.61(e)(2) and (5.61(e)(2) and as only on a substantion condum.	he accounting I June 24, 19 (4), or 76.63 (4), or 76.63 (5) and in the next respect to any ations, or auth G—but do listitute basis. ace I, if the state raing substitions ace I as a station ac the as a station ac	g period, except 81, permitting the referring to 76.6 paragraph. y distant stations norizations: at it in space I (the ation was carried tute basis station report origination cording to its ov	t (1) stations carrie the carriage of cert of (e)(2) and (4))]; a s carried by your of the Special Statement d both on a substi- tions, see page (v) of the program service over-the-air designa	s and low power television stations) and only on a part-time basis under ain network programs [sections and (2) certain stations carried on a cable system on a substitute program ent and Program Log)—if the tute basis and also on some other of the general instructions located as such as HBO, ESPN, etc. Identify tion. For example, report multi- h stream separately; for example	G Primary Transmitters: Television
WETA-simulcast).  Column 2: Give the	e channel num	ber the FCC h	nas assigned to	the television stat	ion for broadcasting over-the-air in	
its community of licens on which your cable sy	•		annel 4 in Wash	nington, D.C. This	may be different from the channel	
educational station, by (for independent multiper the meaning of the Column 4: If the st planation of local service Column 5: If you heable system carried the carried the distant state. For the retransmiss of a written agreement the cable system and tion "E" (exempt). For explanation of these the Column 6: Give the	r entering the lecast), "E" (for nese terms, see ation is outside ice area, see pave entered "Y inhe distant staticion on a part-tision of a distant tentered into o a primary transsimulcasts, also ree categories e location of ea Canadian static	etter "N" (for noncommercial page (v) of the the local servage (v) of the es" in column on during the me basis becar multicast stranor before Jumitter or an accenter "E". If , see page (vich station. Foons, if any, given commercial page (vich station.	etwork), "N-M" ( Il educational), of e general instructive area, (i.e. " general instructive 4, you must conditionate of lack of a geam that is not a geam that is no	(for network multicor "E-M" (for noncoctions located in the distant"), enter "Yetions located in the mplete column 5, od. Indicate by en activated channel subject to a royalty etween a cable system channel on any of instructions located list the community with	es". If not, enter "No". For an ex- e paper SA3 form. stating the basis on which your tering "LAC" if your cable system capacity. / payment because it is the subject stem or an association representing ry transmitter, enter the designa- ther basis, enter "O." For a further ed in the paper SA3 form. / to which the station is licensed by the n which the station is identifed.	
		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	

FORM SA3E. PAGE 3.						
LEGAL NAME OF OWN					SYSTEM ID#	Name
North State Co	mmunicatio	ns, LLC			63110	
PRIMARY TRANSMITTI	ERS: TELEVISIO	ON				
carried by your cable s FCC rules and regulat 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	system during to ions in effect or ions in effect or ions. In effect or ions, as explaine stations: With record or in space only on a subs and also in spatformation concern. In station's call associated with each annel number. For example yetem carried the	he accounting In June 24, 19 (4), or 76.63 (4) and in the next respect to any attons, or auth G—but do listitute basis. ace I, if the stateming substitute is sign. Do not the a station ace streams must be the FCC hee, WRC is Chaes to The Interval 19 (19).	g period, except 81, permitting the referring to 76.6 paragraph. It is paragraph. It is pace I (the ation was carried tute basis station cording to its own to be reported in the assigned to annel 4 in Wash	t (1) stations carried carriage of cert (1(e)(2) and (4))]; as carried by your one Special Statemed both on a substitute, see page (v) on program service rer-the-air designation of the television stathington, D.C. This	s and low power television stations) ed only on a part-time basis under ain network programs [sections and (2) certain stations carried on a cable system on a substitute program ent and Program Log)—if the tute basis and also on some other of the general instructions located es such as HBO, ESPN, etc. Identify tion. For example, report multi- h stream separately; for example ion for broadcasting over-the-air in may be different from the channel ependent station, or a noncommercial	G Primary Transmitters: Television
For the meaning of the Column 4: If the st planation of local servi Column 5: If you had cable system carried the distant stat. For the retransmiss of a written agreement the cable system and tion "E" (exempt). For explanation of these the Column 6: Give the	ese terms, see ation is outside ce area, see parave entered "Ye he distant static ion on a part-tinicion of a distant entered into o a primary trans simulcasts, also ree categories e location of ea	page (v) of the the local serage (v) of the es" in column on during the me basis becamulticast stranger or an acceptage (v). See page (v) ch station.	e general instruct vice area, (i.e. "of general instruct 4, you must confuse of lack of a geam that is not sune 30, 2009, be association repression of the general or U.S. stations,	ctions located in the distant"), enter "Yetions located in the mplete column 5, od. Indicate by enactivated channel esubject to a royalty etween a cable systematic of the prima channel on any or instructions located list the community.	es". If not, enter "No". For an ex- e paper SA3 form. stating the basis on which your tering "LAC" if your cable system	
Note: If you are utilizing		nnel line-ups,	use a separate	space G for each		
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	
		0.7		(ii Diotaint)		
				•		
				•		

FORM SA3E. PAGE 3.						
LEGAL NAME OF OWN					SYSTEM ID#	Name
North State Co	mmunicatio	ns, LLC			63110	
PRIMARY TRANSMITTI	RS: TELEVISION	ON				
In General: In space of carried by your cable's FCC rules and regulat 76.59(d)(2) and (4), 76 substitute program base Substitute Basis Substitute Basis Subasis 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 WETA-simulcast).  Column 2: Give the its community of licens on which your cable sy	G, identify ever system during toons in effect on 6.61(e)(2) and ( 6.61(e)(2) and ( 6.61(e)	y television st he accounting n June 24, 19 4), or 76.63 (I d in the next respect to any ations, or auth G—but do lis titute basis. ace I, if the sta ærning substif sign. Do not I h a station ac streams must ber the FCC I	g period, except 81, permitting the referring to 76.6 paragraph. y distant stations norizations: t it in space I (the ation was carried tute basis station report origination coording to its owe to be reported in the mass assigned to annel 4 in Wash	t (1) stations carried to carriage of certif(e)(2) and (4))]; as carried by your one Special Statement of both on a substitution, see page (v) on program service rer-the-air designation column 1 (list each the television statington, D.C. This	and low power television stations) and only on a part-time basis under ain network programs [sections and (2) certain stations carried on a cable system on a substitute program ent and Program Log)—if the tute basis and also on some other of the general instructions located as such as HBO, ESPN, etc. Identify tion. For example, report multi- h stream separately; for example ion for broadcasting over-the-air in may be different from the channel	G Primary Transmitters: Television
(for independent multice. For the meaning of the Column 4: If the step planation of local service Column 5: If you had been cable system carried the carried the distant state. For the retransmiss of a written agreement the cable system and attion "E" (exempt). For explanation of these the Column 6: Give the	cast), "E" (for n ese terms, see terms, see tation is outside ce area, see pave entered "Y ne distant station on a part-tipion of a distant entered into o a primary transsimulcasts, alsuree categories e location of ea Canadian static	oncommercia page (v) of the the local senage (v) of the es" in column on during the me basis becar multicast stranor before Jumitter or an a center "E". If , see page (vich station. Foons, if any, giv	I educational), of e general instructive area, (i.e. "of general instruct 4, you must confide accounting period accounting period for a general instruction and the search that is not a search that i	or "E-M" (for nonce ctions located in the distant"), enter "Ye- tions located in the mplete column 5, and the column 5, and the cativated channel of subject to a royalty etween a cable sys- essenting the prima channel on any of instructions locate list the community	es". If not, enter "No". For an ex- e paper SA3 form. stating the basis on which your tering "LAC" if your cable system capacity. / payment because it is the subject stem or an association representing ry transmitter, enter the designa- ther basis, enter "O." For a further ed in the paper SA3 form. / to which the station is licensed by the n which the station is identifed.	
		CHANNI	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	

FORM SA3E. PAGE 3.					0)/07514 10//	
LEGAL NAME OF OWN					SYSTEM ID#	Name
North State Co	mmunicatio	ns, LLC			63110	
PRIMARY TRANSMITT	ERS: TELEVISION	ON				
In General: In space of carried by your cable is FCC rules and regulat 76.59(d)(2) and (4), 76 substitute program bas Substitute Pasis Subsis under specific FC Do not list the station station was carried List the station here, basis. For further ir in the paper SA3 fc Column 1: List eac each multicast stream cast stream as "WETA-Simulcast). Column 2: Give thits community of licens on which your cable sy Column 3: Indicate educational station, by (for independent multi-For the meaning of the Column 5: If you h cable system carried the carried the distant stat For the retransmiss of a written agreement the cable system and tion "E" (exempt). For explanation of these the Column 6: Give the	G, identify ever system during to ions in effect of 6.61(e)(2) and (6.61(e)(2)	y television of the accounting of June 24, 19 4), or 76.63 (ad in the next respect to any attentions, or authors, or authors, or authors, or authors, or authors, accell, if the stateming substitute basis.  I sign. Do not the action account of a station account of the station.  I whether the station.  I whether the station.  I whether the station.  I whether the station account of the local serial page (v) of the estimation of the desire of the local serial page (v) of the station.  I whether the station.  I whether the station.  I whether the station of the station.  I whether the station of the station.  I who station is the station.	g period, except g period, except 181, permitting the referring to 76.6 paragraph. It is attained to the second of	t (1) stations carried to carriage of certifice (2) and (4))]; is a carried by your one Special Statem of both on a substitus, see page (v) on program service re-the-air designate column 1 (list each the television statington, D.C. This ork station, an indefor network multicor "E-M" (for noncoctions located in the mplete column 5, od. Indicate by enactivated channel subject to a royalty etween a cable sy essenting the prima channel on any o instructions located list the community.	es". If not, enter "No". For an ex- e paper SA3 form. stating the basis on which your tering "LAC" if your cable system	Primary Transmitters: Television
Note: If you are utilizing	ng multiple cha	nnel 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	
				1		

FORM SA3E. PAGE 3.					OVOTEM ID#	
LEGAL NAME OF OW					SYSTEM ID#	Name
North State Co	mmunicatio	ons, LLC			63110	
PRIMARY TRANSMITT						
In General: In space carried by your cable FCC rules and regular 76.59(d)(2) and (4), 7 substitute program ba Substitute Basis: basis under specific For Do not list the station station was carried to List the station here, basis. For further in in the paper SA3 for Column 1: List ear each multicast stream cast stream as "WETA-simulcast). Column 2: Give the distance on which your cable some Column 3: Indicate educational station, by (for independent multifer the meaning of the Column 5: If you for cable system carried the distant state For the retransmiss of a written agreement the cable system and tion "E" (exempt). For explanation of these tecolumn 6: Give the	G, identify ever system during to tions in effect on 6.61(e)(2) and (sis, as explaine Stations: With CC rules, regular here in space only on a substand also in spanformation conditions. Ch station's call associated with A-2". Simulcast e channel number see, For example yetem carried to ein each case of a condition is outside ince area, see phave entered "Y the distant station of a distant tentered into of a primary transistimulcasts, als heree categories e location of each	y television so the accounting of June 24, 19 4), or 76.63 (ad in the next respect to any attions, or authorized from June 24, 19 but do list titute basis.  ace I, if the state raining substitions of a station account of the station account of the station.  Whether the so the station whether the so the station on commercial page (v) of the the local serial page (v) of the est in column on during the me basis becaute multicast strain or before June 10 on the station.  The see page (v) ch station. For the serial page (v) of the stations.	g period, except 81, permitting the referring to 76.6 paragraph. It is ation in a control of the period of the per	t (1) stations carried to carriage of certifice)(2) and (4))]; is carried by your one Special Statem of both on a substitus, see page (v) on program service rethe-air designate column 1 (list each the television statington, D.C. This park station, an indefor metwork multicor "E-M" (for noncoctions located in the thing of the column 5, od. Indicate by enactivated channel subject to a royalty etween a cable sy essenting the prima channel on any o instructions located list the community.	es". If not, enter "No". For an ex- e paper SA3 form. stating the basis on which your tering "LAC" if your cable system	G Primary Transmitters: Television
Note: If you are utilizi	ng multiple cha	nnel 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	

FORM SA3E. PAGE 3.							
LEGAL NAME OF OWN	NER OF CABLE S	YSTEM:			SYSTEM ID#	Name	
North State Co	mmunicatio	ns, LLC			63110		
PRIMARY TRANSMITT	ERS: TELEVISION	ON					
In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph.  Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program 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 ind							
-		CHANNI	EL LINE-UP	ΔН			
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		
				•			

FORM SA3E. PAGE 3.						
LEGAL NAME OF OW					SYSTEM ID#	Name
North State Co	ommunicatio	ns, LLC			63110	
North State Communications, LLC  PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 07.661(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 as sweet as secondary in the 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 education						
educational station, b (for independent mult For the meaning of th Column 4: If the s planation of local serv Column 5: If you l cable system carried carried the distant stat For the retransmis of a written agreement the cable system and tion "E" (exempt). For explanation of these t Column 6: Give the	y entering the le icast), "E" (for n ese terms, see tation is outside rice area, see p- nave entered "Y the distant static ision of a distant the entered into o a primary trans simulcasts, also three categories ne location of ea	etter "N" (for noncommercial page (v) of the the local servage (v) of the es" in column on during the me basis becat multicast stranor before Jumitter or an accenter "E". If a see page (vach station. For	etwork), "N-M" ( I educational), of the general instruction of the general of	(for network multic or "E-M" (for nonce ctions located in the distant"), enter "Ye tions located in the mplete column 5, od. Indicate by en activated channel or subject to a royalty etween a cable sy- essenting the prima channel on any of instructions locate list the community	chast), "I" (for independent), "I-M" ommercial educational multicast). The paper SA3 form.  es". If not, enter "No". For an exect paper SA3 form.  stating the basis on which your tering "LAC" if your cable system capacity.  y payment because it is the subject stem or an association representing ry transmitter, enter the designation of the paper SA3 form.	
Note: If you are utilize	ng multiple cha	•	use a separate		channel line-up.	
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION	
				•		

FORM SA3E. PAGE 3.						
LEGAL NAME OF OWN					SYSTEM ID#	Name
North State Co	mmunicatio	ns, LLC			63110	
PRIMARY TRANSMITTI	RS: TELEVISIO	ON				
In General: In space of carried by your cable's FCC rules and regulat 76.59(d)(2) and (4), 76 substitute program base Substitute Basis Substitute Basis Subasis 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: Indicates	G, identify every system during to the stations: With a care only on a substant also in space on a substant also in a substant also	y television st he accounting n June 24, 19 4), or 76.63 ( d in the next respect to any ations, or auth G—but do lis titute basis. ace I, if the sta cerning substi sign. Do not a h a station ac streams must ber the FCC h e, WRC is Ch ne station.	g period, except 81, permitting the referring to 76.6 paragraph. y distant stations orizations: at it in space I (the ation was carried tute basis stations report origination coording to its own to be reported in the paragraph of the assigned to annel 4 in Wash tation is a network as 1, permitting to 1, permitt	t (1) stations carried carriage of cert (1(e)(2) and (4))]; as carried by your one Special Statemed both on a substitute, see page (v) on program service rer-the-air designate column 1 (list each the television stathington, D.C. This ork station, an independent of the carried of the of the car	s and low power television stations) ed only on a part-time basis under ain network programs [sections and (2) certain stations carried on a cable system on a substitute program ent and Program Log)—if the tute basis and also on some other of the general instructions located as such as HBO, ESPN, etc. Identify ation. For example, report multi- th stream separately; for example ion for broadcasting over-the-air in may be different from the channel expendent station, or a noncommercial cast), "I" (for independent), "I-M"	G Primary Transmitters: Television
(for independent multice. For the meaning of the Column 4: If the step planation of local service Column 5: If you had been cable system carried the carried the distant state. For the retransmiss of a written agreement the cable system and attion "E" (exempt). For explanation of these the Column 6: Give the	cast), "E" (for noise terms, see terms, see tation is outside ce area, see payer entered "Ying distant station on a partition of a distant entered into the primary transsimulcasts, also a primary transsimulcasts, also a location of ea Canadian station	oncommercial page (v) of the the local servage (v) of the es" in column on during the me basis becar multicast strandr or before Jumitter or an accenter "E". If , see page (vich station. Foons, if any, given the local page (vich station.	al educational), ce general instruvice area, (i.e. "c general instruct 4, you must co accounting peri- ause of lack of a earn that is not a sune 30, 2009, be ssociation repre- you carried the of the general or U.S. stations, we the name of the	or "E-M" (for nonce ctions located in the distant"), enter "Ye- tions located in the mplete column 5, od. Indicate by en activated channel or subject to a royalty etween a cable sy- essenting the prima channel on any or instructions locate list the community	commercial educational multicast).  the paper SA3 form.  es". If not, enter "No". For an ex- e paper SA3 form.  stating the basis on which your tering "LAC" if your cable system capacity.  y payment because it is the subject stem or an association representing rry transmitter, enter the designa- ther basis, enter "O." For a further ed in the paper SA3 form.  y to which the station is licensed by the m which the station is identifed.	
	<u> </u>	CHANN	EL LINE-UP	Δ.Ι		
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	

FORM SA3E. PAGE 3.								
LEGAL NAME OF OWN					SYSTEM ID#	Name		
North State Co	mmunicatio	ns, LLC			63110			
PRIMARY TRANSMITTI	ERS: TELEVISION	ON						
In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph.  Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations:  Do not 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	ΔK				
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			

FORM SA3E. PAGE 3.					OVOTEM ID#	
LEGAL NAME OF OWN					SYSTEM ID#	Name
North State Co	mmunicatio	ons, LLC			63110	
PRIMARY TRANSMITT						
In General: In space carried by your cable s FCC rules and regular 76.59(d)(2) and (4), 76 substitute program ba Substitute Basis s basis under specifc FC Do not list the station station was carried List the station here, basis. For further ir in the paper SA3 fc Column 1: List eac each multicast stream cast stream as "WETA WETA-simulcast). Column 2: Give th its community of licens on which your cable s Column 3: Indicate educational station, by (for independent multi For the meaning of the Column 5: If you h cable system carried t carried the distant stat For the retransmiss of a written agreemen the cable system and tion "E" (exempt). For explanation of these th Column 6: Give th	G, identify ever system during to ions in effect of 6.61(e)(2) and (6.61(e)(2)	y television of the accounting of June 24, 19 4), or 76.63 (ad in the next respect to any attentions, or authors, or authors, or authors, or authors, or authors, accell, if the stateming substitute basis.  I sign. Do not the action account of a station account of the station.  I whether the station.  I whether the station.  I whether the station.  I whether the station account of the local serial page (v) of the estimation of the desire of the local serial page (v) of the station.  I whether the station.  I whether the station.  I whether the station of the station.  I whether the station of the station.  I who station is the station.	g period, except g period, except 181, permitting the referring to 76.6 paragraph. It is attained to the second of	t (1) stations carried to carriage of certicle)(2) and (4))]; is carried by your one Special Statem of both on a substitute, see page (v) on program service ver-the-air designate column 1 (list each the television statington, D.C. This pork station, an inde (for network multicon "E-M" (for noncontions located in the mplete column 5, od. Indicate by enactivated channel subject to a royalty etween a cable system of the prima channel on any of instructions located in the prima channel on any of instructions located in the prima channel on any of instructions located list the community.	es". If not, enter "No". For an ex- e paper SA3 form. stating the basis on which your tering "LAC" if your cable system	Primary Transmitters: Television
Note: If you are utilizing	ng multiple cha	nnel 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	
				•		

FORM SA3E. PAGE 3.							
LEGAL NAME OF OWN	NER OF CABLE SY	YSTEM:			SYSTEM ID#	Name	
North State Co	mmunicatio	ons, LLC			63110		
PRIMARY TRANSMITT	ERS: TELEVISIO	ON					
In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph.  Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program 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 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), "" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast							
For the retransmiss of a written agreemen the cable system and tion "E" (exempt). For explanation of these the Column 6: Give the	sion of a distant tentered into o a primary trans simulcasts, also ree categories e location of ea Canadian statio	t multicast streen or before Jumitter or an a conter "E". If a see page (vach station. Foons, if any, givennel line-ups,	eam that is not support the same 30, 2009, but association repressively our carried the control of the general or U.S. stations, we the name of the support the same of the same same same same same same same sam	subject to a royalty etween a cable sy esenting the prima channel on any o instructions locate list the community with space G for each	y payment because it is the subject stem or an association representing ry transmitter, enter the designather basis, enter "O." For a further ed in the paper SA3 form.  y to which the station is licensed by the n which the station is identifed.		
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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FORM SA3E. PAGE 3.					0)/07514 10//	
LEGAL NAME OF OW					SYSTEM ID#	Name
North State Co	mmunicatio	ons, LLC			63110	
PRIMARY TRANSMITT	ERS: TELEVISION	ON				
In General: In space carried by your cable FCC rules and regula 76.59(d)(2) and (4), 7 substitute Basis basis under specifc F• Do not list the station station was carried • List the station here, basis. For further in the paper SA3 fc Column 1: List eareach multicast stream cast stream as "WETA-simulcast). Column 2: Give the its community of licen on which your cable scolumn 3: Indicateducational station, be (for independent mult For the meaning of th Column 5: If you f cable system carried the distant state For the retransmis of a written agreement the cable system and tion "E" (exempt). For explanation of these t Column 6: Give the	G, identify ever system during to tions in effect on 6.61(e)(2) and (6.61(e)(2) and (6.61(e)(2	y television of the accounting of June 24, 19 (4), or 76.63 (4), or 76.63 (4), or 76.63 (5) and the next respect to any attons, or authors, or authors	g period, except g period, except 181, permitting the referring to 76.6 paragraph. It is attained to the tute basis station of the general instruction of the tute of the tute basis of tute basis of the tute basis	t (1) stations carried to carriage of certifice (2) and (4))]; is a carried by your one Special Statem of both on a substitus, see page (v) on program service re-the-air designate column 1 (list each the television statington, D.C. This ork station, an indefor network multicor "E-M" (for noncoctions located in the mplete column 5, od. Indicate by enactivated channel subject to a royalty etween a cable system in the prima channel on any of instructions located list the community.	es". If not, enter "No". For an ex- e paper SA3 form. stating the basis on which your tering "LAC" if your cable system	Primary Transmitters: Television
Note: If you are utilizi	ng multiple cha	nnel line-ups,	use a separate	space G for each	channel line-up.	
		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	

FORM SA3E. PAGE 3.					OVOTEM ID#	
LEGAL NAME OF OWN					SYSTEM ID#	Name
North State Co	mmunicatio	ons, LLC			63110	
PRIMARY TRANSMITTI	ERS: TELEVISION	ON				
In General: In space of carried by your cables of FCC rules and regulat 76.59(d)(2) and (4), 76 substitute program base Substitute Pasis Pasis Substitute Pasis Substitute Pasis P	G, identify ever system during to ions in effect of 6.61(e)(2) and (6.61(e)(2)	y television of the accounting of June 24, 19 (4), or 76.63 (4), or 76.63 (4), or 76.63 (5) and the next respect to any attons, or authors, or authors	g period, except 181, permitting the referring to 76.6 paragraph. It is pace I (the ation was carried tute basis station report origination cording to its own to be reported in the assigned to annel 4 in Wash tation is a network and the accounting period of the general instruction of the general or U.S. stations, stations, stations, stations is the station of the general or U.S. stations,	t (1) stations carried to carriage of certific (2) and (4))]; is a carried by your one Special Statem of both on a substime, see page (v) on program service rer-the-air designate column 1 (list each the television statington, D.C. This pork station, an indefer network multipor "E-M" (for noncontions located in the distant"), enter "Yestions located in the implete column 5, od. Indicate by enactivated channel subject to a royalty estemen a cable sy esenting the primal channel on any of instructions located list the community.	es". If not, enter "No". For an ex- e paper SA3 form. stating the basis on which your tering "LAC" if your cable system capacity. y payment because it is the subject stem or an association representing ry transmitter, enter the designa- ther basis, enter "O." For a further ed in the paper SA3 form. y to which the station is licensed by the	Primary Transmitters: Television
<b>Note:</b> If you are utilizing				•	n which the station is identifed. 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	
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FORM SA3E. PAGE 3.					2//2====	T	
LEGAL NAME OF OWN					SYSTEM ID#	Name	
					63110		
North State Communications, LLC  PRIMARY TRANSMITTERS: TELEVISION  In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph.  Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under 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 educational station, by (for independent multiper the meaning of the Column 4: If the st planation of local service Column 5: If you heable system carried the distant state For the retransmiss of a written agreement the cable system and tion "E" (exempt). For explanation of these the Column 6: Give the	e in each case of the cast), "E" (for no case terms, see ation is outside ice area, see properties on a part-life icin of a distant the entered into on a primary trans is imulcasts, also ince categories e location of ea Canadian station.	whether the siletter "N" (for noncommercial page (v) of the the local senage (v) of the es" in column on during the me basis becat multicast stranor before Jumitter or an allo enter "E". If the see page (v) ons, if any, giventer on, givent	network), "N-M" (all educational), on the general instructivice area, (i.e. "or general instruction 4, you must contaccounting perioduse of lack of a earn that is not such as a counting perioduse of lack of a earn that is not such as a counting perioduse of lack of a earn that is not such as a counting perioduse of lack of a earn that is not such as a counting that is not such as a counting that is not such as a counting that	(for network multic or "E-M" (for nonce ctions located in the distant"), enter "Ye ctions located in the mplete column 5, od. Indicate by en activated channel subject to a royalty etween a cable sy essenting the prima channel on any o instructions locate list the community	es". If not, enter "No". For an ex- e paper SA3 form. stating the basis on which your tering "LAC" if your cable system capacity. y payment because it is the subject stem or an association representing rry transmitter, enter the designa- ther basis, enter "O." For a further ed in the paper SA3 form. y to which the station is licensed by the h which the station is identifed.		
		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		
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FORM SA3E. PAGE 3.						
LEGAL NAME OF OWN	IER OF CABLE SY	YSTEM:			SYSTEM ID#	Name
North State Co	mmunicatio	ns, LLC			63110	
PRIMARY TRANSMITTE	RS: TELEVISIO	ON				
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 of Column 1: List eac each multicast stream cast stream as "WETA WETA-simulcast).  Column 2: Give the its community of licens on which your cable sy	G, identify every system during to tons in effect on 6.61(e)(2) and (6.61(e)(2) and (6.61(e)(2	y television st he accounting n June 24, 19 4), or 76.63 (I d in the next respect to any ations, or auth G—but do lis titute basis. ace I, if the sta ærning substi sign. Do not I h a station ac streams must ber the FCC h	g period, except 81, permitting the referring to 76.6 paragraph. y distant stations norizations: t it in space I (the ation was carried tute basis station report origination coording to its owe to be reported in the mass assigned to annel 4 in Wash	e (1) stations carried to carriage of cert. 1(e)(2) and (4))]; as carried by your one Special Statement of both on a substitution, see page (v) on program service ter-the-air designation column 1 (list each the television statington, D.C. This	and low power television stations) and 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 tute basis and also on some other if the general instructions located as such as HBO, ESPN, etc. Identify tion. For example, report multi- in stream separately; for example tion for broadcasting over-the-air in may be different from the channel	G Primary Transmitters: Television
(for independent multic For the meaning of the Column 4: If the sta planation of local servi Column 5: If you had be system carried the carried the distant stat For the retransmiss of a written agreement the cable system and a tion "E" (exempt). For sexplanation of these the Column 6: Give the	cast), "E" (for noise terms, see terms, see tation is outside ce area, see payer entered "Ying distant station on a partition of a distant entered into the primary transsimulcasts, also a primary transsimulcasts, also a location of ea Canadian station	oncommercial page (v) of the the local servage (v) of the es" in column on during the me basis becar multicast strandr or before Jumitter or an accenter "E". If , see page (vich station. Foons, if any, given the local page (vich station.	I educational), of e general instructive area, (i.e. "of general instruct 4, you must confide accounting period accounting period for a general instruction and the search that is not a search that i	or "E-M" (for nonce ctions located in the distant"), enter "Ye- cions located in the mplete column 5, and the column 5, and the column 5, and the activated channel of activated channel or a royalty between a cable sys- essenting the prima channel on any of instructions located list the community with	es". If not, enter "No". For an ex- e paper SA3 form. stating the basis on which your tering "LAC" if your cable system capacity. y payment because it is the subject stem or an association representing ry transmitter, enter the designa- ther basis, enter "O." For a further ed in the paper SA3 form. y to which the station is licensed by the n which the station is identifed.	
-		CHANN	EL LINE-UP	AQ		
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION		5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION	

FORM SA3E. PAGE 3.					OVOTEM ID#	
LEGAL NAME OF OWN					SYSTEM ID#	Name
North State Co	mmunicatio	ons, LLC			63110	
PRIMARY TRANSMITTI	ERS: TELEVISIO	ON				
In General: In space of carried by your cable is FCC rules and regulat 76.59(d)(2) and (4), 76 substitute program bas Substitute Pasis Substitute Pasis Subsis 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 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 5: If you cable system carried the distant stat For the retransmiss of a written agreement the cable system and attion "E" (exempt). For explanation of these the Column 6: Give the Colum	G, identify ever system during the consistency of t	y television of the accounting of June 24, 19 (4), or 76.63 (4), or 76.63 (4), or 76.63 (5) and the next respect to any attons, or authors, or authors	g period, except 181, permitting the referring to 76.6 paragraph. It is pace I (the ation was carried tute basis station report origination cording to its own to be reported in the assigned to annel 4 in Wash tation is a network and the accounting period of the general instruction of the general or U.S. stations, stations, stations, stations is the station of the general or U.S. stations,	t (1) stations carried to carriage of certific (2) and (4))]; is a carried by your one Special Statem of both on a substime, see page (v) on program service rer-the-air designate column 1 (list each the television statington, D.C. This pork station, an indefer network multipor "E-M" (for noncontions located in the distant"), enter "Yestions located in the implete column 5, od. Indicate by enactivated channel subject to a royalty estemen a cable sy esenting the primal channel on any of instructions located list the community.	es". If not, enter "No". For an ex- e paper SA3 form. stating the basis on which your tering "LAC" if your cable system	Primary Transmitters: Television
Note: If you are utilizing	ng multiple chai	nnel line-ups,	use a separate	space G for each	channel line-up.	
		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	
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LEGAL NAME OF OWN	IER OF CABLE S	/STEM·			SYSTEM ID#			
North State Co					63110	Name		
PRIMARY TRANSMITTE	RS: TELEVISION	ON						
In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph.  Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program								
	here in space	G—but do lis		ne Special Statem	ent and Program Log)—if the			
basis. For further in in the paper SA3 fo Column 1: List each each multicast stream cast stream as "WETA-simulcast).	and also in spa formation cond rm. h station's call associated wit -2". Simulcast	ace I, if the st serning substi sign. Do not h a station ac streams mus	itute basis station report origination coording to its own the reported in	ns, see page (v) c n program service ver-the-air designa column 1 (list eac	tute basis and also on some other of the general instructions located  s such as HBO, ESPN, etc. Identify tion. For example, report multi- n stream separately; for example			
its community of licens on which your cable sy <b>Column 3:</b> Indicate	e. For example estem carried the in each case w	e, WRC is Ch ne station. whether the s	nannel 4 in Wash	nington, D.C. This ork station, an inde	ion for broadcasting over-the-air in may be different from the channel ependent station, or a noncommercial east), "I" (for independent), "I-M"			
(for independent multic For the meaning of the <b>Column 4:</b> If the standard planation of local servi	cast), "E" (for nese terms, see ation is outside ce area, see parearearearearearearearearearearearearea	oncommercian page (v) of the the local ser age (v) of the	al educational), c ne general instru vice area, (i.e. "o general instruct	or "E-M" (for nonce ctions located in the distant"), enter "Ye tions located in the	ommercial educational multicast). ne paper SA3 form. es". If not, enter "No". For an ex- e paper SA3 form.			
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 the Column 6: Give the	ne distant station on a part-tion of a distant entered into o a primary trans simulcasts, also ree categories e location of ea Canadian static	on during the me basis become the me basis become the multicast street or an accommendation of the medium of the m	accounting peri- ause of lack of a eam that is not sune 30, 2009, be association repre- you carried the of the general or U.S. stations, we the name of the	od. Indicate by en activated channel subject to a royalty etween a cable syesenting the prima channel on any or instructions locate list the community with space G for each	y payment because it is the subject stem or an association representing ry transmitter, enter the designather basis, enter "O." For a further d in the paper SA3 form.  y to which the station is licensed by the n which the station is identifed.			
	1	CHANN	LL 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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FORM SA3E. PAGE 3.						
LEGAL NAME OF OWN	JER OF CABLE SY	YSTEM:			SYSTEM ID#	Name
North State Co	mmunicatio	ns, LLC			63110	
PRIMARY TRANSMITTI	ERS: TELEVISION	N				
In General: In space of carried by your cable of FCC rules and regulat 76.59(d)(2) and (4), 76 substitute program bases substitute program bases sunder 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 eace each multicast stream cast stream as "WETA-simulcast).  Column 2: Give the its community of licens on which your cable sy Column 3: Indicated	G, identify ever- system during tools in effect on 6.61(e)(2) and (6.61(e)(2)	y television st he accounting n June 24, 19 (4), or 76.63 (I d in the next respect to any ations, or auth G—but do lis titute basis. ace I, if the sta cerning substif sign. Do not I h a station ac streams must ber the FCC he, WRC is Ch- he station.	g period, except 81, permitting the referring to 76.6 paragraph. It is a paragraph. It is space I (the ation was carried tute basis station report origination coording to its own to be reported in the assigned to annel 4 in Wash tation is a network.	t (1) stations carried to carriage of certific (e)(2) and (4))]; as carried by your one Special Statement of both on a substitute, see page (v) on program service ver-the-air designation column 1 (list each the television statington, D.C. This ork station, an independent of carried to the station of carried to the carried to the station of carried to the carried to t	s and low power television stations) ed only on a part-time basis under ain network programs [sections and (2) certain stations carried on a cable system on a substitute program ent and Program Log)—if the tute basis and also on some other of the general instructions located as such as HBO, ESPN, etc. Identify attion. For example, report multi- th stream separately; for example ion for broadcasting over-the-air in may be different from the channel expendent station, or a noncommercial cast), "I" (for independent), "I-M"	G Primary Transmitters: Television
(for independent multi- For the meaning of the Column 4: If the st planation of local servi Column 5: If you h cable system carried th carried the distant stat For the retransmiss of a written agreement the cable system and tion "E" (exempt). For explanation of these th Column 6: Give the	cast), "E" (for notes terms, see ation is outside ice area, see pave entered "Yithe distant station on a partition on a distant tentered into o a primary transsimulcasts, also ree categories e location of ea Canadian statio	oncommercia page (v) of the the local sen age (v) of the es" in column on during the me basis becat multicast stranor before Jumitter or an a o enter "E". If a see page (vich station. Foons, if any, giv	al educational), of e general instructivice area, (i.e. "of general instruction 4, you must contact accounting period accounting period accounting period accounting period accounting that is not successful to a contact and a contact and a contact and a contact and a contact are determined as a contact and a contact and a contact are determined as a contact are det	or "E-M" (for nonce ctions located in the distant"), enter "Yetions located in the mplete column 5, and the od. Indicate by en- activated channel of subject to a royalty etween a cable sys- essenting the prima channel on any of instructions locate list the community	commercial educational multicast).  the paper SA3 form.  es". If not, enter "No". For an ex- e paper SA3 form.  stating the basis on which your tering "LAC" if your cable system capacity.  y payment because it is the subject stem or an association representing rry transmitter, enter the designa- ther basis, enter "O." For a further ed in the paper SA3 form.  y to which the station is licensed by the m which the station is identifed.	
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1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION		5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION	
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				OVOTEM ID#	
				63110	Name
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G, identify ever system during to tions in effect on 3.61(e)(2) and (sis, as explaine Stations: With CC rules, regular here in space only on a substant also in spanformation concords to the station's call associated with A-2". Simulcast e channel number. For example	y television so the accounting in June 24, 19 (4), or 76.63 (ed in the next respect to any ations, or auth G—but do lissititute basis. ace I, if the stateming substitute sign. Do not h a station ac streams mussiber the FCC I e, WRC is Ch	g period, exception of the permitting the referring to 76.6 paragraph. It is paragraph. It is pace I (the ation was carried tute basis station report origination coording to its own the reported in the period of	t (1) stations carried to carriage of certs (1(e)(2) and (4))]; as carried by your one Special Statem d both on a substitute, see page (v) on program service rer-the-air designate column 1 (list each the television statement).	and only on a part-time basis under alin network programs [sections and (2) certain stations carried on a stable system on a substitute program tent and Program Log)—if the state basis and also on some other of the general instructions located as such as HBO, ESPN, etc. Identify tion. For example, report multinateram separately; for example sion for broadcasting over-the-air in	G Primary Transmitters: Television
y entering the lecast), "E" (for nese terms, see tation is outside ice area, see peave entered "Y the distant station on a part-tision of a distant tentered into o a primary trans simulcasts, als nee categories e location of ea Canadian static	etter "N" (for noncommercial page (v) of the the local ser age (v) of the fes" in column on during the me basis becet multicast strain or before Jumitter or an age onter "E". If a, see page (vach station. Foons, if any, given consolidation of the station.	etwork), "N-M" (all educational), of the general instructive area, (i.e. "general instruction accounting periodus of lack of a the general instruction accounting periodus of lack of a the general instruction accounting periodus of lack of a the general of U.S. stations, we the name of the general of U.S. stations, we the name of the general of U.S. stations, we the name of the general instruction of the general of the gene	(for network multicor "E-M" (for noncoctions located in the distant"), enter "Yetions located in the mplete column 5, od. Indicate by en activated channel subject to a royalty etween a cable sy essenting the prima channel on any o instructions locate list the community with	past), "I" (for independent), "I-M" ommercial educational multicast). The paper SA3 form.  ses". If not, enter "No". For an exper SA3 form.  stating the basis on which your stering "LAC" if your cable system capacity.  You payment because it is the subject stem or an association representing ry transmitter, enter the designation of the paper SA3 form.  You which the station is licensed by the nation which the station is identified.	
	CHANN	EL LINE-UP	AU		
2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION	
	mmunication  ERS: TELEVISION G, identify ever system during to tions in effect on 6.61(e)(2) and on the sis, as explained stations: With CC rules, regular in here in space of only on a substant and also in spanformation conditions. Consider the station's call the associated with A-2". Simulcast the channel number see the station is outside in each case of yentering the letter of the distant statistion on a part-tission of a distant tentered into on a primary transimulcasts, also hree categories elecation of each candian station on multiple characteristics.  2. B'CAST CHANNEL	system during the accounting tions in effect on June 24, 19 6.61(e)(2) and (4), or 76.63 (sis, as explained in the next Stations: With respect to any CC rules, regulations, or auth the here in space G—but do list only on a substitute basis, and also in space I, if the stanformation concerning substitute or station's call sign. Do not a associated with a station act A-2". Simulcast streams must be channel number the FCC is see. For example, WRC is Chystem carried the station, ein each case whether the sign energy the letter "N" (for nicast), "E" (for noncommercial ese terms, see page (v) of the tation is outside the local service area, see page (v) of the lave entered "Yes" in column the distant station during the tion on a part-time basis becausion of a distant multicast struct entered into on or before Julia primary transmitter or an a simulcasts, also enter "E". If hree categories, see page (vince location of each station. For Canadian stations, if any, giving multiple channel line-ups, CHANNEL OF	ERS: TELEVISION  G, identify every television station (including system during the accounting period, exceptions in effect on June 24, 1981, permitting the 6.61(e)(2) and (4), or 76.63 (referring to 76.6 sis, as explained in the next paragraph.  Stations: With respect to any distant station CC rules, regulations, or authorizations: In here in space G—but do list it in space I (the lonly on a substitute basis.  and also in space I, if the station was carried information concerning substitute basis station orm.  In the station's call sign. Do not report origination associated with a station according to its owa-2". Simulcast streams must be reported in the channel number the FCC has assigned to see. For example, WRC is Channel 4 in Wash ystem carried the station.  In each case whether the station is a network yentering the letter "N" (for network), "N-M" (cast), "E" (for noncommercial educational), cese terms, see page (v) of the general instruction is outside the local service area, (i.e. "rice area, see page (v) of the general instruction is outside the local service area, (i.e. "rice area, see page (v) of the general instruction on a part-time basis because of lack of a sion of a distant multicast stream that is not at the entered into on or before June 30, 2009, but a primary transmitter or an association repressimulcasts, also enter "E". If you carried the hree categories, see page (v) of the general instruction of each station. For U.S. stations, Canadian stations, if any, give the name of the modular stations, if any, give the name of the multiple channel line-ups, use a separate CHANNEL LINE-UP  2. B'CAST 3. TYPE 4. DISTANT? (Yes or No)	Grantify every television station (including translator stations system during the accounting period, except (1) stations carrietions in effect on June 24, 1981, permitting the carriage of cert 6.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; a sis, as explained in the next paragraph.  Stations: With respect to any distant stations carried by your of CC rules, regulations, or authorizations: In here in space G—but do list it in space I (the Special Statemer I only on a substitute basis. In and also in space I, if the station was carried both on a substitute basis stations, see page (v) of the station's call sign. Do not report origination program service a associated with a station according to its over-the-air designa A-2". Simulcast streams must be reported in column 1 (list each see channel number the FCC has assigned to the television statistics), "E" (for noncommercial educational), or "E-M" (for network multicidast), "E" (for noncommercial educational), or "E-M" (for noncomesee terms, see page (v) of the general instructions located in the lation is outside the local service area, (i.e. "distant"), enter "Ye ince area, see page (v) of the general instructions located in the lation is outside the local service area, (i.e. "distant"), enter "Ye ince area, see page (v) of the general instructions located in the lation on a part-time basis because of lack of activated channel of similar station during the accounting period. Indicate by ention on a part-time basis because of lack of activated channel of similarity transmitter or an association representing the prima simulcasts, also enter "E". If you carried the channel on any of the general instructions located in the local stant station, for U.S. stations, list the community withing multiple channel line-ups, use a separate space G for each CHANNEL LINE-UP  2. B'CAST 3. TYPE 4. DISTANT? 5. BASIS OF CARRIAGE	ERS: TELEVISION  G. identify every television station (including translator stations and low power television stations) system during the accounting period, except (1) stations carried only on a part-time basis under tions in effect on June 24, 1981, permitting the carriage of certain network programs [sections 6.61(e)(2) and (4))); and (2) certain stations carried on a sis, as explained in the next paragraph.  Stations: With respect to any distant stations carried by your cable system on a substitute program CC rules, regulations, or authorizations:  In here in space G—but do list it in space I (the Special Statement and Program Log)—if the I only on a substitute basis.  In and also in space I, if the station was carried both on a substitute basis and also on some other information concerning substitute basis stations, see page (v) of the general instructions located orm.  Ch station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify a associated with a station according to its over-the-air designation. For example, report multi-A-2". Simulcast streams must be reported in column 1 (list each stream separately; for example are channel number the FCC has assigned to the television station for broadcasting over-the-air in se. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel ystem carried the station.  In ein each case whether the station is a network station, an independent station, or a noncommercial equation in the letter "N" (for network), "N-M" (for network multicast), "" (for independent), "I-M" cast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast), ese terms, see page (v) of the general instructions located in the paper SA3 form.  Itation is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an exica as, see page (v) of the general instructions located in the paper SA3 form.  Itation is outside the local service area, (i.e. "distant"), enter "Yes". If not

FORM SA3E. PAGE 3.							
LEGAL NAME OF OWN	IER OF CABLE S	YSTEM:			SYSTEM ID#	Name	
North State Co	mmunicatio	ns, LLC			63110		
PRIMARY TRANSMITTI	ERS: TELEVISIO	ON					
PRIMARY TRANSMITTI In General: In space of carried by your cable is FCC rules and regulat 76.59(d)(2) and (4), 76 substitute program base Substitute Pasis Substitute Basis Subasis under specific FC Do not list the station was carried List the station here, basis. For further 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 (for independent multifor the meaning of the Column 4: If the st planation of local servi Column 5: If you h cable system carried the distant stat For the retransmiss of a written agreement	ERS: TELEVISION Considerations in effect on a consideration consideratio	y television state accounting a June 24, 19, 4), or 76.63 (ad in the next respect to any ations, or auth G—but do listitute basis. ace I, if the state acring substitute basis. The state of the state o	g period, except 181, permitting the referring to 76.6 paragraph. It is pa	t (1) stations carried to carriage of certific (2) and (4))]; as carried by your one Special Statem of the Special Spe	es." If not, enter "No". For an ex- e paper SA3 form. stating the basis on which your tering "LAC" if your cable system capacity. y payment because it is the subject stem or an association representing	G Primary Transmitters: Television	
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	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		
			•				
			•	•			
			•	•			
			•	•			
			•	•			

FORM SA3E. PAGE 3.						
LEGAL NAME OF OWN					SYSTEM ID#	Name
North State Co	mmunicatio	ns, LLC			63110	
PRIMARY TRANSMITTI	ERS: TELEVISION	ON				
In General: In space of carried by your cable is FCC rules and regulat 76.59(d)(2) and (4), 76 substitute program bases 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 eace each multicast stream cast stream as "WETA-simulcast).  Column 2: Give the its community of licens on which your cable is substituted.	G, identify ever system during to ions in effect on 6.61(e)(2) and (6.61(e)(2)	y television st he accounting in June 24, 19 4), or 76.63 (I di in the next respect to any ations, or auth G—but do lis titute basis. ace I, if the staterning substit sign. Do not the ha a station ac streams must per the FCC has, WRC is Chine station.	g period, except 81, permitting the referring to 76.6 paragraph. y distant stations norizations: t it in space I (the ation was carried tute basis station report origination coording to its ow the reported in the mas assigned to annel 4 in Wash	t (1) stations carried carriage of cert (1(e)(2) and (4))]; as carried by your one Special Statem d both on a substitute, see page (v) on program service (er-the-air designal column 1 (list each the television stathington, D.C. This	s and low power television stations) ed only on a part-time basis under ain network programs [sections and (2) certain stations carried on a cable system on a substitute program ent and Program Log)—if the tute basis and also on some other of the general instructions located as such as HBO, ESPN, etc. Identify tion. For example, report multi- h stream separately; for example ion for broadcasting over-the-air in may be different from the channel	G Primary Transmitters: Television
(for independent multi- For the meaning of the Column 4: If the st planation of local servi Column 5: If you h cable system carried ti carried the distant stat For the retransmiss of a written agreement the cable system and tion "E" (exempt). For explanation of these th Column 6: Give the	cast), "E" (for n ese terms, see ation is outside ce area, see pave entered "Y he distant station on a partition of a distant entered into o a primary transsimulcasts, also be location of ea Canadian static	oncommercial page (v) of the the local servage (v) of the es" in column on during the me basis becar multicast strain or before Jumitter or an aborenter "E". If , see page (v ch station. Forns, if any, giv	I educational), of e general instructive area, (i.e. "of general instruct 4, you must confide accounting period accounting period for a general instruction and the search that is not a search that i	or "E-M" (for nonce ctions located in the distant"), enter "Ye- tions located in the mplete column 5, od. Indicate by en activated channel or subject to a royalty etween a cable sy- essenting the prima channel on any or instructions locate list the community	es. If not, enter "No". For an ex- e paper SA3 form. stating the basis on which your tering "LAC" if your cable system capacity. / payment because it is the subject stem or an association representing ry transmitter, enter the designa- ther basis, enter "O." For a further ed in the paper SA3 form. / to which the station is licensed by the n which the station is identifed.	
		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	

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

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name 63110 North State Communications, LLC 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). AM or FM CALL SIGN LOCATION OF STATION CALL SIGN S/D LOCATION OF STATION AM or FM

						ACCOUNTING	PERIOD: 2023/1
CABLE SYST	EM:					SYSTEM ID#	
cations, L	LC					63110	Name
: SPECIAL	STATEMEN	T AND PROGRAM LOG					
ccounting pe	riod, under spe	cific present and former FC	C rules, regula	ations, or a	uthorization	ns. For a further	Substitute
			J				Carriage:
iod, did you ion?	r cable system	carry, on a substitute basi	s, any nonne	twork telev			Special Statement and Program Log
		e blank. If your answer is "	Yes," you mu	ıst comple	te the prog	ıram	
ce, please a of every nor distant stati gulations, or tion. Do not ucy" or "NB n was broad sign of the statio adian statio at the and day we "5/7." es when the Example: a er "R" if the land regulation	attach additional network televition and that your authorizations to use general of the Basketball: least live, enterestation broadcan's location (thins, if any, the owner your system of the basketball and the basketball a	al pages. sion program (substitute pur cable system substitute pour cable system substitute pour cable system substitute pour cable system substitute pour categories like "movies", or 76ers vs. Bulls."  "Yes." Otherwise enter "N sting the substitute program to community to which the community with which the stem carried the substitute pur carried the substitute pur carried by a system from 6:01:10 was substituted for program the accounting period.	rogram) that, at for the progeral instruction "basketball".  o."  n. station is licentation is identation is identation.  station is identation is identation.  5 p.m. to 6:2  mming that year the let	during the ramming on slocated List spec List spec nsed by the stiffied). numerals List the till 8:30 p.m. our system ter "P" if the	e accounting another so in the paper of the FCC or, with the mass accurate should be an was required listed program.	g station per n in nonth ately ired	
UBSTITUT	E PROGRAM					7. REASON FOR	
2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. FROM		DELETION	
	fy every non- counting pering that must recounting pering that must recount for a counting pering that must recount for a counting pering that must recount for a counting pering for a counting for a coun	fy every nonnetwork televis accounting period, under speing that must be included in a CONCERNING SUBSTITUTE PROGRAM  gray every nonnetwork televis distant station and that your gulations, or authorizations to not use general caucy" or "NBA Basketball: n was broadcast live, entering of the station broadcast stations, if any, the cath and day when your system of the substitute program carried and the substitute program in the substitute program carried and the substitute program in the substitute program and regulations in effect during many systems. Substitute programming that your systems are "R" if the listed program are "R" if the listed progr	Exations, LLC  Exactions, LLC	fy every nonnetwork television program broadcast by a distant station counting period, under specific present and former FCC rules, regulating that must be included in this log, see page (v) of the general instruction, did your cable system carry, on a substitute basis, any nonnetion?  CONCERNING SUBSTITUTE CARRIAGE  ind, did your cable system carry, on a substitute basis, any nonnetion?  PROGRAMS  itute program on a separate line. Use abbreviations wherever postoe, please attach additional pages. of every nonnetwork television program (substitute program) that, distant station and that your cable system substituted for the progregulations, or authorizations. See page (vi) of the general instruction. Do not use general categories like "movies", or "basketball". In was broadcast live, enter "Yes." Otherwise enter "No." sign of the station broadcasting the substitute program. Ideast station's location (the community to which the station is lice adian stations, if any, the community with which the station is lice adian stations, if any, the community with which the station is lice adian stations, if any, the community with which the station is lice adian stations, if any, the community with which the station is lice adian stations, if any, the community with which the station is lice adian stations, if any the community with which the station is lice adian stations, if any the community to which the station is lice adian stations, if any the community of the substitute program. Use we "5/7."  Example: a program carried by a system from 6:01:15 p.m. to 6:2  Full if the listed program was substituted for programming that your degramming that your system was permitted to delete under FCC responses to the programming that your system was permitted to delete under FCC responses.  Substitute PROGRAM  2. LIVE?  3. STATION'S	gevery nonnetwork television program broadcast by a distant station that your counting period, under specific present and former FCC rules, regulations, or a ing that must be included in this log, see page (v) of the general instructions loc CONCERNING SUBSTITUTE CARRIAGE iod, did your cable system carry, on a substitute basis, any nonnetwork televitor?  "I leave the rest of this page blank. If your answer is "Yes," you must comple interpretation and that your cable system substitute program wherever possible, if the distant station and that your cable system substitute program) that, during the distant station and that your cable system substituted for the programming of gulations, or authorizations. See page (vi) of the general instructions located in was broadcast live, enter "Yes." Otherwise enter "No." sign of the station broadcasting the substitute program. Ideast station's location (the community to which the station is licensed by the adian stations, if any, the community with which the station is identified). The and day when your system carried the substitute program. Use numerals re "5/7."  The swhen the substitute program was carried by your cable system. List the time Example: a program carried by a system from 6:01:15 p.m. to 6:28:30 p.m. are "R" if the listed program was substituted for programming that your system and regulations in effect during the accounting period; enter the letter "P" if the organization of the substitute programming that your system and regulations in effect during the accounting period; enter the letter "P" if the organization in effect during the accounting period; enter the letter "P" if the organization in effect during the accounting period; enter the letter "P" if the organization in effect during the accounting period; enter the letter "P" if the organization in effect during the accounting period; enter the letter "P" if the organization in effect during the accounting period; enter the letter "P" if the organization in effect during the accounting period; enter th	E: SPECIAL STATEMENT AND PROGRAM LOG  fy every nonnetwork television program broadcast by a distant station that your cable syste coounting period, under specific present and former FCC rules, regulations, or authorization ing that must be included in this log, see page (v) of the general instructions located in the CONCERNING SUBSTITUTE CARRIAGE  iod, did your cable system carry, on a substitute basis, any nonnetwork television program?  "leave the rest of this page blank. If your answer is "Yes," you must complete the program or a separate line. Use abbreviations wherever possible, if their meaning ce, please attach additional pages.  of every nonnetwork television program (substitute program) that, during the accounting distant station and that your cable system substituted for the programming of another sigulations, or authorizations. See page (vi) of the general instructions located in the pagition. Do not use general categories like "movies", or "basketball". List specific program usury" or "NBA Basketball: 76ers vs. Bulls."  In was broadcast live, enter "Yes." Otherwise enter "No." sign of the station broadcasting the substitute program. ideast station's location (the community to which the station is licensed by the FCC or, adian stations, if any, the community with which the station is identified). It and day when your system carried the substitute program. Use numerals, with the ne "57."  se when the substitute program was carried by your cable system. List the times accurate swhen the substitute program was carried by a system from 6:01:15 p.m. to 6:28:30 p.m. should be seen a program carried by a system from 6:01:15 p.m. to 6:28:30 p.m. should be carried. The listed program was substituted for programming that your system was required regulations in effect during the accounting period; enter the letter "P" if the listed programming that your system was permitted to delete under FCC rules and regulations of the station is licensed by the FCC or, and regulations in effect during the accounting period;	ESPECIAL STATEMENT AND PROGRAM LOG  fy every nonnetwork television program broadcast by a distant station that your cable system carried on a counting period, under specific present and former FCC rules, regulations, or authorizations. For a further ing that must be included in this log, see page (v) of the general instructions located in the paper SA3 form.  **CONCERNING SUBSTITUTE CARRIAGE**  iod, did your cable system carry, on a substitute basis, any nonnetwork television program ion?**  "leave the rest of this page blank. If your answer is "Yes," you must complete the program of every nonnetwork television program (substitute program) that, during the accounting distant station and that your cable system substitute for the programming of another station gulations, or authorizations. See page (vi) of the general instructions located in the paper iton. Do not use general categories like "movies", or "basketball". List specific program usury or "NBA Basketball: 76ers vs. Bulls."  **n was broadcast live, enter "Yes." Otherwise enter "No."  sign of the station broadcasting the substitute program. Use numerals, with the month re "517."  sign of the station broadcasting the substitute program. Use numerals, with the month re "517."  so when the substitute program was carried by your cable system. List the times accurately Example: a program carried by a system from 6:01:15 p.m. to 6:28:30 p.m. should be er "R" if the listed program was substituted for programming that your system was required and regulations in effect during the accounting period; enter the letter "P" if the listed programming that your system was permitted to delete under FCC rules and regulations in EILDENTITUTE CARRIAGE OCCURRED FOR DELETION.  2. LIVE? 3. STATION'S  SYSTEM IOPS  SYSTEM IOPS  SYSTEM IOPS  1. Authorizations, or authorizations. For a further intorizations. Fo

**ACCOUNTING PERIOD: 2023/1** FORM SA3E, PAGE 6. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name North State Communications, LLC 63110 **PART-TIME CARRIAGE LOG** J In General: This space ties in with column 5 of space G. If you listed a station's basis of carriage as "LAC" for parttime carriage due to lack of activated channel capacity, you are required to complete this log giving the total dates and hours your system carried that station. If you need more space, please attach additional pages. Column 1 (Call sign): Give the call sign of every distant station whose basis of carriage you identified by "LAC" in Part-Time column 5 of space G. Carriage Column 2 (Dates and hours of carriage): For each station, list the dates and hours when part-time carriage oc-Log curred during the accounting period. Give the month and day when the carriage occurred. Use numerals, with the month first. Example: for April 10 give · State the starting and ending times of carriage to the nearest quarter hour. In any case where carriage ran to the end of the television station's broadcast day, you may give an approximate ending hour, followed by the abbreviation "app." Example: "12:30 a.m.– 3:15 a.m. app." You may group together any dates when the hours of carriage were the same. Example: "5/10-5/14, 6:00 p.m.– 12:00 p.m.' DATES AND HOURS OF PART-TIME CARRIAGE WHEN CARRIAGE OCCURRED WHEN CARRIAGE OCCURRED **CALL SIGN CALL SIGN HOURS HOURS** DATE **FROM** TO DATE **FROM** TO

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

	SA3E. PAGE 7.  AL NAME OF OWNER OF CABLE SYSTEM:		SYSTEM ID:	ŧ l
	rth State Communications, LLC		63110	Mama
Inst all a (as	OSS RECEIPTS tructions: The figure you give in this space determines the form you file and the amount amounts (gross receipts) paid to your cable system by subscribers for the system's secon identified in space E) during the accounting period. For a further explanation of how to ce (vii) of the general instructions.  Gross receipts from subscribers for secondary transmission service(s)	ndary transmi	ssion service	K Gross Receipts
IMP	during the accounting period.  **PORTANT: You must complete a statement in space P concerning gross receipts.	\$ (Amount	<b>3,314,804.50</b> t of gross receipts)	
<ul><li>Con</li><li>Con</li><li>If your fee</li><li>If you</li></ul>	(RIGHT ROYALTY FEE Inctions: Use the blocks in this space L to determine the royalty fee you owe: Inplete block 1, showing your minimum fee. Inplete block 2, showing whether your system carried any distant television stations. Our system did not carry any distant television stations, leave block 3 blank. Enter the arrifrom block 1 on line 1 of block 4, and calculate the total royalty fee. Our system did carry any distant television stations, you must complete the applicable parompanying this form and attach the schedule to your statement of account.			L Copyright Royalty Fee
	art 8 or part 9, block A, of the DSE schedule was completed, the base rate fee should be ck 3 below.	entered on li	ine 1 of	
	art 6 of the DSE schedule was completed, the amount from line 7 of block C should be e elow.	ntered on line	e 2 in block	
	art 7 or part 9, block B, of the DSE schedule was completed, the surcharge amount should block 4 below.	lld be entered	d on line	
Block 1	<b>MINIMUM FEE:</b> All cable systems with semiannual gross receipts of \$527,600 or more least the minimum fee, regardless of whether they carried any distant stations. This fee system's gross receipts for the accounting period.	is 1.064 perc	cent of the	
	Line 1. Enter the amount of gross receipts from space K. Line 2. Multiply the amount in line 1 by 0.01064. Enter the result here.	\$	3,314,804.50	
	This is your minimum fee.	\$	35,269.52	
Block 2	DISTANT TELEVISION STATIONS CARRIED: Your answer here must agree with the space G. If, in space G, you identified any stations as "distant" by stating "Yes" in colum "Yes" in this block.  • Did your cable system carry any distant television stations during the accounting periodic Yes—Complete the DSE schedule.	n 4, you mus	st check	
Block 3	Line 1. BASE RATE FEE: Enter the base rate fee from either part 8, section 3 or 4, or part 9, block A of the DSE schedule. If none, enter zero.	_\$	-	
	Line 2. <b>3.75 Fee:</b> Enter the total fee from line 7, block C, part 6 of the DSE schedule. If none, enter zero.		0.00	
	Line 3. Add lines 1 and 2 and enter here.	\$		
Block 4	Line 1. BASE RATE FEE/3.75 FEE or MINIMUM FEE: Enter either the minimum fee from block 1 or the sum of the base rate fee / 3.75 fee from block 3, line 3, whichever is larger.	\$	35,269.52	Cable systems
	Line 2. SYNDICATED EXCLUSIVITY SURCHARGE: Enter the fee from either part 7 (block D, section 3 or 4) or part 9 (block B) of the DSE schedule. If none, enter		0.00	submitting additional
	zero. Line 3. Line 3. INTEREST CHARGE: Enter the amount from line 4, space Q, page 9 (Interest Worksheet)		0.00	deposits under Section 111(d)(7) should contact the Licensing
	Line 4. FILING FEE	\$	725.00	additional fees. Division for the
	TOTAL ROYALTY AND FILING FEES DUE FOR ACCOUNTING PERIOD.  Add Lines 1, 2 and 3 of block 4 and enter total here	\$	35,994.52	appropriate form for submitting the additional fees.
	EFT Trace # or TRANSACTION ID #			
	Remit this amount via <i>electronic payment</i> payable to Register of Copyrights. (Signeral instructions located in the paper SA3 form and the Excel instructions to			

	LEGAL NAME OF OWNER OF CABLE SYSTEM:  SYSTEM									
Name	North State Communications, LLC 631									
М	CHANNELS  Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations									
141	to its subscribers and (2) the cable system's total number of activated channels, during the accounting period.									
Channels	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									
	Enter the total number of activated channels									
	on which the cable system carried television broadcast stations									
	and nonbroadcast services									
N	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED: (Identify an individual									
Individual to	we can contact about this statement of account.)									
Be Contacted										
for Further	Name Tim Pressley Telephone 336-821-8650									
Information										
	Address 4100 Mendenhall Oaks Parkway, Suite 300									
	(Number, died., talah bata, aparahan, or dake hamber)									
	High Point, NC 27265 (City, town, state, zip)									
	Email tim.pressley@lumosfiber.com Fax (optional)									
	CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations.									
0										
Certification	• 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									
	(Owner other train corporation or partnership) I aim the owner of the cable system as identified in line 1 of space B, of									
	(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)]									
	/s/ Alison J. Brown									
	X									
	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 "F2" button will avoid enabling Excel's Lotus compatibility settings.									
	Allere I Brown									
	Typed or printed name: Alison J. Brown									
	Title: Chief Legal Officer									
	Title: Chief Legal Officer (Title of official position held in corporation or partnership)									
	Date: August 25, 2023									
l										

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

**ACCOUNTING PERIOD: 2023/1** 

LEGAL NAME OF OWNE	R OF CABLE SYSTEM:	SYSTEM ID#	Na				
North State Con	nmunications, LLC	63110	Name				
The Satellite Hon lowing sentence: "In determ service of scribers a	TEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS ne Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by addin ining the total number of subscribers and the gross amounts paid to the cable system for th providing secondary transmissions of primary broadcast transmitters, the system shall not in a damounts collected from subscribers receiving secondary transmissions pursuant to section	e basic nclude sub- on 119."	P Special Statement Concerning				
For more information on when to exclude these amounts, see the note on page (vii) of the general instructions in the paper SA3 form.  During the accounting period did the cable system exclude any amounts of gross receipts for secondary transmissions							
made by satellite	carriers to satellite dish owners?	311115510115					
X NO	the first three and three and three and the first three and three						
YES. Enter th	ne total here and list the satellite carrier(s) below						
Name Mailing Address	Name Mailing Address						
INTEREST AS	SESSMENTS						
	te this worksheet for those royalty payments submitted as a result of a late payment or under n of interest assessment, see page (viii) of the general instructions in the paper SA3 form.	erpayment.	Q				
Line 1 Enter the	amount of late payment or underpayment		Interest Assessment				
Line 2 Multiply li	ne 1 by the interest rate* and enter the sum here	_					
	x	days					
Line 3 Multiply li	ne 2 by the number of days late and enter the sum here	-					
		.00274					
	ne 3 by 0.00274** enter here and on line 3, block 4, pace L (page 7)	_					
	· · · · · · · · · · · · · · · · · · ·	st charge)					
	interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assista Licensing Division at (202) 707-8150 or licensing@copyright.gov.	nce please					
** This is the	decimal equivalent of 1/365, which is the interest assessment for one day late.						
	filing this worksheet covering a statement of account already submitted to the Copyright Off the owner, address, first community served, accounting period, and ID number as given in t						
Owner Address							
First community s							
Accounting period ID number							

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

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

#### FORMULAS FOR COMPUTING A STATION'S DSE

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

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

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

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

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

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

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

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

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

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

#### **TOTAL OF DSEs**

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

### THE ROYALTY FEE

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

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

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

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

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

- 1) A station actually carried within any portion of a cable system prior to June 25, 1981, pursuant to the former FCC rules.
- 2) A station first carried after June 24, 1981, which could have beer carried under FCC rules in effect on June 24, 1981, if such carriage would not have exceeded the market quota imposed for the importation of distant stations under those rules.
- 3) A station of the same type substituted for a carried network, non-commercial educational, or regular independent station for which a quota was or would have been imposed under FCC rules (47 CFR 76.59 (b),(c), 76.61 (b),(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 statior that it was authorized to carry or was lawfully carrying prior to March 31 1972, even if the total number of distant stations carried exceeded the market quota imposed for the importation of distant stations. Carriage of these grandfathered stations is not subject to the 3.75 percent rate but is subject to the Base Rate, and where applicable, the Syndicatec Exclusivity Surcharge. The Copyright Royalty Tribunal has stated its view that, since section 76.65 of the former FCC rules would not have permitted substitution of a grandfathered station, the 3.75 percent Rate applies to a station substituted for a grandfathered station if carriage of the station exceeds the market quota imposed for the importation of distant stations.

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

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

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

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

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

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

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

Each of the second, third, and fourth DSEs 0.701% of gross receipts The fifth and each additional DSE 0.330% of gross receipts

#### PARTIALLY DISTANT STATIONS—PART 9 OF THE DSE SCHEDULE

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

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

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

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

- 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:

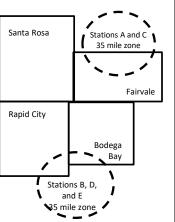
- When the fourth decimal point is 1, 2, 3, or 4, the third decimal remains unchanged (example: .34647 is rounded to .346).
- When the fourth decimal point is 5, 6, 7, 8, or 9, the third decimal is rounded up (example: .34651 is rounded to .347).

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 of	of Subscriber Groups			
;	STATION	DSE	CITY	OUTSIDE LOCAL	GROSS RECEIPTS		
hin	A (independent)	1.0		SERVICE AREA OF	FROM SUBSCRIBERS		
s	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		
Ξ.	E (network)	0.25	Fairvale	Stations B, D, and E	120,000.00		
	TOTAL DSEs	2.472		TOTAL GROSS RECEIPTS	\$600,000.00		

Minimum Fee Total Gross Receipts	\$600,000.00
	x .01064
	\$6,384.00

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

**Total Base Rate Fee:** \$6,497.20 + \$1,907.71 + \$1,604.03 = \$10,008.94 In this example, the cable system would enter \$10,008.94 in space L, block 3, line 1 (page 7)

ACCOUNTING PERIOD: 2023/1

DSE SCHEDULE. PAGE 11. (CONTINUED)

1	LEGAL NAME OF OWNER OF CABLE SYSTEM:  North State Communications, LLC												
	SUM OF DSEs OF CATEGOR • Add the DSEs of each station Enter the sum here and in line	0.00											
2	Instructions: In the column headed "Call Sign": list the call signs of all distant stations identified by the letter "O" in column 5 of space G (page 3).												
Computation of DSEs for	In the column headed "DSE": for each independent station, give the DSE as "1.0"; for each network or noncommercial educational station, give the DSE as ".25."												
Category "O"	CATEGORY "O" STATIONS: DSEs												
Stations	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE							
Add rows as													
necessary.													
Remember to copy all													
formula into new													
rows.													
				•									

Name									63110			
Computation of DSEs for Stations Carried Part Time Due to Lack of Activated Channel	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. 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. Column 5: For each independent station, give the "type-value" as "1.0." For each network or noncommercial educational station, 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 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.											
Capacity	CATEGORY LAC STATIONS: COMPUTATION OF DSEs											
	1. CALL SIGN	2. NUMBI OF HO CARRI SYSTE	ER URS ED BY	3. NU OF ST	MBER HOURS ATION AIR	4. BASIS O CARRIAG VALUE	F 5. TY	/PE 6. I	DSE			
			÷ ÷ •			=	x x	=				
			÷ ÷			=	x x x					
			÷			= = =	x	=				
	SUM OF DSEs OF CA Add the DSEs of each Enter the sum here	station.	STATIONS:	chedule,				0.00				
Computation of DSEs for Substitute-Basis Stations	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  • Broadcast one or more live, nonnetwork programs during that optional carriage (as shown by the word "Yes" in column 2 of space I).  Column 2: For each station give the number of live, nonnetwork programs carried in substitution for programs that were deleted 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).											
		SL	JBSTITUTE	-BASIS	STATION	S: COMPUT	ATION OF DSEs	3				
	SIGN OF	JMBER OGRAMS	3. NUMB OF DA' IN YEA	YS	4. DSE	1. CALL SIGN	2. NUMBER OF PROGRAM	3. NUMBEI OF DAYS IN YEAR	3			
			÷	=			<u> </u>	÷	=			
			÷ ÷					÷ ÷				
			÷	=				÷	=			
			÷	=			0	÷	=			
	SUM OF DSEs OF SU Add the DSEs of each Enter the sum here	JBSTITUTE-BAS station.	SIS STATIONS			▶	0	0.00				
5	TOTAL NUMBER OF I	able to your syste		e boxes i	n parts 2, 3, and	d 4 of this schedu	ıle and add them to pr					
Total Number of DSEs	1. Number of DSEs from part 2 ● ▶ <b>0.00</b> 2. Number of DSEs from part 3 ●											
J. DOLS	3. Number of DSEs	•					·	0.00				
	TOTAL NUMBER OF D	)SEs						▶	0.00			

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

LEGAL NAME OF C							S	YSTEM ID# 63110	Name			
								03110				
Instructions: Bloc In block A:		•							G			
<ul> <li>If your answer if schedule.</li> </ul>			•	/ of the DSE sche	edule blank ar	nd complete pa	ort 8, (page 16) of	the	6			
If your answer if	"No," complete blo			ELEVISION MA	ARKETS				Computation of			
Is the cable syster	n located wholly o					ection 76.5 of I	FCC rules and reg	gulations in	3.75 Fee			
effect on June 24,		schedule [		PLETE THE REMA	AINDED OF E	DART 6 AND 7						
<del></del>	olete blocks B and		DO NOT COM		AINDLK OF F	AITI O AIND I						
				IAGE OF PERM	MITTED DO	250						
Column 1:	List the call signs			part 2, 3, and 4 of			tem was permitted	d to carry				
CALL SIGN under FCC rules and regulations prior to June 25, 1981. For further explanation of permitted stations, see the instructions for the DSE Schedule. (Note: The letter M below refers to an exempt multicast stream as set forth in the Satellite Television Extension and Localism Act of 2010.)												
	BASIS OF (Note the FCC rules and regulations cited below pertain to those in effect on June 24, 1981.											
OANNAGE	B Specialty stati C Noncommeric D Grandfathered	al educational at	al station [76.5 65) (see parag	6.59(d)(1), 76.61(d), 76.61(d), 76.61(d), 76.61(d), 76.61(d), 76.61(d), 76.61(d), 76.61(d), 76.61(d)	63(a) referrin	g to 76.61(d)	` /\					
	instructions for E Carried pursua	ant to individ	ual waiver of F	, ,								
	G Commercial U	JHF station w	/ithin grade-B o	ne or substitute ba contour, [76.59(d)(	•		erring to 76.61(e)	(5)				
	M Retransmission	on of a distar	nt multicast stre	eam.								
Column 3:		e stations ide	entified by the le	parts 2, 3, and 4 etter "F" in column			orksheet on page	e 14 of				
1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE				
				I		ı		0.00				
			I OCK C: CO	MPUTATION OF	3 75 FFF		<u> </u>					
					0.70122							
Line 1: Enter the	total number of	DSES from	part 5 of this	scnedule			,					
Line 2: Enter the	sum of permitte	ed DSEs from	m block B abo	ove								
Line 3: Subtract (If zero, I				r of DSEs subjec 7 of this schedu		rate.		0.00				
Line 4: Enter gro	ss receipts from	space K (p	age 7)						Do any of the DSEs represent			
							x 0.03	375	partially permited/			
Line 5: Multiply I	ine 4 by 0.0375	and enter s	um here				,		partially			
							Х		nonpermitted carriage?			
Line 6: Enter tota	al number of DS	Es from line	3					-	If yes, see part 9 instructions.			
Line 7: Multiply I	ine 6 by line 5 ar	nd enter her	e and on line	2, block 3, space	e L (page 7)	1		0.00				

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name North State Communications, LLC 63110 **BLOCK A: TELEVISION MARKETS (CONTINUED)** 6 1. CALL 2. PERMITTED 1. CALL 2. PERMITTED 1. CALL 2. PERMITTED 3. DSE 3. DSE SIGN BASIS SIGN BASIS SIGN **BASIS** Computation of 3.75 Fee

Name	LEGAL NAME OF OWN	NER OF CABLE	E SYSTEM:					SYSTEM ID#						
Name	North State Communications, LLC 6311													
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., stations carried prior to June 25, 1981, under former FCC rules governing part-time and substitute carriage.  Column 1: List the call sign for each distant station identifed by the letter "F" in column 2 of part 6 of the DSE schedule  Column 2: Indicate the DSE for this station for a single accounting period, occurring between January 1, 1978 and June 30, 198  Column 3: Indicate the basis of carriage on 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 in block B, column 3 of part 6 for this station.  IMPORTANT: The information you give in columns 2, 3, and 4 must be accurate and is subject to verification from the designated statement of account on fle in the Licensing Division.													
	PERMITTED DSE FOR STATIONS CARRIED ON A PART-TIME AND SUBSTITUTE BASIS													
	1. CALL SIGN	RESENT DSE	6. PERMITTED DSE											
	CICIT	DSE		ERIOD	CARRIAGE		362	202						
<b>7</b> Computation of the Syndicated	Instructions: Block A must be completed. In block A: If your answer is "Yes," complete blocks B and C, below. If your answer is "No," leave blocks B and C blank and complete part 8 of the DSE schedule.													
Exclusivity			BLUCI	A: MAJOR	TELEVISION MARK	(E)								
Surcharge	Is any portion of the of Yes—Complete	,	, ,	or television mai	ket as defned by section No—Proceed to		Crules in effect Ju	une 24, 1981?						
	BLOCK B: Ca	arriage of VHI	F/Grade B Contour	Stations	BLOC	K C: Compu	Itation of Exemp	t DSEs						
	Is any station listed ir commercial VHF stati or in part, over the ca	n block B of pa ion that place able system?	art 6 the primary sti s a grade B contou	ream of a r, in whole	Was any station lister nity served by the cal to former FCC rule 70	d in block B ble system p 6.159)	of part 7 carried orior to March 31	in any commu- , 1972? (refe						
	Yes—List each s  X No—Enter zero a		th its appropriate per part 8.	mitted DSE	Yes—List each s  X No—Enter zero a		with its appropriate to part 8.	e permitted DSE						
	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE						
			-											
			TOTAL DSEs	0.00		•	TOTAL DSE	0.00						

LEGAL NA	ME OF OWNER OF CABLE SYSTEM: North State Communications, LLC	SYSTEM ID# 63110	Name
	BLOCK D: COMPUTATION OF THE SYNDICATED EXCLUSIVITY SURCHARGE		
Section 1	Enter the amount of gross receipts from space K (page 7)	3,314,804.50	7
Section 2	A. Enter the total DSEs from block B of part 7	0.00	Computation of the
	B. Enter the total number of exempt DSEs from block C of part 7	0.00	Syndicated Exclusivity
	C. Subtract line B from line A and enter here. This is the total number of DSEs subject to the surcharge computation. If zero, proceed to part 8	0.00	Surcharge
• Is an	y portion of the cable system within a top 50 television market as defined by the FCC?  Yes—Complete section 3 below.  X No—Complete section 4 below.		
	SECTION 3: TOP 50 TELEVISION MARKET		
Section 3a	Did your cable system retransmit the signals of any partially distant television stations during the accounting period?      X Yes—Complete part 9 of this schedule.  No—Complete the applicable section below.		
	If the figure in section 2, line C is 4.000 or less, compute your surcharge here and leave section 3b blank. NOTE: If the DS is 1.0 or less, multiply the gross receipts by .00599 by the DSE. Enter the result on line A below.	E	
	A. Enter 0.00599 of gross receipts (the amount in section1)		
	B. Enter 0.00377 of gross receipts (the amount in section.1)		
	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.		
	If the figure in section 2, line C is 4.000 or less, compute your surcharge here and leave section 4b blank. NOTE: If the DS is 1.0 or less, multiply the gross receipts by 0.003 by the DSE. Enter the result on line A below.  A. Enter 0.00300 of gross receipts (the amount in section 1)	E	
	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		

Nama	LEGAL NAN	IE OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	ı	North State Communications, LLC	63110
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	6 was In blo If you If you blank What i	ust complete this part of the DSE schedule for the SUM OF PERMITTED DSEs in part 6, block B; however, if block A of perchecked "Yes," use the total number of DSEs from part 5.  lock A, indicate, by checking "Yes" or "No," whether your system carried any partially distant stations.  leter answer is "No," compute your system's base rate fee in block B. Leave part 9 blank.  leter answer is "Yes" (that is, if you carried one or more partially distant stations), you must complete part 9. Leave block B be	elow
		BLOCK A: CARRIAGE OF PARTIALLY DISTANT STATIONS	
	• Did y	our 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 following sections.	
		BLOCK B: NO PARTIALLY DISTANT STATIONS—COMPUTATION OF BASE RATE FEE	
	Section 1	Enter the amount of gross receipts from space K (page 7) ▶\$	
	Section 2	Enter the total number of permitted DSEs from block B, part 6 of this schedule.  (If block A of part 6 was checked "Yes,"  use the total number of DSEs from part 5.).	
	Section 3	If the figure in section 2 is <b>4.000 or less</b> , 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).	
		Base Rate Fee	0.00
		Σασο παίο 1 σσ	

LEGAL N	AME OF OWNER OF CABLE SYSTEM:	STEM ID#	
North	State Communications, LLC	63110	Name
Section	If the figure in section 2 is more than 4.000, compute your base rate fee here and leave section 3 blank.		
4			8
	A. Enter 0.01064 of gross receipts  (the amount in section 1)  **S		Ū
	B. Enter 0.00701 of gross receipts  (the amount in section 1) \$		Computation of
			Base Rate Fee
	C. Multiply line B by 3.000 and enter here <b>\$</b>		
	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 <b>\$</b>	_	
	G. Add lines A, C, and F. This is your base rate fee.		
	Enter here and in block 3, line 1, space L (page 7)  Base Rate Fee	0.00	
	Dase Nate I ee		
	TANT: It is no longer necessary to report television signals on a system-wide basis. Carriage of television broadcast s		
Space	be reported on a community-by-community basis (subscriber groups) if the cable system reported multiple channel lin G.	e-ups in	9
	eral: If any of the stations you carried were partially distant, the statute allows you, in computing your base rate fee, to		Computation
	s from subscribers located within the station's local service area, from your system's total gross receipts. To take adva on, you must:	ntage of this	of Base Rate Fee
First: [	Divide all of your subscribers into subscriber groups, each group consisting entirely of subscribers that are distant to the	e same	and
station	or the same group of stations. Next: Treat each subscriber group as if it were a separate cable system. Determine the	number of	Syndicated Exclusivity
	ind the portion of your system's gross receipts attributable to that group, and calculate a separate base rate fee for eac : Add up the separate base rate fees for each subscriber group. That total is the base rate fee for your system.	лі group.	Surcharge for
	If any portion of your cable system is located within the top 100 television market and the station is not exempt in part		Partially
	mpute a Syndicated Exclusivity Surcharge for each subscriber group. In this case, complete both block A and B below cable system is wholly located outside all major television markets, complete block A only.	. However,	Distant Stations, and
-	Identify a Subscriber Group for Partially Distant Stations		for Partially
Step 1:	For each community served, determine the local service area of each wholly distant and each partially distant station	you	Permitted Stations
	to that community.  For each wholly distant and each partially distant station you carried, determine which of your subscribers were located.	ad	
outside	the station's local service area. A subscriber located outside the local service area of a station is distant to that station		
	ne token, the station is distant to the subscriber.)  Divide your subscribers into subscriber groups according to the complement of stations to which they are distant. Eac	•h	
subscri	ber group must consist entirely of subscribers who are distant to exactly the same complement of stations. Note that a		
•	will have only one subscriber group when the distant stations it carried have local service areas that coincide.		
Groups.	tting the base rate fee for each subscriber group: Block A contains separate sections, one for each of your system	s subscriber	
-	section:		
	y the communities/areas represented by each subscriber group.	ila a	
	he call sign for each of the stations in the subscriber group's complement—that is, each station that is distant to all of t bers in the group.	ne	
• If:			
, -	system is located wholly outside all major and smaller television markets, give each station's DSE as you gave it in pa s schedule; or,	rts 2, 3, and	
2) any	portion of your system is located in a major or smaller television market, give each station's DSE as you gave it in bloc	kВ,	
•	6 of this schedule. ne DSEs for each station. This gives you the total DSEs for the particular subscriber group.		
	le DSEs for each station. This gives you the total DSEs for the particular subscriber group. late gross receipts for the subscriber group. For further explanation of gross receipts see page (vii) of the general instr	uctions	
	paper SA3 form.		
	ute a base rate fee for each subscriber group using the formula outline in block B of part 8 of this schedule on the prec n making this computation, use the DSE and gross receipts figure applicable to the particular subscriber group (that is		
DSEs f	or that group's complement of stations and total gross receipts from the subscribers in that group). You do not need to calculations on the form.		

## LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name 63110 North State Communications, LLC 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 OWN						S	63110	Name
						UDED 62.21.2	03110	
		COMPUTATION OF SUBSCRIBER GRO		TE FEES FOR EAC		SUBSCRIBER GRO	UP	
COMMUNITY/ AREA			0	COMMUNITY/ ARE			0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	Computation of	
								Base Rate Fee
								and
								Syndicated
								Exclusivity Surcharge
		-						for
								Partially
								Distant
								Stations
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First	Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
	THIRD	SUBSCRIBER GRO	UP		FOURTH	SUBSCRIBER GRO	UP	
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	l Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
Base Rate Fee Third	l Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
Base Rate Fee: Add Enter here and in blo	the <b>base rat</b> ck 3, line 1, s	te fees for each subsispace L (page 7)	criber group	as shown in the boxe	s above.	\$	0.00	
		,						

EGAL NAME OF OWNER OF CABLE SYSTEM:  Orth State Communications, LLC  63110									
	COMPUTATION O		ATE FEES FOR EAG						
	H SUBSCRIBER GRO				SUBSCRIBER GROU		9		
OMMUNITY/ AREA		0	COMMUNITY/ ARE	Α		0	Computati		
CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of		
							Base Rate F		
							and		
							Syndicate		
							Exclusivit Surcharg		
					<u></u>		for		
							Partially		
							Distant		
							Stations		
otal DSEs		0.00	Total DSEs			0.00			
ross Receipts First Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00			
reservation was Great	· · · · · · · · · · · · · · · · · · ·		S. S	5.14 <b>5</b> .54p					
ase Rate Fee First Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00			
SEVENT	H SUBSCRIBER GRO	OUP		EIGHTH	SUBSCRIBER GROU	UP			
SEVENTH SUBSCRIBER GROUP  OMMUNITY/ AREA0			COMMUNITY/ ARE						
						0			
CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE			
CALL SIGN DSE	CALL SIGN		CALL SIGN		CALL SIGN				
CALL SIGN DSE	CALL SIGN		CALL SIGN		CALL SIGN				
CALL SIGN DSE	CALL SIGN		CALL SIGN		CALL SIGN				
CALL SIGN DSE	CALL SIGN		CALL SIGN		CALL SIGN				
CALL SIGN DSE	CALL SIGN		CALL SIGN		CALL SIGN				
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CALL SIGN DSE	CALL SIGN		CALL SIGN		CALL SIGN				
CALL SIGN DSE	CALL SIGN		CALL SIGN		CALL SIGN				
	CALL SIGN		Total DSEs		CALL SIGN				
otal DSEs	CALL SIGN	DSE		DSE	CALL SIGN	DSE			
otal DSEs		DSE	Total DSEs	DSE	CALL SIGN	DSE			
CALL SIGN DSE  CALL SIGN DSE  Otal DSEs  Gross Receipts Third Group		DSE	Total DSEs	DSE	CALL SIGN	DSE			

EGAL NAME OF OWNER OF CABLE SYSTEM:  Forth State Communications, LLC  63110									
BL				ATE FEES FOR EAC					
COMMUNITY/ AREA	NINTH	SUBSCRIBER GRO	JP <b>0</b>	COMMUNITY/ ARE		SUBSCRIBER GROU	JP <b>0</b>	9	
								Computation	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of	
		-						Base Rate F	
		-						and Syndicate	
								Exclusivit	
								Surcharge	
		-						for	
								Partially Distant	
								Stations	
otal DSEs	•		0.00	Total DSEs	•	••	0.00		
ross Receipts First Gr	าดเมท	\$	0.00	Gross Receipts Sec	and Group	\$	0.00		
ross rescipts i list of	оир			Cross recorpts eee	ond Group		0.00		
<b>ase Rate Fee</b> First Gr	oup	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00		
El	EVENTH	SUBSCRIBER GRO	JP		TWELVTH	SUBSCRIBER GROU	JP		
OMMUNITY/ AREA			0	COMMUNITY/ ARE					
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE		
		-							
		-							
		-							
		-							
		_							
otal DSEs			0.00	Total DSEs			0.00		
ross Receipts Third G	roup	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00		
ase Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00		
ase Rate Fee: Add th			riber group	as shown in the boxe	es above.	\$			

LEGAL NAME OF OWNER OF CABLE SYSTEM:  North State Communications, LLC  63110									
				TE FEES FOR EAC					
	RTEENTH	SUBSCRIBER GRO		ii ee		SUBSCRIBER GROU		9	
COMMUNITY/ AREA			0	COMMUNITY/ AREA	4		0	Computation	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of	
								Base Rate Fee	
								and	
								Syndicated	
								Exclusivity Surcharge	
								for	
								Partially	
								Distant	
								Stations	
		-							
Total DSEs			0.00	Total DSEs			0.00		
Gross Receipts First C	Group	\$	0.00	Gross Receipts Seco	and Group	\$	0.00		
Base Rate Fee First G		\$	0.00	Base Rate Fee Seco		\$	0.00		
	IFTEENTH	SUBSCRIBER GRO		li		SUBSCRIBER GROU	0		
COMMUNITY/ AREA			0	COMMUNITY/ AREA					
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE		
		_							
		H							
		-							
Total DSEs	•		0.00	Total DSEs			0.00		
Gross Receipts Third	Group	\$	0.00	Gross Receipts Four	th Group	\$	0.00		
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Four	th Group	\$	0.00		
Base Rate Fee: Add t Enter here and in bloc			criber group	as shown in the boxe	s above.	\$			

LEGAL NAME OF OWNER OF CABLE SYSTEM:  North State Communications, LLC  63110									
E	BLOCK A: (	COMPUTATION OF	BASE RA	TE FEES FOR EAC	CH SUBSCR	RIBER GROUP			
SEV	ENTEENTH	SUBSCRIBER GRO		E	IGHTEENTH	SUBSCRIBER GROU	JP	9	
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	_	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of	
								Base Rate Fee	
								and	
								Syndicated	
		-						Exclusivity	
								Surcharge	
								for Partially	
								Distant	
		H						Stations	
Total DSEs		-	0.00	Total DSEs			0.00		
Gross Receipts First	Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00		
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00		
N	IINTEENTH	SUBSCRIBER GRO	UP		TWENTIETH	SUBSCRIBER GROU	JP		
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 Fou	rth Group	\$	0.00		
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00		
Base Rate Fee: Add Enter here and in bloo			criber group	as shown in the boxe	es above.	\$			

	EGAL NAME OF OWNER OF CABLE SYSTEM:  North State Communications, LLC  63110									
		IBER GROUP	SUBSCR	TE FEES FOR EACH	BASE RA	OMPUTATION OF	OCK A: C	BL		
9		SUBSCRIBER GROU	/-SECOND			SUBSCRIBER GRO	Y-FIRST			
Computati	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA		
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN		
Base Rate F						<u> </u>				
and		,								
Syndicate										
Exclusivit Surcharg										
for		,								
Partially		,=				-	4			
Distant										
Stations						-				
		-								
	0.00			Total DSEs	0.00			otal DSEs		
	0.00	\$	nd Group	Gross Receipts Secor	0.00	\$	oup	Gross Receipts First Gr		
	0.00	\$	d Group	Base Rate Fee Secor	0.00	\$	oup	Base Rate Fee First Gro		
	JP	SUBSCRIBER GROU	Y-FOURTH	11	UP	SUBSCRIBER GRO	Y-THIRD	TWENT		
	COMMUNITY/ AREA 0							COMMUNITY/ AREA		
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN		
						-				
			<b>"</b>		<u>"</u>					
		_								
	0.00			Total DSEs	0.00			Fotal DSEs		
	0.00		Green	Total DSEs	0.00			Fotal DSEs		
	0.00	\$	n Group	Total DSEs Gross Receipts Fourth	0.00	\$	roup	Fotal DSEs Gross Receipts Third G		

LEGAL NAME OF OWNER OF CABLE SYSTEM:  North State Communications, LLC  63110								
			RASE D	ATE FEES FOR EAC	'H SUBSCE	PIRER CROID		
		SUBSCRIBER GRO				SUBSCRIBER GRO	UP	
COMMUNITY/ AREA	***************************************		0	COMMUNITY/ ARE	٩		0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
		-						and Syndicated
						<u> </u>		Exclusivity
								Surcharge
								for
								Partially Distant
								Stations
		-						
		-						
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First (	Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First 0	Group	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00	
TWENTY	-SEVENTH	SUBSCRIBER GRO	UP	TWEN	NTY-EIGHTH	SUBSCRIBER GRO	UP	
COMMUNITY/ AREA			0	COMMUNITY/ ARE				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		-						
		-						
		_						
Total DSEs		I	0.00	Total DSEs			0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Four	rth Group	\$	0.00	
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Four	th Group	\$	0.00	
			criber group	as shown in the boxe	s above.			
Enter here and in bloc	ж з, line 1, s	space L (page /)				\$		

LEGAL NAME OF OWNER OF CABLE SYSTEM:  North State Communications, LLC  63110									
				TE FEES FOR EAC					
	Y-NINTH	SUBSCRIBER GRO	JP <b>0</b>	COMMUNITY/ADE		SUBSCRIBER GROU	JP <b>0</b>	9	
COMMUNITY/ AREA	***************************************		U	COMMUNITY/ ARE			U	Computation	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of	
		-						Base Rate F	
								and Syndicate	
								Exclusivit	
								Surcharge	
		-						for	
								Partially Distant	
		-						Stations	
		-							
		-							
otal DSEs	•		0.00	Total DSEs	•	•	0.00		
ross Receipts First Group \$ 0.00				Gross Receipts Sec	and Group	\$	0.00		
roco riccolpio i lici Ci	очр			Cross reserve	ona Oroap	<u>*</u>			
<b>ase Rate Fee</b> First Gr	oup	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00		
THIR	ΓY-FIRST	SUBSCRIBER GRO	JP	11		SUBSCRIBER GROU	JP		
OMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE		
		-							
		-							
		-							
		-							
		=							
otal DSEs			0.00	Total DSEs			0.00		
ross Receipts Third G	roup	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00		
ase Rate Fee Third G	roup	\$	0.00	Base Rate Fee Four	th Group	\$	0.00		
ase Rate Fee: Add the			riber group	as shown in the boxe	s above.	\$			

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:  North State Communications, LLC  63110									
		IBER GROUP	SUBSCR	TE FEES FOR EACH	BASE RA	COMPUTATION OF	OCK A: C	BL		
9		SUBSCRIBER GROU	Y-FOURTH			SUBSCRIBER GRO	Y-THIRD			
Computati	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA		
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN		
Base Rate F						0.122.21011				
and										
Syndicate						-				
Exclusivit										
Surcharg for		,								
Partially										
Distant										
Stations										
		-				-				
							•			
	0.00			Total DSEs	0.00			Γotal DSEs		
	0.00	\$	ıd Group	Gross Receipts Secor						
		•	ia Croap	Cross ressipte costs		ss Receipts First Group \$ 0.00				
	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	oup	Base Rate Fee First Gro		
	JP	SUBSCRIBER GROU	RTY-SIXTH	THII	UP	SUBSCRIBER GRO	TY-FIFTH	THIRT		
	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA		
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN		
						-				
			<u> </u>			-				
						-				
	0.00			Total DSFs	0.00			Fotal DSFs		
	0.00		Crown	Total DSEs	0.00					
	0.00	\$	n Group	Total DSEs Gross Receipts Fourth	0.00	\$	roup	Fotal DSEs Gross Receipts Third Gr		

LEGAL NAME OF OWNER OF CABLE SYSTEM:  North State Communications, LLC  63110									
BL	OCK A: (	COMPUTATION OF	BASE RA	ATE FEES FOR EAC	CH SUBSCF	RIBER GROUP			
	EVENTH	SUBSCRIBER GRO				SUBSCRIBER GROU		9	
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	Computatio	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of	
								Base Rate F	
						<u> </u>		and	
		-						Syndicated	
								Exclusivity Surcharge	
						<u>                                     </u>		for	
								Partially	
								Distant	
		-						Stations	
Total DSEs			0.00	Total DSEs			0.00		
oss Receipts First Group \$ 0.00			0.00	Gross Receipts Sec	ond Group	\$	0.00		
<b>3ase Rate Fee</b> First Gr	oup	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00		
THIRT	Y-NINTH	SUBSCRIBER GRO	JP		FORTIETH	SUBSCRIBER GROU	JP		
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE		
		-							
		-							
		-							
		-							
Γotal DSEs			0.00	Total DSEs			0.00		
Gross Receipts Third G	roup	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00		
							<del></del>		
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00		
Base Rate Fee: Add the Enter here and in block			riber group	as shown in the boxe	es above.	\$			

0 COMMUNITY/ AREA 0 Computation		SUBSCR	TE FEES FOR FACH	DACE DA				
0 COMMUNITY/ AREA 0 Computation   SIGN DSE CALL SIGN DSE CALL SIGN DSE of Base Rate F	SUBSCRIBER GROU			BASE RA	COMPUTATION OF	OCK A: C	BL	
Computation SIGN DSE CALL SIGN DSE of Base Rate F	002001112211 01100	-SECOND			SUBSCRIBER GROU	Y-FIRST		
SIGN DSE CALL SIGN DSE CALL SIGN DSE of Base Rate F			COMMUNITY/ AREA	0			COMMUNITY/ AREA	
Base Rate I	CALL SIGN			DSE	CALL SIGN	DSE	CALL SIGN	
and					0.122.11			
Syndicate								
Exclusivit								
Surchargo					-			
for	-							
Partially Distant								
Stations								
					-			
	-				-	• · · · · · · · · · · · · · · · · · · ·		
					-			
<b>0.00</b> Total DSEs			Total DSEs	0.00			otal DSEs	
0.00 Gross Receipts Second Group \$ 0.00	\$	d Group	Gross Receipts Secon	0.00	ross Receipts First Group \$ 0.00			
	<u>*</u>	а О.очр			<u>*</u>			
0.00 Base Rate Fee Second Group \$ 0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	oup	ase Rate Fee First Gro	
IBER GROUP FORTY-FOURTH SUBSCRIBER GROUP	SUBSCRIBER GROU	-FOURTH	FORT	JP	SUBSCRIBER GROU	Y-THIRD	FORT	
0 COMMUNITY/ AREA 0			COMMUNITY/ AREA	0			OMMUNITY/ AREA	
SIGN DSE CALL SIGN DSE CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	
					-			
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	-				-			
0.00 Total DSEs		1	Total DSEs	0.00			otal DSEs	
0.00 Gross Receipts Fourth Group \$ 0.00	\$	Group	Gross Receipts Fourth	0.00	\$	oup	Gross Receipts Third G	
0.00 Base Rate Fee Fourth Group \$ 0.00	\$	Group	Base Rate Fee Fourth	0.00	\$	oup	sase Rate Fee Third G	

LEGAL NAME OF OWNER OF CABLE SYSTEM:  North State Communications, LLC  63110									
				TE FEES FOR EAC					
	TY-FIFTH	SUBSCRIBER GRO		t e		SUBSCRIBER GROU		9	
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	Computati	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of	
								Base Rate I	
		-						and Syndicate	
								Exclusivit	
								Surcharg	
		-						for	
								Partially	
								Distant Stations	
		-							
Γotal DSEs			0.00	Total DSEs	•		0.00		
ross Receipts First Group \$ 0.00				Gross Receipts Sec	eand Group	\$	0.00		
Bioss Receipts Filst G	ioup	•	0.00	Gloss Receipts Sec	ond Group	3	0.00		
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00		
FORTY-	SEVENTH	SUBSCRIBER GRO	UP	11		SUBSCRIBER GROU	JP		
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE		
		_							
Total DSEs			0.00	Total DSEs			0.00		
Gross Receipts Third G	Group	\$	0.00	Gross Receipts Fou	ırth Group	\$	0.00		
Base Rate Fee Third G	Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00		
se Rate Fee: Add the			criber group	as shown in the boxe	es above.	\$			

LEGAL NAME OF OWNER OF CABLE SYSTEM:  North State Communications, LLC  63110									
				TE FEES FOR EAC					
	TY-NINTH	SUBSCRIBER GRO				SUBSCRIBER GROU		9	
COMMUNITY/ AREA			0	COMMUNITY/ ARE	4		0	Computation	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of	
								Base Rate F	
								and	
		-						Syndicated	
								Exclusivity Surcharge	
						u —		for	
								Partially	
								Distant	
		-						Stations	
		-							
otal DSEs			0.00	Total DSEs			0.00		
ross Receipts First Group \$ 0.00				Gross Receipts Sec	ond Group	\$	0.00		
ase Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00		
	TY-FIRST	SUBSCRIBER GROU		11		SUBSCRIBER GROU			
OMMUNITY/ AREA			0	COMMUNITY/ AREA	Α		0		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE		
		-							
		-							
		-							
		-							
		-				 			
otal DSEs	-		0.00	Total DSEs			0.00		
Gross Receipts Third G	roup	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00		
							<del></del>		
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Four	th Group	\$	0.00		
ase Rate Fee: Add th			riber group	as shown in the boxe	s above.	\$			

LEGAL NAME OF OWNER OF CABLE SYSTEM:  North State Communications, LLC  63110									
				TE FEES FOR EAC					
	TY-THIRD	SUBSCRIBER GRO	UP <b>0</b>	H .		SUBSCRIBER GROU	JP <b>0</b>	9	
COMMUNITY/ AREA			U	COMMUNITY/ ARE			U	Computati	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of	
		-				.		Base Rate F	
								and Syndicate	
						<u></u>		Exclusivit	
								Surcharg	
		-						for	
								Partially Distant	
								Stations	
otal DSEs	•		0.00	Total DSEs			0.00		
ross Receipts First Group \$ 0.00				Gross Receipts Sec	ond Group	\$	0.00		
ross rescipts i list C	гоар		0.00	Cross recorpts dec	она отоар				
<b>ase Rate Fee</b> First G	roup	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00		
FIF	TY-FIFTH	SUBSCRIBER GRO	UP		FIFTY-SIXTH	I SUBSCRIBER GRO	JP		
OMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE		
		-							
		-							
		-							
otal DSEs			0.00	Total DSEs			0.00		
ross Receipts Third C	Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00		
ase Rate Fee Third G	Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00		
se Rate Fee: Add the ter here and in block			criber group	as shown in the boxe	es above.	s			

LEGAL NAME OF OWNER OF CABLE SYSTEM:  North State Communications, LLC  63110									
		COMPUTATION OF SUBSCRIBER GRO		ATE FEES FOR EAC		RIBER GROUP I SUBSCRIBER GROU	UP	0	
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	9 Computation	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of	
								Base Rate F	
								and Syndicate	
								Exclusivit	
								Surcharge for	
								Partially	
								Distant	
								Stations	
otal DSEs			0.00	Total DSEs			0.00		
ross Receipts First Group \$ 0.00				Gross Receipts Sec	ond Group	\$	0.00		
<b>ase Rate Fee</b> First G		\$	0.00	Base Rate Fee Sec		\$	0.00		
FIF OMMUNITY/ AREA	TY-NINTH	SUBSCRIBER GRO	UP <b>0</b>	COMMUNITY/ ARE		SUBSCRIBER GROU	UP <b>0</b>		
OMMONIT IT AREA				COMMONT I/ ARE	Α				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE		
						. –			
		-							
		-							
otal DSEs			0.00	Total DSEs		••	0.00		
ross Receipts Third (	Group	\$	0.00	Gross Receipts Fou	ırth Group	\$	0.00		
					-				
Base Rate Fee Third C	Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00		
ase Rate Fee: Add th			criber group	as shown in the boxe	es above.	\$			

NI	LEGAL NAME OF OWNER OF CABLE SYSTEM:  North State Communications, LLC  63110									
		IBER GROUP	SUBSCR	TE FEES FOR EACH	BASE RA	COMPUTATION OF	OCK A: C	BLO		
<u> </u>		SUBSCRIBER GROU	-SECOND			SUBSCRIBER GRO	Y-FIRST			
0 Computati	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA		
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN		
Base Rate I										
and										
Syndicate										
Exclusivit										
Surcharg for										
Partially			•							
Distant			•							
Stations		-								
		-				-				
00	0.00		•	Total DSEs	0.00			otal DSEs		
<u></u>	0.00	\$	d Group	Gross Receipts Secon		<u></u>				
<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>	0.00	\$	u Group	Gloss Receipts Secon	0.00	ross Receipts First Group \$ 0.00				
00	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	oup	Base Rate Fee First Gro		
	JP	SUBSCRIBER GROU	'-FOURTH	SIXT	JP	SUBSCRIBER GRO	Y-THIRD	SIXT		
0	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA		
SE	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN		
						-				
			•							
						-	•			
		- 								
			•			-				
							•			
	0.00			Total DSEs	0.00			otal DSEs		
00		-	•	Gross Receipts Fourth	0.00	\$	roup	Gross Receipts Third Gr		
	0.00	\$	Groun							
	0.00	\$	Group	·		·	- G - G - G - G - G - G - G - G - G - G	oroso resolpto rima Si		

LEGAL NAME OF OWNER OF CABLE SYSTEM:  North State Communications, LLC  63110									
В	LOCK A: (	COMPUTATION OF	BASE RA	ATE FEES FOR EAC	H SUBSCF	RIBER GROUP	-		
	KTY-FIFTH	SUBSCRIBER GRO		T .		SUBSCRIBER GROU	IP	9	
COMMUNITY/ AREA			0	COMMUNITY/ AREA	<b>\</b>		0	Computation	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of	
								Base Rate Fee	
								and	
		<b> </b>						Syndicated	
								Exclusivity	
		-						Surcharge	
								for Partially	
		-						Distant	
		H						Stations	
T-4-1 DOF-		II.	0.00	T-4-1 DOE-		11	0.00		
Total DSEs			0.00	Total DSEs			0.00		
Gross Receipts First (	Group	\$	0.00	Gross Receipts Seco	ond Group	\$	0.00		
Base Rate Fee First 0	Group	\$	0.00	Base Rate Fee Seco	and Group	\$	0.00		
SIXTY	SEVENTH	SUBSCRIBER GRO	UP	SIX	TY-EIGHTH	SUBSCRIBER GROU	IP		
COMMUNITY/ AREA			0	COMMUNITY/ AREA	<b></b>		0		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE		
		_							
		-				-			
Total DSEs			0.00	Total DSEs			0.00		
Gross Receipts Third	Group	\$	0.00	Gross Receipts Four	th Group	\$	0.00		
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Four	th Group	\$	0.00		
Base Rate Fee: Add t Enter here and in bloc			criber group	as shown in the boxes	s above.	\$			

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:  North State Communications, LLC  63110									
	JP	IBER GROUP SUBSCRIBER GROU		TE FEES FOR EACH		COMPUTATION OF SUBSCRIBER GRO				
9 Computati	0	TY/ AREA 0						COMMUNITY/ AREA		
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN		
Base Rate and										
Syndicate			•							
Exclusivi										
Surcharg for										
Partially							-			
Distant Stations						-				
Stations										
							-			
	0.00			Total DSEs	0.00			otal DSEs		
	0.00	\$	d Group	Gross Receipts Secon	0.00	Receipts First Group \$ 0.00				
	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	oup	ase Rate Fee First Gro		
	JP	SUBSCRIBER GROU	-SECOND			SUBSCRIBER GRO	Y-FIRST	SEVENT		
	0			COMMUNITY/ AREA	0			OMMUNITY/ AREA		
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN		
			•							
		-					•			
			•							
						-				
	0.00				2.22					
	0.00		•	Total DSEs	0.00			otal DSEs		
	0.00	3	Group	Gross Receipts Fourth	0.00	\$	oup	ross Receipts Third Gr		
	0.00	·								

LEGAL NAME OF OWNER OF CABLE SYSTEM:  North State Communications, LLC  63110									
В	LOCK A: (	COMPUTATION OF	BASE RA	TE FEES FOR EAC	H SUBSCF	RIBER GROUP			
SEVEN	ITY-THIRD	SUBSCRIBER GRO	UP	SEVEN <sup>-</sup>	TY-FOURTH	SUBSCRIBER GROU	IP	0	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	9 Computation	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of	
								Base Rate Fee	
								and Syndicated	
								Exclusivity	
								Surcharge	
						-		for	
								Partially	
		-						Distant Stations	
								Stations	
		_				-			
T-4-1 DOE-			0.00	T-4-1 DOE-			0.00		
Total DSEs	<b></b>		0.00	Total DSEs			0.00		
Gross Receipts First 0	roup	\$	0.00	Gross Receipts Seco	ona Group	\$	0.00		
Base Rate Fee First G	Group	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00		
SEVE	NTY-FIFTH	SUBSCRIBER GRO	UP	SEVE	ENTY-SIXTH	SUBSCRIBER GROU	IP		
COMMUNITY/ AREA			0	COMMUNITY/ AREA	4		0		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE		
		-							
		=							
		+							
Total DSEs			0.00	Total DSEs			0.00		
Gross Receipts Third	Group	\$	0.00	Gross Receipts Four	th Group	\$	0.00		
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Four	th Group	\$	0.00		
		L.	, <b>.</b>		r	<u> </u>			
Base Rate Fee: Add t Enter here and in bloc			criber group	as shown in the boxes	s above.	\$			

North State Com						SY	STEM ID#	Name
							63110	
		COMPUTATION OF SUBSCRIBER GRO		ATE FEES FOR EAC		IBER GROUP SUBSCRIBER GROUP	<b>D</b>	
COMMUNITY/ AREA	SEVERIII		0	COMMUNITY/ AREA			0	<b>9</b> 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	\$	0.00	Gross Receipts Seco	ond Group	\$	0.00	
Base Rate Fee First 0	Group	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00	
SEVEN	NTY-NINTH	SUBSCRIBER GRO	JP		EIGHTIETH	SUBSCRIBER GROUP	<b>D</b>	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		-						
		-						
		-						
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Four	th Group	\$	0.00	
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Four	th Group	\$	0.00	
Base Rate Fee: Add t Enter here and in bloo			criber group	as shown in the boxes	s above.	\$		

Name	63110					, ===	unicatio	North State Comm		
				TE FEES FOR EACH						
9	0	SUBSCRIBER GROUP	-SECOND	EIGHTY COMMUNITY/ AREA		SUBSCRIBER GROU	Y-FIRST	EIGHT		
Computati	U			COMMUNITY AREA	<u> </u>			COMMUNITY AREA		
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN		
Base Rate F										
and Syndicate										
Exclusivit						-				
Surcharge										
for		_				-				
Partially Distant										
Stations										
						-				
					0.00					
	Total DSEs							otal DSEs		
					0.00	Gross Receipts First Group \$ 0.00				
	0.00	\$	d Group	Gross Receipts Second	0.00	\$	oup	ross Receipts First Gro		
	0.00	\$ \$		Gross Receipts Second  Base Rate Fee Second		\$				
	0.00		l Group	Base Rate Fee Second	0.00	\$ \$ SUBSCRIBER GROU	oup	ase Rate Fee First Gro		
	0.00	\$	l Group	Base Rate Fee Second	0.00	\$	oup	ase Rate Fee First Gro		
	0.00	\$	l Group	Base Rate Fee Second	<b>0.00</b>	\$	oup	ase Rate Fee First Gro EIGHT OMMUNITY/ AREA		
	0.00	\$ SUBSCRIBER GROUP	l Group -FOURTH	Base Rate Fee Second EIGHTY COMMUNITY/ AREA	0.00 JP 0	\$ SUBSCRIBER GROU	oup Y-THIRD	ase Rate Fee First Gro EIGHT OMMUNITY/ AREA		
	0.00	\$ SUBSCRIBER GROUP	l Group -FOURTH	Base Rate Fee Second EIGHTY COMMUNITY/ AREA	0.00 JP 0	\$ SUBSCRIBER GROU	oup Y-THIRD	ase Rate Fee First Gro EIGHT OMMUNITY/ AREA		
	0.00	\$ SUBSCRIBER GROUP	l Group -FOURTH	Base Rate Fee Second EIGHTY COMMUNITY/ AREA	0.00 JP 0	\$ SUBSCRIBER GROU	oup Y-THIRD	ase Rate Fee First Gro EIGHT OMMUNITY/ AREA		
	0.00	\$ SUBSCRIBER GROUP	l Group -FOURTH	Base Rate Fee Second EIGHTY COMMUNITY/ AREA	0.00 JP 0	\$ SUBSCRIBER GROU	oup Y-THIRD	EIGHT		
	0.00	\$ SUBSCRIBER GROUP	l Group -FOURTH	Base Rate Fee Second EIGHTY COMMUNITY/ AREA	0.00 JP 0	\$ SUBSCRIBER GROU	oup Y-THIRD	ase Rate Fee First Gro EIGHT OMMUNITY/ AREA		
	0.00	\$ SUBSCRIBER GROUP	l Group -FOURTH	Base Rate Fee Second EIGHTY COMMUNITY/ AREA	0.00 JP 0	\$ SUBSCRIBER GROU	oup Y-THIRD	EIGHT		
	0.00	\$ SUBSCRIBER GROUP	l Group -FOURTH	Base Rate Fee Second EIGHTY COMMUNITY/ AREA	0.00 JP 0	\$ SUBSCRIBER GROU	oup Y-THIRD	EIGHT		
	0.00	\$ SUBSCRIBER GROUP	l Group -FOURTH	Base Rate Fee Second EIGHTY COMMUNITY/ AREA	0.00 JP 0	\$ SUBSCRIBER GROU	oup Y-THIRD	EIGHT		
	0.00	\$ SUBSCRIBER GROUP	l Group -FOURTH	Base Rate Fee Second EIGHTY COMMUNITY/ AREA	0.00 JP 0	\$ SUBSCRIBER GROU	oup Y-THIRD	iase Rate Fee First Gro		
	0.00	\$ SUBSCRIBER GROUP	l Group -FOURTH	Base Rate Fee Second EIGHTY COMMUNITY/ AREA	0.00 JP 0	\$ SUBSCRIBER GROU	oup Y-THIRD	EIGHT		
	0.00	\$ SUBSCRIBER GROUP	l Group -FOURTH	Base Rate Fee Second EIGHTY COMMUNITY/ AREA	0.00 JP 0	\$ SUBSCRIBER GROU	oup Y-THIRD	EIGHT		
	0.00	\$ SUBSCRIBER GROUP	l Group -FOURTH	Base Rate Fee Second EIGHTY COMMUNITY/ AREA	0.00	\$ SUBSCRIBER GROU	oup Y-THIRD	EIGHT COMMUNITY/ AREA CALL SIGN		
	0.00 DSE	\$ SUBSCRIBER GROUP	-FOURTH  DSE	Base Rate Fee Second  EIGHTY  COMMUNITY/ AREA  CALL SIGN	0.00  UP  DSE  0.00	\$ SUBSCRIBER GROU	Y-THIRD  DSE	Base Rate Fee First Gro EIGHT COMMUNITY/ AREA		

SYSTEM ID# 63110 Nai				ons, LLC	R OF CABL unication	North State Comm
ATE FEES FOR EACH SUBSCRIBER GROUP	H SUBSC	TE FEES FOR EAC	BASE RA	COMPUTATION OF	OCK A: (	BL
EIGHTY-SIXTH SUBSCRIBER GROUP  COMMUNITY/ AREA				SUBSCRIBER GROU	ΓY-FIFTH	
COMMUNITY/ AREA 0 Compu		COMMUNITY/ AREA	0			COMMUNITY/ AREA
CALL SIGN DSE CALL SIGN DSE O	1	H -	DSE	CALL SIGN	DSE	CALL SIGN
Base R						
an						
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Exclu				-		
Surch						
Parti				-		
Dist						
Stati				-		
-						
···						
Total DSEs 0.00		Total DSEs	0.00			Γotal DSEs
Gross Receipts Second Group \$ 0.00	nd Group	Gross Receipts Seco	0.00	\$	oun	Gross Receipts First Gr
VIOL	на огоар	Cross rescipto esse		*	очр	or occupied in the City
Base Rate Fee Second Group \$ 0.00	nd Group	Base Rate Fee Seco	0.00	\$	oup	Base Rate Fee First Gro
EIGHTY-EIGHTH SUBSCRIBER GROUP	TY-EIGHTI	EIGH	JP	SUBSCRIBER GROU	EVENTH	EIGHTY-S
COMMUNITY (AREA			0			COMMUNITY/ AREA
COMMUNITY/ AREA		COMMUNITY/ AREA				
CALL SIGN DSE CALL SIGN DSE			DSE	CALL SIGN	DSE	CALL SIGN
				CALL SIGN	DSE	CALL SIGN
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				CALL SIGN	DSE	CALL SIGN
		CALL SIGN		CALL SIGN	DSE	
CALL SIGN DSE CALL SIGN DSE	DSE	CALL SIGN  Total DSEs	DSE	CALL SIGN		Total DSEs
Total DSEs  CALL SIGN  DSE  CA	DSE	CALL SIGN  Total DSEs	DSE			Total DSEs
Total DSEs  CALL SIGN  DSE  CA	DSE	Total DSEs Gross Receipts Four	DSE		roup	CALL SIGN  CALL SIGN  Total DSEs  Gross Receipts Third Gi  Base Rate Fee Third Gi

BLOCK A	ions, LLC				S	YSTEM ID# 63110	Name
EIGHTY-NINT	COMPUTATION OF		TE FEES FOR EAG		RIBER GROUP	JP	
COMMUNITY/ AREA		0	COMMUNITY/ ARE	Α		0	9 Computatio
CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
							Base Rate F and
							Syndicated
							Exclusivity Surcharge
							for
							Partially
							Distant Stations
					-		
otal DSEs		0.00	Total DSEs		11	0.00	
ross Receipts First Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
ase Rate Fee First Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
NINETY-FIRS	T SUBSCRIBER GRO	0 0	NINE COMMUNITY/ ARE		SUBSCRIBER GROU	JP <b>0</b>	
OWINDINI I/ AREA		<u> </u>	COMMUNITY ARE	Α			
CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
otal DSEs		0.00	Total DSEs			0.00	
otal DSEs Gross Receipts Third Group	\$	0.00	Total DSEs Gross Receipts Fou	irth Group	<u>\$</u>	0.00	
	\$			·	\$ \$		

CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE Base R  Base R  Syndi  Exclu  Surcl  Fe  Part  Dist	EGAL NAME OF OWNE						S	YSTEM ID# 63110	Name
COMMUNITY/ AREA									
Computer		TY-THIRD	SUBSCRIBER GRO				SUBSCRIBER GROU		9
CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE Base R  Base	COMMUNITY/ AREA			U	COMMUNITY/ ARE	Α		U	Computati
a a synding Exclusion of the special of the synding Exclusion of the special of t		1	CALL SIGN	DSE			CALL SIGN	DSE	of
Syndi Exclu Surel for the state of the state									Base Rate F
Exclusional Surcitive Community Area 0 C									and
Surci for Part Dist State  Total DSEs  Tot			-						Syndicate
fotal DSEs O.00 Total DSEs O.00 Gross Receipts First Group \$ 0.00 Gross Receipts Second Group \$ 0.00 Sase Rate Fee First Group \$ 0.00 MINETY-FIFTH SUBSCRIBER GROUP  COMMUNITY/ AREA O COMMUNITY/ AREA							H		Exclusivit Surcharg
Disis State    Disis State   Disis   D			-						for
State    State									Partially
otal DSEs									Distant
Asse Rate Fee First Group \$ 0.00 Gross Receipts Second Group \$ 0.00  Base Rate Fee Second Group \$ 0.00  NINETY-FIFTH SUBSCRIBER GROUP  OMMUNITY/ AREA 0 COMMUNITY/ AREA 0									Stations
ross Receipts First Group \$ 0.00  ase Rate Fee First Group \$ 0.00  Base Rate Fee Second Group \$ 0.00  NINETY-FIFTH SUBSCRIBER GROUP  OMMUNITY/ AREA 0 COMMUNITY/ AREA 0									
ross Receipts First Group \$ 0.00  ase Rate Fee First Group \$ 0.00  Base Rate Fee Second Group \$ 0.00  NINETY-FIFTH SUBSCRIBER GROUP  OMMUNITY/ AREA 0 COMMUNITY/ AREA 0							H		
ross Receipts First Group \$ 0.00  ase Rate Fee First Group \$ 0.00  Base Rate Fee Second Group \$ 0.00  NINETY-FIFTH SUBSCRIBER GROUP  OMMUNITY/ AREA 0 COMMUNITY/ AREA 0			-						
Gross Receipts First Group \$ 0.00  Base Rate Fee First Group \$ 0.00  NINETY-FIFTH SUBSCRIBER GROUP  COMMUNITY/ AREA 0 COMMUNITY/ AREA 0									
Gross Receipts First Group  \$ 0.00  Base Rate Fee Second Group  NINETY-FIFTH SUBSCRIBER GROUP  COMMUNITY/ AREA  O COMMUNITY/ AREA									
NINETY-FIFTH SUBSCRIBER GROUP  OMMUNITY/ AREA  O  COMMUNITY/ AREA  O  COMMUNITY/ AREA  O  COMMUNITY/ AREA  O  COMMUNITY/ AREA  O	otal DSEs			0.00	Total DSEs			0.00	
NINETY-FIFTH SUBSCRIBER GROUP  OMMUNITY/ AREA  O  COMMUNITY/ AREA  O  O	ross Receipts First G	roup	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
NINETY-FIFTH SUBSCRIBER GROUP  OMMUNITY/ AREA  O  COMMUNITY/ AREA  O  O									
OMMUNITY/ AREA 0 COMMUNITY/ AREA 0	<b>ase Rate Fee</b> First G	roup	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
	NINE	TY-FIFTH	SUBSCRIBER GRO		11		SUBSCRIBER GROU	JP	
CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE	OMMUNITY/ AREA			0	COMMUNITY/ ARE	:A		0	
	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
			-						
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			-						
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otal DSEs	otal DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third Group \$ 0.00 Gross Receipts Fourth Group \$ 0.00	Gross Receipts Third C	Group	\$	0.00	Gross Receipts Fou	ırth Group	\$	0.00	
			_				_		
Base Rate Fee Third Group \$ 0.00 Base Rate Fee Fourth Group \$ 0.00	sase Rate Fee Third (	Group	\$	0.00	Base Rate Fee Fou	irth Group	\$	0.00	

Name	YSTEM ID# 63110	S						LEGAL NAME OF OWNER North State Comm
		IBER GROUP	SUBSCR	TE FEES FOR EACH	BASE RA	COMPUTATION OF	OCK A: C	BLO
9		SUBSCRIBER GROU	Y-EIGHTH			SUBSCRIBER GROU	EVENTH	
	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
Computati of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate						0.122.2.3.		
and								
Syndicate			•				•	
Exclusivit					•			
Surcharg for							•	
Partially								
Distant			•					
Stations								
						-		
			•					
	0.00		!	Total DSEs	0.00		!	otal DSEs
	0.00	\$	d Group	Gross Receipts Secon		<b>e</b>	oup	Gross Receipts First Gro
	0.00	3	u Group	Gloss Receipts Secon	0.00	\$	oup	oross Receipts First Git
	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	oup	Base Rate Fee First Gro
	JP	SUBSCRIBER GROU	NDREDTH	ONE HU	JP	SUBSCRIBER GROU	Y-NINTH	NINET
	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
			•				•	
		<u> </u>						
			•				•	
		_						
		-	•			-	•	
			•				•	
	0.00			Total DSEs	0.00			otal DSEs
	0.00			Total DSEs	0.00			otal DSEs
	0.00	\$	Group	Gross Receipts Fourth	0.00	\$	roup	Gross Receipts Third Gr
				i i				

LEGAL NAME OF OWNER  North State Comm						S	YSTEM ID# 63110	Name
BL	OCK A: (	COMPUTATION OF	BASE RA	TE FEES FOR EAC	H SUBSCF	RIBER GROUP		
	D FIRST	SUBSCRIBER GROU				SUBSCRIBER GROU		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA	4		0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fe
								and
		-						Syndicated
						H		Exclusivity Surcharge
		-			<u> </u>			for
								Partially
		-						Distant
								Stations
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gr	oup	\$	0.00	Gross Receipts Seco	ond Group	\$	0.00	
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00	
ONE HUNDRE	D THIRD	SUBSCRIBER GROU	JP	ONE HUNDRE	ED FOURTH	SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA	4		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		-						
		-						
		-						
		-						
Γotal DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	roup	\$	0.00	Gross Receipts Four	th Group	\$	0.00	
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Four	th Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block			riber group	as shown in the boxes	s above.	\$		

LEGAL NAME OF OWNE North State Comm						S	YSTEM ID# 63110	Name
BL	OCK A: (	COMPUTATION OF	BASE RA	ATE FEES FOR EAC	CH SUBSCR	RIBER GROUP		
	ED FIFTH	SUBSCRIBER GROU		1		SUBSCRIBER GROU		9
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	Computatio
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fo
								and
								Syndicated
		_						Exclusivity
								Surcharge for
								Partially
								Distant
								Stations
		-						
		-						
Γotal DSEs	•	<del>'</del>	0.00	Total DSEs	•		0.00	
Gross Receipts First Gr	oup	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
ONE HUNDRED S	SEVENTH	SUBSCRIBER GROU	JP	ONE HUNDF	RED EIGHTH	SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ ARE	A		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		-						
		_						
		-						
		-				-		
		-						
		-						
		-						
Γotal DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	iroup	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
<b>Base Rate Fee</b> Third G	roup	\$	0.00	Base Rate Fee Four	rth Group	\$	0.00	
	e <b>base rat</b>			as shown in the boxe		\$	0.00	

LEGAL NAME OF OWNE North State Comm						S	YSTEM ID# 63110	Name
BL	OCK A: (	COMPUTATION OF	BASE RA	ATE FEES FOR EAC	CH SUBSCF	RIBER GROUP		
ONE HUNDRE	D NINTH	SUBSCRIBER GROU		ONE HUND	RED TENTH	SUBSCRIBER GROU	UP	٥
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	9
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computatio of
								Base Rate Fe
								and
								Syndicated
						.		Exclusivity
		-						Surcharge for
								Partially
		-						Distant
								Stations
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Γotal DSEs	•	1	0.00	Total DSEs	•		0.00	
Gross Receipts First Gr	oup	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
·								
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
ONE HUNDRED EL	EVENTH	SUBSCRIBER GROU	JP	ONE HUNDRE	D TWELVTH	SUBSCRIBER GROU	UP	
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		-						
						<u></u>		
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		-				+		
Total DSEs			0.00	Total DSEs		-	0.00	
Gross Receipts Third G	roup	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Four	rth Group	\$	0.00	
Base Rate Fee: Add th	e <b>base rat</b>	e fees for each subsc	riber group	as shown in the boxe	s above.			
Enter here and in block						\$		

LEGAL NAME OF OWNER  North State Comm						S	YSTEM ID# 63110	Name
BL ONE HUNDRED THIR				ATE FEES FOR EAC		RIBER GROUP SUBSCRIBER GROU	JP	0
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fe
		-						Syndicated
								Exclusivity
						,		Surcharge for
		-						Partially
								Distant Stations
		-				,		Stations
						,		
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gr	oup	\$	0.00	Gross Receipts Seco	and Group	\$	0.00	
<b>3ase Rate Fee</b> First Gr	oup	\$	0.00	Base Rate Fee Seco	and Group	\$	0.00	
ONE HUNDRED FIF	TEENTH	SUBSCRIBER GROU		11		SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA	<b>\</b>		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
						-		
					••••			
		-						
Total DSEs			0.00	Total DSEs			0.00	
Total DSEs Gross Receipts Third G	roup	\$	0.00	Gross Receipts Four	th Group	<u> </u>	0.00	
		·			p			
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Four	th Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block			riber group	as shown in the boxes	s above.	\$		

LEGAL NAME OF OWNE North State Comm						SY	STEM ID# 63110	Name
Bl	_OCK_A: (	COMPUTATION OF	BASE RA	TE FEES FOR EACI	H SUBSCF	RIBER GROUP		
ONE HUNDRED SEVE	NTEENTH	SUBSCRIBER GROU	JP	ONE HUNDRED EI	GHTEENTH	SUBSCRIBER GROU	Р	0
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and Syndicated
								Exclusivity
		-						Surcharge
								for
								Partially
								Distant
								Stations
		-						
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	roup	\$	0.00	Gross Receipts Seco	nd Group	\$	0.00	
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Seco	nd Group	\$	0.00	
ONE HUNDRED NII	NTEENTH	SUBSCRIBER GROU	JP	ONE HUNDRED T	WENTIETH	SUBSCRIBER GROU	Р	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		-						
						-		
		-						
		-						
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third C	Group	\$	0.00	Gross Receipts Fourt	h Group	\$	0.00	
Base Rate Fee Third G	Group	\$	0.00	Base Rate Fee Fourt	h Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block			riber group	as shown in the boxes	above.	\$		

LEGAL NAME OF OWNE North State Comm						SY	STEM ID# 63110	Name
							63110	
BL ONE HUNDRED TWEN				TE FEES FOR EAC		IBER GROUP SUBSCRIBER GROUP		
COMMUNITY/ AREA		- CODOCKIDEN CINCO	0	COMMUNITY/ AREA		OODSCRIBER GROOT	0	9
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of
OTTEL CICIT	DOL	OALL CICIV	DOL	O/ILL GIGIT	BOL	O'NEE GIGIT	DOL	Base Rate Fee
								and
								Syndicated
		-						Exclusivity
								Surcharge
						_		for Partially
								Distant
		-						Stations
		-						
Total DSEs			0.00	Total DSEs		Ц	0.00	
Gross Receipts First Gr	าดเมท	\$	0.00	Gross Receipts Seco	and Group	\$	0.00	
	-up				а О. оар			
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Seco	nd Group	\$	0.00	
ONE HUNDRED TWEN	TY-THIRD	SUBSCRIBER GROUP	)	ONE HUNDRED TWEN	ITY-FOURTH	SUBSCRIBER GROUP		
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		-						
		-						
		-						
		-						
		-				_		
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	roup	\$	0.00	Gross Receipts Fourt	th Group	\$	0.00	
<b>Base Rate Fee</b> Third G	roup	\$	0.00	Base Rate Fee Fourt	th Group	\$	0.00	
Base Rate Fee: Add th Enter here and in block			riber group	as shown in the boxes	s above.	\$		

TION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP  ONE HUNDRED TWENTY-SIXTH SUBSCRIBER GROUP  COMMUNITY/ AREA  OCOMPUTATION  GN DSE CALL SIGN DSE CALL SIGN DSE  Base Rate Fee and Syndicated Exclusivity Surcharge for Partially Distant Stations
O COMMUNITY/ AREA  O Computation  GN DSE CALL SIGN DSE CALL SIGN DSE  Base Rate Form  and  Syndicated  Exclusivity  Surcharge  for  Partially  Distant  Stations
GN DSE CALL SIGN DSE CALL SIGN DSE Base Rate Formand Syndicated Exclusivity Surcharge for Partially Distant Stations
GN DSE CALL SIGN DSE CALL SIGN DSE Base Rate Formand Syndicated Exclusivity Surcharge for Partially Distant Stations
and Syndicated Exclusivity Surcharge for Partially Distant Stations
Syndicated Exclusivity Surcharge for Partially Distant Stations
Exclusivity Surcharge for Partially Distant Stations
Surcharge for Partially Distant Stations
for Partially Distant Stations
Distant Stations
Stations
0.00
0.00
0.00 Gross Receipts Second Group \$ 0.00
0.00 Base Rate Fee Second Group \$ 0.00
R GROUP ONE HUNDRED TWENTY-EIGHTH SUBSCRIBER GROUP
O COMMUNITY/ AREA O
GN DSE CALL SIGN DSE CALL SIGN DSE
······································
0.00 Total DSEs
0.00 Gross Receipts Fourth Group \$ 0.00
0.00 Base Rate Fee Fourth Group \$ 0.00

LEGAL NAME OF OWNER North State Comm						S	YSTEM ID# 63110	Name
ONE HUNDRED TWEN			ı	11	D THIRTIETH	RIBER GROUP		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
		-						Base Rate Fe
		-						Syndicated
								Exclusivity
								Surcharge for
								Partially
								Distant
								Stations
		-						
		-						
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gr	oup	\$	0.00	Gross Receipts Seco	ond Group	\$	0.00	
Base Rate Fee First Gr		\$	0.00	Base Rate Fee Seco		\$	0.00	
	RTY-FIRST	SUBSCRIBER GROUP				SUBSCRIBER GROUP		
COMMUNITY/ AREA			0	COMMUNITY/ AREA	<b>\</b>		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		-						
		-						
		-						
		-						
Total DSEs	•		0.00	Total DSEs			0.00	
Gross Receipts Third G	roup	\$	0.00	Gross Receipts Four	th Group	\$	0.00	
	•				•			
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Four	th Group	\$	0.00	
<b>Base Rate Fee:</b> Add the Enter here and in block			riber group	as shown in the boxes	s above.	\$		

0 Name	YSTEM ID# 63110	_					R OF CABL unicatio	North State Comm
		RIBER GROUP	SUBSCF	TE FEES FOR EAC	BASE RA	COMPUTATION O	OCK A: C	BL
9		SUBSCRIBER GROUP	TY-FOURTH	T .		SUBSCRIBER GROU	TY-THIRD	ONE HUNDRED THIR
Comput	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rat								
and								
Syndica						-		
Exclusi Surcha								
for						-		
Partia								
Dista								
Statio								
_	0.00			Total DSEs	0.00			Total DSEs
_	0.00	\$	nd Group	Gross Receipts Seco	0.00	\$	oup	Gross Receipts First Gr
	0.00	\$	d Group	Base Rate Fee Seco	0.00	\$	oup	<b>Base Rate Fee</b> First Gr
	)	SUBSCRIBER GROUP	IRTY-SIXTH	ONE HUNDRED TH	>	SUBSCRIBER GROU	RTY-FIFTH	ONE HUNDRED THIF
				W.				
	0			COMMUNITY/ AREA	0		***************************************	COMMUNITY/ AREA
	DSE	CALL SIGN	DSE	TI .	DSE	CALL SIGN	DSE	COMMUNITY/ AREA
		CALL SIGN	DSE	COMMUNITY/ AREA		CALL SIGN	DSE	
 		CALL SIGN	DSE	COMMUNITY/ AREA		CALL SIGN	DSE	
		CALL SIGN	DSE	COMMUNITY/ AREA		CALL SIGN	DSE	
		CALL SIGN	DSE	COMMUNITY/ AREA		CALL SIGN	DSE	
		CALL SIGN	DSE	COMMUNITY/ AREA		CALL SIGN	DSE	
		CALL SIGN	DSE	COMMUNITY/ AREA		CALL SIGN	DSE	
0		CALL SIGN	DSE	COMMUNITY/ AREA		CALL SIGN	DSE	
		CALL SIGN	DSE	COMMUNITY/ AREA		CALL SIGN	DSE	
		CALL SIGN	DSE	COMMUNITY/ AREA		CALL SIGN	DSE	
		CALL SIGN	DSE	COMMUNITY/ AREA		CALL SIGN	DSE	
		CALL SIGN	DSE	COMMUNITY/ AREA		CALL SIGN	DSE	
		CALL SIGN	DSE	COMMUNITY/ AREA		CALL SIGN	DSE	
		CALL SIGN	DSE	COMMUNITY/ AREA		CALL SIGN	DSE	CALL SIGN
	DSE	CALL SIGN		CALL SIGN	DSE	CALL SIGN		CALL SIGN
	DSE			COMMUNITY/ AREA  CALL SIGN  Total DSEs	DSE			CALL SIGN  CALL SIGN  Fotal DSEs  Gross Receipts Third G

LEGAL NAME OF OWNER  North State Comm						S	YSTEM ID# 63110	Name
ONE HUNDRED THIRTY-			1		IRTY-EIGHTH	RIBER GROUP I SUBSCRIBER GROUP		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA	Α		0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fe
		-						and Syndicated
		-						Exclusivity
		-						Surcharge for
								Partially
								Distant
								Stations
		-						
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gr	oup	\$	0.00	Gross Receipts Seco	ond Group	\$	0.00	
<b>3ase Rate Fee</b> First Gr	oup	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00	
ONE HUNDRED THIR	TY-NINTH	SUBSCRIBER GROUF		11		SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA	4		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		-						
		-						
Total DSEs			0.00	Total DSEs			0.00	
Total DSEs Gross Receipts Third G	roup	\$	0.00	Gross Receipts Four	th Group	<u> </u>	0.00	
C. 300 P. Goodpie Tilliu G	. <b>5</b> 4p	· ·	3.00	Sicos Roscipio i oui	Стоир	<del>*</del>	3.30	
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Four	th Group	\$	0.00	
<b>Base Rate Fee:</b> Add the Enter here and in block			riber group	as shown in the boxe	s above.	\$		

LEGAL NAME OF OWNE  North State Comm						S	YSTEM ID# 63110	Name
BL	OCK A: 0	COMPUTATION OF	BASE RA	ATE FEES FOR EAC	CH SUBSCF	RIBER GROUP		
	RTY-FIRST	SUBSCRIBER GROUP				SUBSCRIBER GROUP		9
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate F
		-						and
		-						Syndicated Exclusivity
								Surcharge
								for
		-						Partially
								Distant
								Stations
		-						
	ļ						0.00	
otal DSEs			0.00	Total DSEs		-	0.00	
ross Receipts First G	roup	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
<b>ase Rate Fee</b> First G	roup	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
ONE HUNDRED FOR	RTY-THIRD	SUBSCRIBER GROUP	)	ONE HUNDRED FO	RTY-FOURTH	I SUBSCRIBER GROUP	)	
OMMUNITY/ AREA			0	COMMUNITY/ ARE	A		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
						- <del> </del>		
		-						
		-						
		-						
otal DSEs			0.00	Total DSEs	•		0.00	
ross Receipts Third G	Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
Base Rate Fee Third G	Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
Base Rate Fee: Add th inter here and in block			riber group	as shown in the boxe	es above.	\$		

LEGAL NAME OF OWNE North State Comm						S	YSTEM ID# 63110	Name
В	LOCK A: (	COMPUTATION OF	BASE RA	TE FEES FOR EAC	H SUBSCF	RIBER GROUP		
ONE HUNDRED FO	RTY-FIFTH	SUBSCRIBER GROUP	)	ONE HUNDRED F	ORTY-SIXTH	SUBSCRIBER GROUP		0
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and Syndicated
								Exclusivity
		-						Surcharge
								for
		H						Partially
								Distant
								Stations
		+						
			<u> </u>					
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	iroup	\$	0.00	Gross Receipts Seco	ond Group	\$	0.00	
<b>Base Rate Fee</b> First G	roup	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00	
ONE HUNDRED FORTY	'-SEVENTH	SUBSCRIBER GROUP	)	ONE HUNDRED FO	RTY-EIGHTH	SUBSCRIBER GROUP		
COMMUNITY/ AREA			0	COMMUNITY/ AREA	Α		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		-						
		-						
		-						
	<u> </u>	+						
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third 0	Group	\$	0.00	Gross Receipts Four	th Group	\$	0.00	
Base Rate Fee Third (	Group	\$	0.00	Base Rate Fee Four	th Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block			riber group	as shown in the boxes	s above.	\$		

LEGAL NAME OF OWNER North State Comm						SYS	63110	Name
BL ONE HUNDRED FORT COMMUNITY/ AREA				TE FEES FOR EACH		IBER GROUP SUBSCRIBER GROUP	0	9
								Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee and
	•	-						Syndicated
		-						Exclusivity
	•							Surcharge for
	•							Partially
		-						Distant
	•	-				_		Stations
	•							
		-						
	•							
	•							
Total DSEs	<u> </u>		0.00	Total DSEs	<u> </u>		0.00	
Gross Receipts First Gr	oup	\$	0.00	Gross Receipts Secon	d Group	\$	0.00	
Base Rate Fee First Gro	oup	\$	0.00	Base Rate Fee Secon	d Group	\$	0.00	
ONE HUNDRED FIFT	Y-FIRST	SUBSCRIBER GROU			'-SECOND	SUBSCRIBER GROUP	_	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
	•							
		-						
	•							
		-						
		-						
		-						
	•							
	•							
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	roup	\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block			riber group	as shown in the boxes	above.	\$		

Name	YSTEM ID# 63110	S						LEGAL NAME OF OWNER North State Comm
		IBER GROUP	SUBSCR	TE FEES FOR EACH	BASE RA	COMPUTATION OF	OCK A: C	BL
9		SUBSCRIBER GROU	-FOURTH	ONE HUNDRED FIFT)		SUBSCRIBER GRO	Y-THIRD	ONE HUNDRED FIFT
Computation	0			COMMUNITY/ AREA	0		***************************************	COMMUNITY/ AREA
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate F						- 1111111111111111111111111111111111111		
and							-	
Syndicate Exclusivit							-	
Surcharge								
for								
Partially		_				-	_	
Distant							-	
Stations							-	
						-		
							<u> </u>	
	0.00	-		Total DSEs	0.00			Total DSEs
	0.00	\$	d Group	Gross Receipts Secon	0.00	\$	oup	Gross Receipts First Gro
	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	oup	Base Rate Fee First Gro
	JP	SUBSCRIBER GROU	TY-SIXTH	ONE HUNDRED FIR	JP	SUBSCRIBER GRO	TY-FIFTH	ONE HUNDRED FIFT
	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
						-		
						-		
						-	-	
						-		
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		_				=	-	
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		_					-	
	·····							
							·•	
	0.00			Total DSEs	0.00			Total DSEs
	0.00	\$	Group	Total DSEs Gross Receipts Fourth	0.00	<u>\$</u>	roup	Fotal DSEs Gross Receipts Third Gr

LEGAL NAME OF OWN North State Com						S	YSTEM ID# 63110	Name
В	LOCK A: (	COMPUTATION OF	BASE RA	ATE FEES FOR EAC	CH SUBSCR	RIBER GROUP		
ONE HUNDRED FIFT	Y-SEVENTH	SUBSCRIBER GROUP	)	ONE HUNDRED F	IFTY-EIGHTH	SUBSCRIBER GROUP		0
COMMUNITY/ AREA			0	COMMUNITY/ ARE			0	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
								Stations
		H				-		
			0.00				0.00	
Total DSEs			0.00	Total DSEs	1.0		0.00	
Gross Receipts First (	Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First (	Group	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00	
ONE HUNDRED F	IFTY-NINTH	SUBSCRIBER GROUP	•	ONE HUNDF	RED SIXTIETH	SUBSCRIBER GROUP		
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		-				-		
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Four	rth Group	\$	0.00	
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Four	th Group	\$	0.00	
Base Rate Fee: Add t			criber group	as shown in the boxe	s above.	\$		

	0014 1 1	ns, LLC	DAGE	TE EEEO EOO E : 1	NI 01 15 2 2 -	NDED COOKS	63110	
BL		SUBSCRIBER GROU		TE FEES FOR EAC		RIBER GROUP  SUBSCRIBER GRO	UP	
COMMUNITY/ AREA			0	COMMUNITY/ ARE			0	9
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computa of
OALL OIGH	DOL	OALL GIGIT	DOL	OALL GIGIT	DOL	OALL GIOIN	DOL	Base Rate
								and
								Syndicat
								Exclusiv
								Surchar
								for Partiall
								Distan
								Station
	•							
otal DSEs			0.00	Total DSEs			0.00	
ross Receipts First Gr	oup	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
•	•	·			- 1			
<b>ase Rate Fee</b> First Gr	oup	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
	THIRD	SUBSCRIBER GROU	JP		FOURTH	SUBSCRIBER GRO	UP	
OMMUNITY/ AREA			0	COMMUNITY/ ARE			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
						.		
	<b></b>							
	•				•			
otal DSEs			0.00	Total DSEs			0.00	
	roup	\$			rth Group	\$	0.00	
	roup	\$	0.00	Total DSEs Gross Receipts Fou	rth Group	\$	•	
otal DSEs Gross Receipts Third G		\$	0.00	Gross Receipts Fou		\$	0.00	
oss Receipts Third G		\$				\$	•	
			0.00	Gross Receipts Fou			0.00	

Name	STEM ID# 63110	SY			•			LEGAL NAME OF OWNE North State Comm
				TE FEES FOR EACH				BL
9		SUBSCRIBER GROU	SIXTH		UP 0	SUBSCRIBER GRO	FIFTH	
Computation	COMMUNITY/ AREA 0							COMMUNITY/ AREA
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate F						-		
and		-						
Syndicate Exclusivit								
Surcharge								
for						-		
Partially						1		
Distant								
Stations								
							<u> </u>	
	0.00	-	•	Total DSEs	0.00		•	Total DSEs
	0.00	\$	d Group	Gross Receipts Secon	0.00	\$	roup	Gross Receipts First G
	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	roup	Base Rate Fee First G
	Р	SUBSCRIBER GROUP	EIGHTH		UP	SUBSCRIBER GRO	SEVENTH	(
	COMMUNITY/ AREA 0			0			COMMUNITY/ AREA	
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
						_		
		-				-		
			<b></b>				T T	
			•			-		
	0.00			Total DSEs	0.00			Fotal DSEs
	0.00	\$	Group	Total DSEs Gross Receipts Fourth	0.00	\$	Group	Total DSEs Gross Receipts Third G

ENTH SUBSCRIBER GROUP  0 Computation		TE FEES FOR EACH		COMPUTATION OF	001/ 1 /	
0 Computatio	TENTH		ID			BL
E CALL SIGN DSE of			<u> 0</u>	SUBSCRIBER GRO	NINTH	
E CALL SIGN DSE of	COMMUNITY/ AREA 0					COMMUNITY/ AREA
Base Rate F	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
······································				_		
and Syndicated						
Exclusivity						
Surcharge						
for						
Partially Distant						
Stations						
				-		
	<b>.</b>				<u> </u>	
0.00	•	Total DSEs	0.00		•	Total DSEs
sup \$ 0.00	d Group	Gross Receipts Secor	0.00	\$	roup	Gross Receipts First G
s 0.00	d Group	Base Rate Fee Secon	0.00	\$	roup	Base Rate Fee First Gr
LVTH SUBSCRIBER GROUP	TWELVTH	ii	JP <b>0</b>	SUBSCRIBER GRO	LEVENTH	
0	COMMUNITY/ AREA 0					COMMUNITY/ AREA
E CALL SIGN DSE	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
**************************************	<b>.</b>			-	<u> </u>	
**************************************	<b>.</b>			-	<u> </u>	
				-		
					<u></u>	
0.00		Total DSEs	0.00			Total DSEs
	Group	Gross Receipts Fourth	0.00	\$	Group	Gross Receipts Third G
up \$ 0.00						
\$ 0.00			l l			

North State Communi		E SYSTEM: n <b>s, LLC</b>				S	YSTEM ID# 63110	Name
				TE FEES FOR EAC				
	ENTH S	SUBSCRIBER GRO				SUBSCRIBER GROU	JP <b>0</b>	9
COMMUNITY/ AREA			0	COMMUNITY/ AREA	Computation			
	SE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate F
								and
								Syndicate
								Exclusivity Surcharge
								for
								Partially
								Distant
								Stations
Total DSEs	!!		0.00	Total DSEs		!!	0.00	
Gross Receipts First Group	_	\$	0.00	Gross Receipts Seco	nd Group	\$	0.00	
	Г							
Base Rate Fee First Group	L	\$	0.00	Base Rate Fee Seco	nd Group	\$	0.00	
		\$ SUBSCRIBER GRO	'	\$	SIXTEENTH	\$ SUBSCRIBER GROU		
FIFTEE			'		SIXTEENTH	SUBSCRIBER GROU		
FIFTEE			UP	\$	SIXTEENTH	SUBSCRIBER GROU	JP -	
FIFTEE	ENTH S	SUBSCRIBER GRO	UP <b>0</b>	COMMUNITY/ AREA	SIXTEENTH		JP <b>0</b>	
FIFTEE	ENTH S	SUBSCRIBER GRO	UP <b>0</b>	COMMUNITY/ AREA	SIXTEENTH		JP <b>0</b>	
FIFTEE	ENTH S	SUBSCRIBER GRO	UP <b>0</b>	COMMUNITY/ AREA	SIXTEENTH		JP <b>0</b>	
FIFTEE	ENTH S	SUBSCRIBER GRO	UP <b>0</b>	COMMUNITY/ AREA	SIXTEENTH		JP <b>0</b>	
FIFTEE	ENTH S	SUBSCRIBER GRO	UP <b>0</b>	COMMUNITY/ AREA	SIXTEENTH		JP <b>0</b>	
FIFTEE	ENTH S	SUBSCRIBER GRO	UP <b>0</b>	COMMUNITY/ AREA	SIXTEENTH		JP <b>0</b>	
COMMUNITY/ AREA	ENTH S	SUBSCRIBER GRO	UP <b>0</b>	COMMUNITY/ AREA	SIXTEENTH		JP <b>0</b>	
FIFTEE	ENTH S	SUBSCRIBER GRO	UP <b>0</b>	COMMUNITY/ AREA	SIXTEENTH		JP <b>0</b>	
FIFTEE	ENTH S	SUBSCRIBER GRO	UP <b>0</b>	COMMUNITY/ AREA	SIXTEENTH		JP <b>0</b>	
FIFTEE	ENTH S	SUBSCRIBER GRO	UP <b>0</b>	COMMUNITY/ AREA	SIXTEENTH		JP <b>0</b>	
FIFTEE	ENTH S	SUBSCRIBER GRO	UP <b>0</b>	COMMUNITY/ AREA	SIXTEENTH		JP <b>0</b>	
FIFTEE	ENTH S	SUBSCRIBER GRO	UP <b>0</b>	COMMUNITY/ AREA	SIXTEENTH		JP <b>0</b>	
FIFTEE	ENTH S	SUBSCRIBER GRO	UP <b>0</b>	COMMUNITY/ AREA	SIXTEENTH		JP <b>0</b>	
CALL SIGN DO	ENTH S	SUBSCRIBER GRO	UP <b>0</b>	COMMUNITY/ AREA	SIXTEENTH		JP <b>0</b>	
CALL SIGN DO	SE SE	SUBSCRIBER GRO	DSE	CALL SIGN	DSE		JP  O  DSE	
CALL SIGN DS  CALL SIGN DS  Total DSEs  Gross Receipts Third Group	SE SE	CALL SIGN	DSE	COMMUNITY/ AREA  CALL SIGN  Total DSEs  Gross Receipts Fourt	DSE h Group	CALL SIGN	DSE	
CALL SIGN DO	SE SE	CALL SIGN	DSE	COMMUNITY/ AREA  CALL SIGN  Total DSEs	DSE h Group	CALL SIGN	JP  O  DSE  O  O  O  O  O  O  O  O  O  O  O  O  O	

## Nonpermitted 3.75 Stations

EGAL NAME OF OWNE North State Comm						S	YSTEM ID# 63110	Name
				TE FEES FOR EAC				
	NTEENTH	SUBSCRIBER GRO		ii ee		SUBSCRIBER GROU		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA	0	Computa		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	of	
								Base Rate
								and
						-		Syndicat
								Exclusiv Surchar
								for
								Partially
						,		Distant
								Station
						-		
otal DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gr	oup	\$	0.00	Gross Receipts Seco	ond Group	\$	0.00	
ase Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00	
NIN	NTEENTH	SUBSCRIBER GRO	UP	ii .		SUBSCRIBER GROU	JP	
OMMUNITY/ AREA			0	COMMUNITY/ AREA 0			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
						,		
						,		
						·		
otal DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	roup	\$	0.00	Gross Receipts Four	th Group	\$	0.00	
		I		H				
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Four	th Group	\$	0.00	
ase Rate Fee Third G	roup	\$	0.00	Base Rate Fee Four	th Group	\$	0.00	

LEGAL NAME OF OW North State Con			•			S	63110	Name
				TE FEES FOR EAC				
		SUBSCRIBER GRO		Ħ		SUBSCRIBER GRO	UP <b>0</b>	9
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Computation			
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fe
		-						and
		_						Syndicated
								Exclusivity Surcharge
								for
		-						Partially
								Distant
		-						Stations
		H						
Γotal DSEs		11	0.00	Total DSEs		11	0.00	
Gross Receipts First	Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
TWE	NTY-THIRD	SUBSCRIBER GRO	OUP	Ti .		SUBSCRIBER GRO	UP	
COMMUNITY/ AREA	4		0	COMMUNITY/ AREA 0				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		_						
		-						
		-						
		H						
		-						
Гotal DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	d Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
Base Rate Fee Third	d Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
	•	L:			·r	i.		
Raso Rato Foo: Add	the bace ref	to foos for each auch	ecriber group	as shown in the have	e ahove			
Base Rate Fee: Add Enter here and in blo			scriber group	as shown in the boxe	au∪ve.	\$		

OF DATE FEED FOR FACILICUIDOODIDED ODOUD						LEGAL NAME OF OWNE North State Comn		
SE RATE FEES FOR EACH SUBSCRIBER GROUP								
TWENTY-SIXTH SUBSCRIBER GROUP  O COMMUNITY/AREA  O 9				SUBSCRIBER GRO	ITY-FIFTH			
0 COMMUNITY/ AREA Computation	COMMUNITY/ AREA 0					COMMUNITY/ AREA		
DSE CALL SIGN DSE CALL SIGN DSE of			DSE	CALL SIGN	DSE	CALL SIGN		
Base Rate F				-				
and				-				
Syndicated Exclusivity								
Surcharge								
for				-				
Partially								
Distant								
Stations				-				
				-				
.00 Total DSEs		Total DSEs	0.00			Total DSEs		
.00 Gross Receipts Second Group \$ 0.00	cond Group	Gross Receipts Sec	0.00	\$	roup	Gross Receipts First G		
.00 Base Rate Fee Second Group \$ 0.00	ond Group	Base Rate Fee Sec	0.00	\$	roup	Base Rate Fee First G		
TWENTY-EIGHTH SUBSCRIBER GROUP		11	UP	SUBSCRIBER GRO	SEVENTH	TWENTY-		
0 COMMUNITY/ AREA 0	COMMUNITY/ AREA 0					COMMUNITY/ AREA		
DSE CALL SIGN DSE CALL SIGN DSE	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN		
				_				
				-				
				-				
				-				
.00 Total DSEs		Total DSEs	0.00			Total DSEs		
	ırth Group			\$	Group			
	urth Group		0.00	\$	Group	Fotal DSEs Gross Receipts Third C		

Base Rate F	SUBSCRIBER GROUP		TE FEES FOR FACH				
Computation of Base Rate F					COMPUTATION OF		
Computation of Base Rate F		HIRTIETH			SUBSCRIBER GROU	Y-NINTH	
E of Base Rate F	0	COMMUNITY/ AREA	0			COMMUNITY/ AREA	
	CALL SIGN DSE	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
					-		
and	<u> </u>				-		
Syndicated Exclusivity	<u> </u>						
Surcharge					-		
for					-		
Partially							
Distant Stations	_				-		
Stations	- <mark> </mark>						
					-		
	"						
<u></u>	2.22		T	0.00			T ( LD05
	0.00		Total DSEs	0.00			Total DSEs
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00	\$ 0.00	l Group	Base Rate Fee Secon	0.00	\$	oup	<b>3ase Rate Fee</b> First Gr
	SUBSCRIBER GROUP	-SECOND	THIRTY	JP	SUBSCRIBER GROU	TY-FIRST	THIR
	COMMUNITY/ AREA 0			0	DMMUNITY/ AREA		
E	CALL SIGN DSE	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
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10	0.00		Total DSEs	0.00			Total DSEs
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Exclusivity
COMMUNITY/ AREA  CALL SIGN  DSE  CALL SIGN  DSE  Base Rate Formand  Syndicated  Exclusivity  Surcharge  for  Partially  Distant
CALL SIGN DSE CALL SIGN DSE of Base Rate Formand Syndicated Exclusivity Surcharge for Partially Distant
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for Partially Distant
Distant
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Stations
Total DSEs 0.00
Gross Receipts Second Group \$ 0.00
Base Rate Fee Second Group \$ 0.00
THIRTY-SIXTH SUBSCRIBER GROUP
COMMUNITY/ AREA
CALL SIGN DSE CALL SIGN DSE
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Total DSEs 0.00
Gross Receipts Fourth Group \$ 0.00

O COMMUNITY/ AREA O Computation of Base Rate Fe and Syndicated Exclusivity Surcharge for Partially Distant Stations  Total DSEs O.00 S O.00 Base Rate Fee Second Group FORTIETH SUBSCRIBER GROUP O COMMUNITY/ AREA O Computation of Base Rate Fee Base Rate Fee Band Syndicated Exclusivity Surcharge for Partially Distant Stations
CALL SIGN DSE CALL SIGN DSE GALL SIGN DSE Base Rate Fe and Syndicated Exclusivity Surcharge for Partially Distant Stations  O.00 S O.00 Gross Receipts Second Group \$ 0.00  Base Rate Fee Second Group \$ 0.00  COMMUNITY/ AREA 0
CALL SIGN   DSE   CALL SIGN   DSE   Base Rate Fee Second Group   S   0.00     S   0.00   Base Rate Fee Second Group   S   0.00     S   0.00   Base Rate Fee Second Group   S   0.00     S   0.00   COMMUNITY/ AREA   0   C
and Syndicated Exclusivity Surcharge for Partially Distant Stations  O.00 Total DSEs O.00 Gross Receipts Second Group \$ 0.00  \$ 0.00 Base Rate Fee Second Group \$ 0.00  H SUBSCRIBER GROUP FORTIETH SUBSCRIBER GROUP  O COMMUNITY/ AREA O
Syndicated Exclusivity Surcharge for Partially Distant Stations  1 0.00 S 0.00 Gross Receipts Second Group S 0.00  S 0.00 Base Rate Fee Second Group S 0.00  TOTAL DSES 0.00  FORTIETH SUBSCRIBER GROUP  COMMUNITY/ AREA 0
Exclusivity Surcharge for Partially Distant Stations  1. 0.00 \$ 0
Distant Stations
Stations  O.00  Total DSEs O.00  Gross Receipts Second Group  O.00  Total DSEs O.00  Total
0.00
\$ 0.00   Gross Receipts Second Group   \$ 0.00    \$ 0.00   Base Rate Fee Second Group   \$ 0.00    H SUBSCRIBER GROUP   FORTIETH SUBSCRIBER GROUP    COMMUNITY/ AREA   0
\$ 0.00   Gross Receipts Second Group   \$ 0.00    \$ 0.00   Base Rate Fee Second Group   \$ 0.00    H SUBSCRIBER GROUP   FORTIETH SUBSCRIBER GROUP    COMMUNITY/ AREA   0
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\$ 0.00   Gross Receipts Second Group   \$ 0.00    \$ 0.00   Base Rate Fee Second Group   \$ 0.00    H SUBSCRIBER GROUP   FORTIETH SUBSCRIBER GROUP    COMMUNITY/ AREA   0
\$ 0.00   Gross Receipts Second Group   \$ 0.00    \$ 0.00   Base Rate Fee Second Group   \$ 0.00    H SUBSCRIBER GROUP   FORTIETH SUBSCRIBER GROUP    COMMUNITY/ AREA   0
\$ 0.00   Gross Receipts Second Group   \$ 0.00    \$ 0.00   Base Rate Fee Second Group   \$ 0.00    H SUBSCRIBER GROUP   FORTIETH SUBSCRIBER GROUP    COMMUNITY/ AREA   0
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H SUBSCRIBER GROUP  COMMUNITY/ AREA  O  COMMUNITY/ AREA
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CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE
0.00 Total DSEs 0.00
\$ 0.00 Gross Receipts Fourth Group \$ 0.00
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\$ 0.00 Base Rate Fee Fourth Group \$ 0.00

LEGAL NAME OF OWNER North State Comm						SY	STEM ID# 63110	Name
				TE FEES FOR EACH				
FORT	Y-FIRST	SUBSCRIBER GRO	JP	FORT	Y-SECONE	SUBSCRIBER GROU	Р	0
COMMUNITY/ AREA			0	COMMUNITY/ AREA	9 Computation			
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	of	
								Base Rate Fee
								and
								Syndicated
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					<u> </u>			for
					<u></u>			Partially
								Distant
								Stations
						ļļ.		
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gr	oup	\$	0.00	Gross Receipts Secon	nd Group	\$	0.00	
Base Rate Fee First Gro	oup	\$	0.00	Base Rate Fee Secon	nd Group	\$	0.00	
FORT	Y-THIRD	SUBSCRIBER GRO	JP	FORT	Y-FOURTH	SUBSCRIBER GROU	Р	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
					<u> </u>			
	<b>†</b>							
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	roup	\$	0.00	Gross Receipts Fourth	n Group	\$	0.00	
<b>.</b>			0.00					
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourth	n Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block			criber group	as shown in the boxes	above.	\$		

BASE RATE FEES FOR EACH SUBSCRIBER GROUP  UP FORTY-SIXTH SUBSCRIBER GROUP  0 COMMUNITY/ AREA 0 9					LEGAL NAME OF OWNE North State Comm	
	ATE FEES FO					
0 COMMUNITY/ AREA 0 3	<u> </u>		SUBSCRIBER GRO	TY-FIFTH	FOR	
Computatio						
DSE CALL SIGN DSE CALL SIGN DSE of	- 11	DSE	CALL SIGN	DSE	CALL SIGN	
Base Rate Fo						
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0.00 Base Rate Fee Second Group \$ 0.00	Base Rate F		\$		Base Rate Fee First G	
	<del> </del>		SUBSCRIBER GRO	SEVENTH	FORTY-S	
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	Total DSEs	0.00			Fotal DSEs	
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	11		·	r		
0.00         Total DSEs         0.00           0.00         Gross Receipts Fourth Group         \$						

FIFTY-SECOND SUBSCRIBER GROUP  FIFTY-AREA  O  Computation of Base Rate Fe and Syndicated Exclusivity Surcharge for Partially Distant Stations  S  O.00  FIFTY-SECOND SUBSCRIBER GROUP  ITY/ AREA  O  GN  DSE  CALL SIGN  DSE  DFee Second Group  TITY/ AREA  O  GN  DSE  CALL SIGN  DSE  DSE  DSE  DSE  DSE  DSE  DSE  DS	BLOCK FORTY-NIN		
O Computation of Base Rate Fe and Syndicated Exclusivity Surcharge for Partially Distant Stations  S O.00  Peipts Second Group \$ 0.00  FIFTY-SECOND SUBSCRIBER GROUP  ITY/ AREA 0	FORTY-NIN		
Computation of Base Rate Fe and Syndicated Exclusivity Surcharge for Partially Distant Stations  September 1			
Base Rate Fe and Syndicated Exclusivity Surcharge for Partially Distant Stations   September Second Group  Fifety-Second Subscriber Group  Fifety-Second Subscriber Group  Try/ AREA  O  Base Rate Fe and O  O  O  O  O  O  O  O  O  O  O  O  O	COMMUNITY/ AREA		
and Syndicated Exclusivity Surcharge for Partially Distant Stations  Separate Second Group \$ 0.00  FIFTY-SECOND SUBSCRIBER GROUP  ITY/ AREA 0	CALL SIGN DSI		
Syndicated Exclusivity Surcharge for Partially Distant Stations  Stations  September Second Group \$ 0.00  FIFTY-SECOND SUBSCRIBER GROUP  ITY/ AREA 0			
Exclusivity Surcharge for Partially Distant Stations  S			
Surcharge for Partially Distant Stations  September 1			
for Partially Distant Stations  S			
Partially Distant Stations  Stations  Stations  Descripts Second Group \$ 0.00  Fierry-Second Group \$ 0.00  FIFTY-SECOND SUBSCRIBER GROUP  ITY/ AREA 0			
Stations  Stations  Stations  Stations  Stations  Stations  O.00  Selepts Second Group \$ 0.00  FIFTY-SECOND SUBSCRIBER GROUP  ITY/ AREA 0			
s 0.00 eipts Second Group \$ 0.00 FIFTY-SECOND SUBSCRIBER GROUP ITY/ AREA 0			
## Pree Second Group \$ 0.00  FIFTY-SECOND SUBSCRIBER GROUP  ITY/ AREA 0			
FIFTY-SECOND SUBSCRIBER GROUP  ITY/ AREA  0.00  \$ 0.00			
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Fee Second Group \$ 0.00  FIFTY-SECOND SUBSCRIBER GROUP  ITY/ AREA 0	Total DSEs		
FIFTY-SECOND SUBSCRIBER GROUP  ITY/ AREA  0	Gross Receipts First Group		
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ITY/ AREA 0			
	FIFTY-FIF		
GN DSE CALL SIGN DSE	COMMUNITY/ AREA		
	CALL SIGN DSE		
eipts Fourth Group \$ 0.00	Total DSEs		
Fee Fourth Group \$ 0.00	Total DSEs Gross Receipts Third Group		

LEGAL NAME OF OWNER  North State Comm						S'	YSTEM ID# 63110	Name
				TE FEES FOR EACH				
	Y-THIRD	SUBSCRIBER GROU		†	Y-FOURTH	SUBSCRIBER GROU		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gro	oup	\$	0.00	Gross Receipts Secon	d Group	\$	0.00	
Base Rate Fee First Gro	oup	\$	0.00	Base Rate Fee Secon	d Group	\$	0.00	
FIFT	Y-FIFTH	SUBSCRIBER GROU	JP	FIFTY-SIXTH SUBSCRIBER GROUP				
COMMUNITY/ AREA		-		0				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third Gr	oup	\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
<b>3ase Rate Fee</b> Third Gr	oup	\$	0.00	Base Rate Fee Fourth	ı Group	\$	0.00	
te Fee: Add the	base rat	<u>;</u>		Base Rate Fee Fourth		\$	0.00	

LEGAL NAME OF OWN North State Com						S	63110	Name
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		SUBSCRIBER GRO		ii ee		SUBSCRIBER GRO		9
COMMUNITY/ AREA			0	COMMUNITY/ ARE			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of Base Rate Fe and Syndicated Exclusivity Surcharge for Partially Distant Stations
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								Distant
								Stations
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Total DSEs		<u>H</u>	0.00	Total DSEs		Ц	0.00	
Gross Receipts First	Group	\$	0.00	Gross Receipts Sec	cond Group	\$ 0.00		
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Sec	cond Group	\$	0.00	
F	IFTY-NINTH	SUBSCRIBER GRO	OUP		SIXTIETH SUBSCRIBER GROUP			
COMMUNITY/ AREA	4			0				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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Γotal DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	d Group	\$	0.00	Gross Receipts Fou	ırth Group	\$	0.00	
Base Rate Fee Third	d Group	\$	0.00	Base Rate Fee Fou	ırth Group	\$	0.00	
				II				
Base Rate Fee: Add	the base rat	te fees for each sub	scriber group	as shown in the box	es above.			
nter here and in blo			J -r			\$		

9						ons, LLC	unicatio	North State Comm
<u> </u>				TE FEES FOR EACH				
		SUBSCRIBER GROU	-SECOND	li		SUBSCRIBER GROU	TY-FIRST	
Computation	U			COMMUNITY/ AREA	0			COMMUNITY/ AREA
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
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and			•			-		
Syndicated			•					
Exclusivity Surcharge								
for			•			-		
Partially		_						
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<u>o</u>	0.00			Total DSEs	0.00			Total DSEs
<u>0</u>	0.00	\$	d Group	Gross Receipts Secon	0.00	\$	oup	Gross Receipts First Gro
0	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	oup	Base Rate Fee First Gro
	JP	SUBSCRIBER GROU	-FOURTH	SIXT	JP	SUBSCRIBER GROU	Y-THIRD	SIXT
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LEGAL NAME OF OWN North State Com			-			S	63110	Name
				TE FEES FOR EAC				
	XTY-FIFTH	SUBSCRIBER GRO		t e		SUBSCRIBER GRO		9
COMMUNITY/ AREA			0	COMMUNITY/ ARE			0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
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Γotal DSEs		!!	0.00	Total DSEs		+	0.00	
Gross Receipts First (	Group	\$	0.00	Gross Receipts Sec	ond Group	\$		
Base Rate Fee First (	Group	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00	
SIXTY	-SEVENTH	SUBSCRIBER GRO	OUP	Ti .		SUBSCRIBER GRO		
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CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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Total DSEs	•		0.00	Total DSEs			0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Four	rth Group	\$	0.00	
				<u>II</u>				
			scriber group	as shown in the boxe	s above.			
nter here and in bloc			J 1			\$		

Name	63110					ons, LLC		LEGAL NAME OF OWNE North State Comm
				TE FEES FOR EACH				
9		SUBSCRIBER GROU	VENTIETH			SUBSCRIBER GROU	TY-NINTH	
Computation	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
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	0.00			Total DSEs				Total DSEs
	0.00	\$	d Group	Gross Receipts Secon	0.00	\$	roup	Gross Receipts First G
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	'	\$ SUBSCRIBER GROU				SUBSCRIBER GROU		
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	P	SUBSCRIBER GROU  CALL SIGN		SEVENT	UP			SEVEN
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	P 0		'-SECOND	SEVENT COMMUNITY/ AREA	UP <b>0</b>	SUBSCRIBER GROU	TY-FIRST	SEVEN COMMUNITY/ AREA
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	P 0		'-SECOND	SEVENT COMMUNITY/ AREA	UP <b>0</b>	SUBSCRIBER GROU	TY-FIRST	SEVEN COMMUNITY/ AREA
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	DSE O.00	CALL SIGN	DSE	SEVENT COMMUNITY/ AREA CALL SIGN  Total DSEs	DSE O.00	SUBSCRIBER GROU	TY-FIRST  DSE	SEVEN COMMUNITY/ AREA  CALL SIGN  Fotal DSEs

0 Name								
	ID					COMPUTATION OF		
9	)P 0	SUBSCRIBER GROU	T-FUUKIH	SEVENT COMMUNITY/ AREA	<u>0</u>	SUBSCRIBER GRO	ı r-IHIKD	SEVEN COMMUNITY/ AREA
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of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate						-		
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-   ]		<u>*</u>				\$		
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-   ] =	0.00	\$ SUBSCRIBER GROU	d Group	Base Rate Fee Seco	0.00		iroup	Base Rate Fee First G
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	0.00 JP 0	\$ SUBSCRIBER GROU	d Group	Base Rate Fee Seco SEVE COMMUNITY/ AREA	0.00 UP	\$ SUBSCRIBER GROI	ITY-FIFTH	Base Rate Fee First G  SEVEN  COMMUNITY/ AREA
	0.00 JP 0	\$ SUBSCRIBER GROU	d Group	Base Rate Fee Seco SEVE COMMUNITY/ AREA	0.00 UP	\$ SUBSCRIBER GROI	ITY-FIFTH	Base Rate Fee First G  SEVEN  COMMUNITY/ AREA
	0.00 JP 0	\$ SUBSCRIBER GROU	d Group	Base Rate Fee Seco SEVE COMMUNITY/ AREA	0.00 UP	\$ SUBSCRIBER GROI	ITY-FIFTH	Base Rate Fee First G  SEVEN  COMMUNITY/ AREA
	0.00 JP 0	\$ SUBSCRIBER GROU	d Group	Base Rate Fee Seco SEVE COMMUNITY/ AREA	0.00 UP	\$ SUBSCRIBER GROI	ITY-FIFTH	Base Rate Fee First G  SEVEN  COMMUNITY/ AREA
	0.00 JP 0	\$ SUBSCRIBER GROU	d Group	Base Rate Fee Seco SEVE COMMUNITY/ AREA	0.00 UP	\$ SUBSCRIBER GROI	ITY-FIFTH	Base Rate Fee First G  SEVEN  COMMUNITY/ AREA
	0.00 JP 0	\$ SUBSCRIBER GROU	d Group	Base Rate Fee Seco SEVE COMMUNITY/ AREA	0.00 UP	\$ SUBSCRIBER GROI	ITY-FIFTH	COMMUNITY/ AREA
	0.00 JP 0	\$ SUBSCRIBER GROU	d Group	Base Rate Fee Seco SEVE COMMUNITY/ AREA	0.00 UP	\$ SUBSCRIBER GROI	ITY-FIFTH	Base Rate Fee First G  SEVEN  COMMUNITY/ AREA
	0.00  JP  O  DSE	\$ SUBSCRIBER GROU	d Group	Base Rate Fee Seco  SEVE  COMMUNITY/ AREA  CALL SIGN	0.00  UP  DSE	\$ SUBSCRIBER GROI	ITY-FIFTH	SEVEN COMMUNITY/ AREA  CALL SIGN
	0.00  JP  O  O  O  O  O  O  O  O  O  O  O  O  O	SUBSCRIBER GROU  CALL SIGN	DSE	SEVE COMMUNITY/ AREA CALL SIGN  Total DSEs	0.00  UP  DSE  0.00	SUBSCRIBER GROI  CALL SIGN	JTY-FIFTH  DSE	SEVEN COMMUNITY/ AREA CALL SIGN  Total DSEs
	0.00  JP  O  DSE	\$ SUBSCRIBER GROU	DSE	Base Rate Fee Seco  SEVE  COMMUNITY/ AREA  CALL SIGN	0.00  UP  DSE	\$ SUBSCRIBER GROI	JTY-FIFTH  DSE	SEVEN COMMUNITY/ AREA CALL SIGN
	0.00  JP  O  O  O  O  O  O  O  O  O  O  O  O  O	SUBSCRIBER GROU  CALL SIGN	DSE OF Group	SEVE COMMUNITY/ AREA CALL SIGN  Total DSEs	0.00  UP  DSE  0.00	SUBSCRIBER GROI  CALL SIGN	JTY-FIFTH  DSE  Group	Base Rate Fee First G  SEVEN  COMMUNITY/ AREA

LEGAL NAME OF OWN North State Com						S	43110 63110	Name
				TE FEES FOR EAC				
	-SEVENTH	SUBSCRIBER GRO		t e		SUBSCRIBER GROU		9
COMMUNITY/ AREA			0	COMMUNITY/ ARE			0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
						.		Base Rate Fe
		-						and
		-						Syndicated
								Exclusivity Surcharge
								for
		-						Partially
		-						Distant
		-						Stations
		-						
Total DSEs		Į <u>I</u>	0.00	Total DSEs		Ц	0.00	
	-	_						
Gross Receipts First (	Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First (	Group	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00	
SEVE	NTY-NINTH	SUBSCRIBER GRO	)UP	EIGHTIETH SUBSCRIBER GROUP				
COMMUNITY/ AREA			0 COMMUNITY/ AREA 0		0			
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
						.		
		H						
		-						
Total DSEs	•		0.00	Total DSEs	•		0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Four	th Group	\$	0.00	
Base Rate Fee: Add t			criber group	as shown in the boxe	s above.	s		

Name	63110	SY					R OF CABL	North State Comm
				TE FEES FOR EACH				
9		SUBSCRIBER GROUI	-SECOND			SUBSCRIBER GRO	TY-FIRST	
Computation	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate F								
and								
Syndicate Exclusivit								
Surcharge								
for						+		
Partially								
Distant								
Stations								
						-		
						-		
	0.00			Total DSEs	0.00			Total DSEs
	\$ 0.00		d Group	Gross Receipts Secor	0.00	\$	roup	Gross Receipts First G
			·				•	·
	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	roup	Base Rate Fee First G
	EIGHTY-FOURTH SUBSCRIBER GROUP				UP	SUBSCRIBER GRO	TY-THIRD	EIGH"
	0	0 COMMUNITY/ AREA			COMMUNITY/ AREA			
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
						T		
					4			
		-						
	0.00			Total DSEs	0.00			Fotal DSEs
		<b>S</b>	Group			\$	Group	
	0.00	\$	Group	Total DSEs Gross Receipts Fourth	0.00	\$	Group	Total DSEs Gross Receipts Third G

## **Nonpermitted 3.75 Stations**

Name	63110						umcauo	North State Comm
				TE FEES FOR EACH				
9	0	SUBSCRIBER GROUP	1 Y-SIX I H	COMMUNITY/ AREA	)P 0	SUBSCRIBER GROU	Y-FIFIH	EIGHT COMMUNITY/ AREA
Computa of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate								
and						-		
Syndica Exclusiv								
Surchar								
for						-		
Partial Distan								
Station								
	0.00			Total DSEs	0.00			Total DSEs
	0.00	\$	d Group	Gross Receipts Second	0.00	\$	oup	Gross Receipts First Gro
	0.00	c	Croup	<b>.</b>	2.22			
	0.00	P	Gloup	Base Rate Fee Second	0.00	\$	oup	Base Rate Fee First Gro
		SUBSCRIBER GROUP			<b>'</b>	\$ SUBSCRIBER GROU		
		SUBSCRIBER GROUP			<b>'</b>	L		EIGHTY-S
		SUBSCRIBER GROUP  CALL SIGN		EIGHT	JP	L		EIGHTY-S
	0		Y-EIGHTH	EIGHT COMMUNITY/ AREA	JP <b>0</b>	SUBSCRIBER GROU	EVENTH	EIGHTY-S COMMUNITY/ AREA
	0		Y-EIGHTH	EIGHT COMMUNITY/ AREA	JP <b>0</b>	SUBSCRIBER GROU	EVENTH	EIGHTY-S
	0		Y-EIGHTH	EIGHT COMMUNITY/ AREA	JP <b>0</b>	SUBSCRIBER GROU	EVENTH	EIGHTY-S COMMUNITY/ AREA
	0		Y-EIGHTH	EIGHT COMMUNITY/ AREA	JP <b>0</b>	SUBSCRIBER GROU	EVENTH	EIGHTY-S COMMUNITY/ AREA
	0		Y-EIGHTH	EIGHT COMMUNITY/ AREA	JP <b>0</b>	SUBSCRIBER GROU	EVENTH	EIGHTY-S COMMUNITY/ AREA
	0		Y-EIGHTH	EIGHT COMMUNITY/ AREA	JP <b>0</b>	SUBSCRIBER GROU	EVENTH	EIGHTY-S COMMUNITY/ AREA
	0		Y-EIGHTH	EIGHT COMMUNITY/ AREA	JP <b>0</b>	SUBSCRIBER GROU	EVENTH	EIGHTY-S COMMUNITY/ AREA
	0		Y-EIGHTH	EIGHT COMMUNITY/ AREA	JP <b>0</b>	SUBSCRIBER GROU	EVENTH	EIGHTY-S COMMUNITY/ AREA
	0		Y-EIGHTH	EIGHT COMMUNITY/ AREA	JP <b>0</b>	SUBSCRIBER GROU	EVENTH	EIGHTY-S COMMUNITY/ AREA
	0		Y-EIGHTH	EIGHT COMMUNITY/ AREA	JP <b>0</b>	SUBSCRIBER GROU	EVENTH	COMMUNITY/ AREA
	0		Y-EIGHTH	EIGHT COMMUNITY/ AREA	JP <b>0</b>	SUBSCRIBER GROU	EVENTH	EIGHTY-S COMMUNITY/ AREA
	0		Y-EIGHTH	EIGHT COMMUNITY/ AREA	JP <b>0</b>	SUBSCRIBER GROU	EVENTH	EIGHTY-S COMMUNITY/ AREA  CALL SIGN
	DSE		/-EIGHTH	EIGHT COMMUNITY/ AREA  CALL SIGN	JP 0	SUBSCRIBER GROU	DSE	EIGHTY-S COMMUNITY/ AREA

Name	63110	SY						LEGAL NAME OF OWNE North State Comm
				TE FEES FOR EACH				
9		SUBSCRIBER GROUP	NINTIETH			SUBSCRIBER GROU	ΓΥ-NINTH	
Computati	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate I						-		
and Syndicate						-		
Exclusivit						-		
Surcharg		_				-		
for								
Partially								
Distant Stations								
Otations						-		
"]								
	0.00	Ц		Total DSTa	0.00		<u> </u>	Total DSEs
	0.00			Total DSEs				Total DSEs
	0.00	\$	d Group	Gross Receipts Secon	0.00	\$	roup	Gross Receipts First Gr
	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	roup	<b>3ase Rate Fee</b> First Gr
	NINETY-SECOND SUBSCRIBER GROUP					SUBSCRIBER GROU	TY-FIRST	NINE
	0			0 COMMUNITY/ AREA			COMMUNITY/ AREA	
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
						-		
		_						
						-		
						-		
				li e	•			
<u>"</u>	0.00			Total DSEs	0.00			Total DSEs
··· -	0.00	\$	Group	Total DSEs Gross Receipts Fourth	0.00	\$	Group	Total DSEs Gross Receipts Third G

## **Nonpermitted 3.75 Stations**

Computa of Base Rate and Syndica Exclusiv	<b>0</b> DSE	IBER GROUP SUBSCRIBER GROUP	SUBSCRI					
Computa of Base Rate and Syndica Exclusiv	0	SUBSURIBER GROUP	FOLIDALL			COMPUTATION OF		
of Base Rate and Syndica Exclusiv	DSE		-roukih	COMMUNITY/ AREA	)P 0	SUBSCRIBER GROU	1-1 HIKD	COMMUNITY/ AREA
and Syndica Exclusiv Surchar		CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Syndica Exclusiv Surchar								
Exclusiv Surchar								
						-		
for Partial								
Distan			_					
Station								
	0.00	<u> </u>		Total DSEs	0.00			otal DSEs
_	0.00		eceipts Second Group \$		0.00	\$	nun	Gross Receipts First Gro
-	0.00	<u>*</u>	Стоир	Gross Rescipts Second	0.00		Jup	oroso recoupto i not ore
	0.00	\$	d Group	Base Rate Fee Second	0.00	\$	oup	Base Rate Fee First Gro
	-	SUBSCRIBER GROUP	TY-SIXTH			SUBSCRIBER GROU	Y-FIFTH	
) 	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
			-			-		
						-		
	1							
	0.00			Total DSEs	0.00			otal DSEs
_	0.00	\$	Group	Total DSEs Gross Receipts Fourth	0.00	- \$	oup	
_	_	\$	Group			\$	oup	Total DSEs Gross Receipts Third Gr

DSE CALL SIGN DSE of Base Rate For and Syndicated Exclusivity	TY-EIGHTH			COMPUTATION OF SUBSCRIBER GROU		BL
DSE CALL SIGN DSE of Base Rate France and Syndicated Exclusivity Surcharge for Partially Distant			UP	SLIDSCOIDED COOL		
Computation  DSE CALL SIGN DSE of Base Rate F and Syndicated Exclusivity Surcharge for Partially Distant		COMMUNITY/ AREA		SUBSCRIBER GRO	SEVENTH	
DSE CALL SIGN DSE of Base Rate F and Syndicated Exclusivity Surcharge for Partially Distant	1		0			COMMUNITY/ AREA
and Syndicated Exclusivity Surcharge for Partially Distant		CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Syndicated Exclusivity Surcharge for Partially Distant						
Exclusivity Surcharge for Partially Distant				_		
Surcharge for Partially Distant						
for Partially Distant						
Partially Distant				-		
······································				-		
Stations						
				-		
0.00		Total DSEs	0.00	<u> </u>		Fotal DSEs
	nd Group	Gross Receipts Seco	0.00	\$	oup	Gross Receipts First G
		·				
Second Group \$ 0.00	nd Group	Base Rate Fee Seco	0.00	\$	oup	Base Rate Fee First G
E HUNDREDTH SUBSCRIBER GROUP	ONE HUNDREDTH SUBSCRIBER GROUP				TY-NINTH	NINE
REA 0	_			COMMUNITY/ AREA		
DSE CALL SIGN DSE	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
				-		
**************************************						
				H		
······································						
0.00		Total DSEs	0.00		1	Γotal DSEs
Fourth Group \$ 0.00	th Group	Gross Receipts Fourt	0.00	\$	iroup	Gross Receipts Third G
	*					
Fourth Group \$ 0.00	th Group	Base Rate Fee Fourt	0.00	\$	roup	Base Rate Fee Third G

North State Comm		LE SYSTEM: ons, LLC				S	63110	Name
				TE FEES FOR EACH				
	ED FIRST	SUBSCRIBER GROU		ii e		SUBSCRIBER GROU		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
		-						Base Rate Fe
		-						and
						,		Syndicated Exclusivity
								Surcharge
								for
								Partially
								Distant
								Stations
	<b> </b>	-						
	ļ					-		
	<b> </b>							
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gr	oup	\$	0.00	Gross Receipts Secon	nd Group	\$	0.00	
<b>Base Rate Fee</b> First Gr	oup	\$	0.00	Base Rate Fee Secon	nd Group	\$	0.00	
ONE HUNDRE	D THIRD	SUBSCRIBER GROU	JP	ONE HUNDRE	D FOURTH	SUBSCRIBER GROU	UP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
							DOL	
							DOL	
		-					DOL	
		-					BOL	
	•						BOL	
							502	
							DOL	
							DOL	
							DOL	
Total DSFs			0.00	Total DSFs				
			0.00	Total DSEs			0.00	
Total DSEs Gross Receipts Third G	roup	\$	0.00	Total DSEs Gross Receipts Fourtl	h Group	\$		
	·	\$				\$	0.00	

LEGAL NAME OF OWNER OF CABL  North State Communication					SY:	63110	Name
		ASE RA	TE FEES FOR EACH				
ONE HUNDRED FIFTH	SUBSCRIBER GROUP			ED SIXTH	SUBSCRIBER GROUP	)	9
COMMUNITY/ AREA		0	COMMUNITY/ AREA			0	Computation
CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
							Base Rate Fe
							and
							Syndicated Exclusivity
							Surcharge
	-						for
	-						Partially
							Distant
							Stations
Total DSEs	<del>                                     </del>	0.00	Total DSEs		Ш	0.00	
Gross Receipts First Group	\$	0.00	Gross Receipts Second	d Group	\$	0.00	
Base Rate Fee First Group	\$	0.00	Base Rate Fee Second	d Group	\$	0.00	
ONE HUNDRED SEVENTH	SUBSCRIBER GROUP			DEIGHTH	SUBSCRIBER GROUP	•	
COMMUNITY/ AREA		0	COMMUNITY/ AREA 0		0		
CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
					<u> </u>		
	-						
	-						
Total DSEs		0.00	Total DSEs			0.00	
Gross Receipts Third Group	\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
Base Rate Fee Third Group	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
ipts Third Group	\$	0.00	Gross Receipts Fourth	·	\$	0.00	

North State Comr						S	YSTEM ID# 63110	Name
				TE FEES FOR EACH				<u> </u>
	ED NINTH	SUBSCRIBER GRO				SUBSCRIBER GROU		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	Computatio
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
		-						Base Rate Fe
								and
		-						Syndicated
								Exclusivity Surcharge
								for
		-				n = 1		Partially
								Distant
		-						Stations
		-						
Γotal DSEs			0.00	Total DSEs		11	0.00	
Gross Receipts First G	Group	\$	0.00	Gross Receipts Seco	nd Group	\$	0.00	
oroso resosipio rii se c	лоцр			Cross rescipts cost	ila Group			
Base Rate Fee First G	Group	\$	0.00	Base Rate Fee Second	nd Group	\$	0.00	
ONE HUNDRED E	LEVENTH	SUBSCRIBER GRO	UP	ONE HUNDRED	TWELVTH	SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA 0				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		=						
		-				.		
		-						
		-				"-		
		-						
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fourt	h Group	\$	0.00	
Base Rate Fee Third (	Group	\$	0.00	Base Rate Fee Fourt	h Group	\$	0.00	
Base Rate Fee: Add t	he <b>base rat</b>	e fees for each subs	criber group	as shown in the boxes	above.			

LEGAL NAME OF OWNER North State Commu						SY	STEM ID# 63110	Name
BLO	OCK A: C	OMPUTATION OF	BASE RA	TE FEES FOR EACH	SUBSCF	RIBER GROUP		
ONE HUNDRED THIR	TEENTH	SUBSCRIBER GROU	JP	ONE HUNDRED FOU	RTEENTH	SUBSCRIBER GROU	Р	0
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	<b>9</b> Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fe
								and
								Syndicated
								Exclusivity Surcharge
								for
								Partially
					•			Distant
								Stations
					<b>.</b>			
					<u> </u>			
Total DSEs			0.00	Total DSEs		_	0.00	
Gross Receipts First Gro	oup	\$	0.00	Gross Receipts Secon	d Group	\$	0.00	
•	·			·	·		-	
Base Rate Fee First Gro	up	\$	0.00	Base Rate Fee Secon	d Group	\$	0.00	
ONE HUNDRED FIFTEENTH SUBSCRIBER GROUP			JP	ONE HUNDRED S	IXTEENTH	SUBSCRIBER GROU	Р	
COMMUNITY/ AREA			0	COMMUNITY/ AREA 0				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
					<b></b>			
					<b>.</b>			
					<u> </u>			
Total DSEs			0.00	Total DSEs			0.00	
					_			
Gross Receipts Third Gr	oup	\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
Base Rate Fee Third Gr	oup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
ou <b>b</b> a	ip ase rate	\$	0.00	·	Group	\$		

_	6						unicatio	North State Comm
	JP	IBER GROUP	SUBSCR	TE FEES FOR EA	BASE RA	COMPUTATION OF	OCK A: C	BL
9	R GROUP	SUBSCRIBER G	GHTEENTH			SUBSCRIBER GROUP	NTEENTH	
Computation				COMMUNITY/ ARE	0			COMMUNITY/ AREA
	SN S	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate F								
and								
Syndicate								
Exclusivit Surcharge								
for								
Partially							-	
Distant						-		
Stations								
						-		
			<b></b>					
	(	ļ.ļ.	-	Total DSEs	0.00		1	otal DSEs
_	· · · · · · · · · · · · · · · · · · ·	•	d Croup		0.00	•	coun	
_	<u>'</u>	\$	id Group	Gross Receipts Se	0.00	\$	oup	Gross Receipts First Gr
	(	\$	d Group	Base Rate Fee Se	0.00	\$	oup	Base Rate Fee First Gr
		\$ SUBSCRIBER		Base Rate Fee See	<u> </u>	\$ SUBSCRIBER GROU		
		\$ SUBSCRIBER			<u> </u>			ONE HUNDRED NIN
D	ER GROUP	SUBSCRIBER  CALL SIGN		ONE HUNDRED	UP			ONE HUNDRED NIN
D	ER GROUP		VENTIETH	ONE HUNDRED	UP <b>0</b>	SUBSCRIBER GROU	ITEENTH	ONE HUNDRED NIN
D	ER GROUP		VENTIETH	ONE HUNDRED	UP <b>0</b>	SUBSCRIBER GROU	ITEENTH	ONE HUNDRED NIN
D	ER GROUP		VENTIETH	ONE HUNDRED	UP <b>0</b>	SUBSCRIBER GROU	ITEENTH	ONE HUNDRED NIN
D	ER GROUP		VENTIETH	ONE HUNDRED	UP <b>0</b>	SUBSCRIBER GROU	ITEENTH	ONE HUNDRED NIN
D	ER GROUP		VENTIETH	ONE HUNDRED	UP <b>0</b>	SUBSCRIBER GROU	ITEENTH	ONE HUNDRED NIN
D	ER GROUP		VENTIETH	ONE HUNDRED	UP <b>0</b>	SUBSCRIBER GROU	ITEENTH	ONE HUNDRED NIN
D	ER GROUP		VENTIETH	ONE HUNDRED	UP <b>0</b>	SUBSCRIBER GROU	ITEENTH	ONE HUNDRED NIN
D	ER GROUP		VENTIETH	ONE HUNDRED	UP <b>0</b>	SUBSCRIBER GROU	ITEENTH	ONE HUNDRED NIN
D	ER GROUP		VENTIETH	ONE HUNDRED	UP <b>0</b>	SUBSCRIBER GROU	ITEENTH	ONE HUNDRED NIN
D	ER GROUP		VENTIETH	ONE HUNDRED	UP <b>0</b>	SUBSCRIBER GROU	ITEENTH	ONE HUNDRED NIN
D	ER GROUP		VENTIETH	ONE HUNDRED	UP <b>0</b>	SUBSCRIBER GROU	ITEENTH	COMMUNITY/ AREA
D	ER GROUP		VENTIETH	ONE HUNDRED	UP <b>0</b>	SUBSCRIBER GROU	ITEENTH	ONE HUNDRED NIN
D	ER GROUP		VENTIETH	ONE HUNDRED	UP <b>0</b>	SUBSCRIBER GROU	ITEENTH	ONE HUNDRED NIN
	ER GROUP		VENTIETH	ONE HUNDRED	UP <b>0</b>	SUBSCRIBER GROU	ITEENTH	ONE HUNDRED NIN COMMUNITY/ AREA  CALL SIGN
	ER GROUP		DSE	ONE HUNDRED COMMUNITY/ ARE CALL SIGN	DSE	SUBSCRIBER GROU	DSE	ONE HUNDRED NIN
	ER GROUP	CALL SIGN	DSE	ONE HUNDRED COMMUNITY/ ARE CALL SIGN  Total DSEs	DSE	SUBSCRIBER GROU	DSE	ONE HUNDRED NIN COMMUNITY/ AREA  CALL SIGN  Total DSEs

Name	STEM ID# 63110	SY						LEGAL NAME OF OWNER North State Comm
		RIBER GROUP	SUBSCR	TE FEES FOR EACH	BASE RA	COMPUTATION OF	OCK A: C	BL
9		SUBSCRIBER GROUP	Y-SECOND	ONE HUNDRED TWENT		SUBSCRIBER GROUP	TY-FIRST	ONE HUNDRED TWEN
Computation	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate Fe								
and		-				-		
Syndicated Exclusivity								
Surcharge								
for						-		
Partially								
Distant								
Stations								
		-						
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	48TEM ID# 63110						R OF CABL	North State Comm
		RIBER GROUP	SUBSCR	TE FEES FOR EACH	BASE RA	COMPUTATION OF	OCK A: C	BL
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		SUBSCRIBER GROUP	TY-EIGHTH	ONE HUNDRED TWEN	)	SUBSCRIBER GROUP	SEVENTH	NE HUNDRED TWENTY-
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	YSTEM ID# 63110	5						North State Comm
		IBER GROUP	SUBSCR	TE FEES FOR EACH	BASE RA	COMPUTATION OF	OCK A: C	BL
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		SUBSCRIBER GROUP	TY-SECOND	ONE HUNDRED THIR	)	SUBSCRIBER GROUP	TY-FIRST	ONE HUNDRED THIR
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Name	(STEM ID# 63110					<u> </u>	unicatio	North State Comm
		RIBER GROUP	SUBSCR	TE FEES FOR EACH				
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LEGAL NAME OF OWNER  North State Comm						S'	YSTEM ID# 63110	Name
BL	OCK A: C	COMPUTATION OF	BASE RA	TE FEES FOR EACH	1 SUBSCF	RIBER GROUP		
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ONE HUNDRED THIRT	Y-NINTH	SUBSCRIBER GROU		1		SUBSCRIBER GROU	_	
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e Third Gr	oup	1	0.00		n Group	\$	0.00	

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ase Rate Fee Second Group \$ 0.00	0.00	\$		Base Rate Fee First Gro	
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63110 Name	SY						LEGAL NAME OF OWNE  North State Comm
	IBER GROUP	SUBSCR	TE FEES FOR EACH	BASE RA	COMPUTATION OF	OCK A: C	BL
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0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	oup	Base Rate Fee First Gr
P	SUBSCRIBER GROUP	TY-EIGHTH	ONE HUNDRED FOR	)	SUBSCRIBER GROUP	-SEVENTH	ONE HUNDRED FORTY-
<b>O</b>			COMMUNITY/ AREA	0			COMMUNITY/ AREA
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LEGAL NAME OF OWNE North State Comm						SY	(STEM ID# 63110	Name
				TE FEES FOR EACH				
ONE HUNDRED FORT	Y-NINTH	SUBSCRIBER GROU		l	FIFTIETH	SUBSCRIBER GROU	Р	9
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	Computation
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T			0.00	T		11	0.00	
Total DSEs			0.00	Total DSEs			0.00	
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<b>Base Rate Fee</b> First Gr	oup	\$	0.00	Base Rate Fee Secon	d Group	\$	0.00	
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ONE HUNDRED FIF	TY-FIRST	SUBSCRIBER GROU		ONE HUNDRED FIFTY	-SECOND	SUBSCRIBER GROU	_	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
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Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
ase Rate Fee: Add th			riber group	as shown in the boxes a	above.	\$		

LEGAL NAME OF OWNER OF CA North State Communicat					S	YSTEM ID# 63110	Name		
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COMMUNITY/ AREA		0	COMMUNITY/ AREA			0	Computatio		
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Total DSEs		0.00	Total DSEs	<b>.</b>		0.00			
Gross Receipts First Group	\$	0.00	Gross Receipts Secon	nd Group	\$	0.00			
Base Rate Fee First Group	\$	0.00	Base Rate Fee Secon	nd Group	\$	0.00			
ONE HUNDRED FIFTY-FIFT	H SUBSCRIBER GRO	UP	ONE HUNDRED FI	FTY-SIXTH	I SUBSCRIBER GROU	JP			
COMMUNITY/ AREA		<b>0</b> co		0 COMMUNITY/ AREA				0	
CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE			
Total DSEs		0.00	Total DSEs			0.00			
Gross Receipts Third Group	\$	0.00	Gross Receipts Fourt	h Group	\$	0.00			
Base Rate Fee Third Group	\$	0.00	Base Rate Fee Fourt	h Group	\$	0.00			
Group		0.00	Gross Receipts Fourt	h Group	\$	0.00			

Name	48TEM ID# 63110	SY						LEGAL NAME OF OWNER  North State Comm
		RIBER GROUP	UBSCRI	TE FEES FOR EACH	BASE RA	COMPUTATION OF	OCK A: C	BL
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	0.00  0.00  DSE  0.00	\$ I SUBSCRIBER GROU	Group	ONE HUNDRED COMMUNITY/ AREA CALL SIGN  Total DSEs	0.00  JP	SUBSCRIBER GROU	Y-NINTH  DSE	ONE HUNDRED FIFT COMMUNITY/ AREA  CALL SIGN  Fotal DSEs
	0.00  0.00  DSE	\$ I SUBSCRIBER GROU	Group	Dase Rate Fee Second ONE HUNDRED COMMUNITY/ AREA  CALL SIGN	0.00  JP  OSE	SUBSCRIBER GROU	Y-NINTH  DSE	ONE HUNDRED FIFT COMMUNITY/ AREA  CALL SIGN

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FORM SA3E. PAGE 20.

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FORM SA3E. PAGE 20.

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FORM SA3E. PAGE 20.

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FORM SA3E. PAGE 20.

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FORM SA3E. PAGE 20.

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FORM SA3E. PAGE 20.

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FORM SA3E. PAGE 20.

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FORM SA3E. PAGE 20.

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FORM SA3E. PAGE 20.

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FORM SA3E. PAGE 20.

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FORM SA3E. PAGE 20.

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FORM SA3E. PAGE 20.

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FORM SA3E. PAGE 20.

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FORM SA3E. PAGE 20.

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FORM SA3E. PAGE 20.

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name North State Communications, LLC 63110 BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you mustalso compute a 9 Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined by section 76.5 of FCC rules in effect on June 24, 1981: Computation First 50 major television market Second 50 major television market Base Rate Fee **INSTRUCTIONS:** Step 1: In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block A, part 9 of and Syndicated this schedule Step 2: In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were classified as **Exclusivity** Surcharge Exempt DSEs in block C, part 7 of this schedule. If none enter zero. Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge. for **Partially** Step 4: Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this Distant schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show **Stations** your actual calculations on this form. ONE HUNDRED FIFTY-THIRD SUBSCRIBER GROUP ONE HUNDRED FIFTY-FOURTH SUBSCRIBER GROUP Line 1: Enter the VHF DSEs . . . . . . . Line 1: Enter the VHF DSEs . . . . . . Line 2: Enter the Exempt DSEs . . . . . Line 2: Enter the Exempt DSEs . . . . . Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation . . . . . . . . . . . . . . . . SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE Second Group . . . . . . . . . . . . . . . ONE HUNDRED FIFTY-FIFTH SUBSCRIBER GROUP ONE HUNDRED FIFTY-SIXTH SUBSCRIBER GROUP Line 1: Enter the VHF DSEs . . . . Line 1: Enter the VHF DSEs . . . . Line 2: Enter the Exempt DSEs. . Line 2: Enter the Exempt DSEs. . Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation . . . . . . . . . . . . . . . . computation . . . . . . . . . . . . . . . . SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE Fourth Group . . . . . . . . . . . . . . . SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown 

FORM SA3E. PAGE 20.

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name North State Communications, LLC 63110 BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you mustalso compute a 9 Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined by section 76.5 of FCC rules in effect on June 24, 1981: Computation First 50 major television market Second 50 major television market Base Rate Fee **INSTRUCTIONS:** Step 1: In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block A, part 9 of and Syndicated this schedule Step 2: In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were classified as **Exclusivity** Surcharge Exempt DSEs in block C, part 7 of this schedule. If none enter zero. Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge. for **Partially** Step 4: Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this Distant schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show **Stations** your actual calculations on this form. ONE HUNDRED FIFTY-SEVENTH SUBSCRIBER GROUP ONE HUNDRED FIFTY-EIGHTH SUBSCRIBER GROUP Line 1: Enter the VHF DSEs . . . . . . . Line 1: Enter the VHF DSEs . . . . . . Line 2: Enter the Exempt DSEs . . . . . Line 2: Enter the Exempt DSEs . . . . . Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation . . . . . . . . . . . . . . . . SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE Second Group . . . . . . . . . . . . . . . ONE HUNDRED FIFTY-NINTH SUBSCRIBER GROUP ONE HUNDRED SIXTIETH SUBSCRIBER GROUP Line 1: Enter the VHF DSEs . . . . Line 1: Enter the VHF DSEs . . . . Line 2: Enter the Exempt DSEs. . Line 2: Enter the Exempt DSEs. . Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation . . . . . . . . . . . . . . . . computation . . . . . . . . . . . . . . . . SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE Fourth Group . . . . . . . . . . . . . . . SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown