**STATEMENT OF ACCOUNT** for Secondary Transmissions by

Cable Systems (Long Form)

General instructions are located in

the first tab of this workbook.

## SA3E Long Form

Return completed workbook by email to:

## coplicsoa@copyright.gov

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

٨	1					
Α	AC	COUNTING PERIOD COVERED BY THIS STATE	MENT:			
Accounting Period		2023/1				
<b>B</b> Owner	rate	ructions: Give the full legal name of the owner of the cable system. If the title of the subsidiary, not that of the parent corporation. List any other name or names under which the owner conduct If there were different owners during the accounting period, or ngle statement of account and royalty fee payment covering the Check here if this is the system's first filing. If not, enter the GAL NAME OF OWNER/MAILING ADDRESS OF CABLE SY	s the business of the cable s ly the owner on the last day e entire accounting period. system's ID number assigne	stem. In the accounting period should strength of the accounting period should strength of the		63492
		NORTHERN IOWA COMMUNICATIONS PAR	TNERS			
					63492	22023/1
					63492	2023/1
		107 S STATE STREET, P.O. BOX 100 TERRIL, IA 51364				
С		TRUCTIONS: In line 1, give any business or trade name nes already appear in space B. In line 2, give the mailing				
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	Ins	tructions: For complete space D instructions, see page	1b. Identify only the frst co	ommunity served below and re	elist on page	e 1b
Area	with	n all communities.	1			
Served	_		STATE			
First Community		TITONKA-BURT				
		elow is a sample for reporting communities if you report CITY OR TOWN (SAMPLE)	multiple channel line-ups	CH LINE UP	SUE	GRP#
	Ald		MD	A	301	1
Sample		ance	MD	B		2
	Ger	ing	MD	В		3
Privacy Act Notice	: Sect	ion 111 of title 17 of the United States Code authorizes the Copyright Of	fce to collect the personally ident	ifving information (PII) requested on th	nis	
form in order to prov numbers. By provid search reports prep	ess y ng Pl ared f	our statement of account. PII is any personal information that can be use , you are agreeing to the routine use of it to establish and maintain a pul or the public. The effect of not providing the PII requested is that it may o ments of account, and it may affect the legal suffciency of the fling, a de	ed to identify or trace an individua blic record, which includes appea delay processing of your stateme	al, such as name, address and telepho ring in the Offce's public indexes and nt of account and its placement in the	one	

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\$

AMOUNT

ALLOCATION NUMBER

DATE RECEIVED

08/21/23

LEGAL NAME OF OWNER OF CABLE SYSTEM:			SYSTEM ID#	
NORTHERN IOWA COMMUNICATIONS PARTNERS			63492	
<b>Instructions:</b> List each separate community served by the cable system. A "community" in FCC rules: "a separate and distinct community or municipal entity (including unincorpor areas and including single, discrete unincorporated areas." 47 C.F.R. §76.5(dd). The frst of system identification hereafter known as the "first community." Please use it as the first	rated communities community that ye	s within unincorpor ou list will serve as	rated	D Area Served
<b>Note:</b> Entities and properties such as hotels, apartments, condominiums, or mobile home below the identified city or town.	•	-	heses	
If all communities receive the same complement of television broadcast stations (i.e., one all communities with the channel line-up "A" in the appropriate column below or leave the on a partially distant or partially permitted basis in the DSE Schedule, associate each releadesignated by a number (based on your reporting from Part 9).	column blank. If y evant community v	ou report any stat vith a subscriber g	ions roup,	
When reporting the carriage of television broadcast stations on a community-by-commun channel line-up designated by an alpha-letter(s) (based on your Space G reporting) and a (based on your reporting from Part 9 of the DSE Schedule) in the appropriate columns be	a subscriber group			
CITY OR TOWN	STATE	CH LINE UP	SUB GRP#	
TITONKA-BURT	IA	А	1	First
				Community
RUTHVEN	IA	В	3	
ROYAL	IA	В	4	
	IA	С	5	
TERRIL	IA	В	6	See instructions for
RINGSTED	IA	C	7	additional information on alphabetization.
PALMER POCAHONTAS	IA IA	D	8	
PLOVER	IA IA	E	9 10	
CURLEW	IA		10	
ROLFE	IA	E	12	Add rows as necessary.
MALLARD	IA	E	13	
WEST BEND	IA	Е	14	
HAVELOCK	IA	E	15	
WHITTEMORE	IA	E	16	
AYRSHIRE - GILLETTE GROVE	IA	F	17	
SWEA CITY	IA	G	18	
ALGONA	IA	H	19	
GRAETTINGER - WALLINGFORD	IA	В	20	

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# SYSTEM ID#

	LEGAL NAME OF OWNER OF CABL	E SYSTEM:							S	YST	EM ID
Name	NORTHERN IOWA COM	MUNICATIO	NS PA	RTNERS							63492
	SECONDARY TRANSMISSION	SERVICE: SU	BSCRI	BERS AND R	ATES						
E	In General: The information in s										
Secondary	system, that is, the retransmission about other services (including particular services)										
Transmission	last day of the accounting period						must be				
Service: Sub-	Number of Subscribers: Both						to the ca	ble system	n, broken		
scribers and	down by categories of secondary										
Rates	each category by counting the n								s charged		
	separately for the particular serv Rate: Give the standard rate of								de and the		
	unit in which it is generally billed	-	-	-					-		
	category, but do not include disc	counts allowed	for adva	ance payment							
	Block 1: In the left-hand block										
	systems most commonly provide that applies to your system. <b>Not</b>										
	categories, that person or entity										
	subscriber who pays extra for ca										
	first set" and would be counted o								<b>.</b>		
	Block 2: If your cable system										
	printed in block 1 (for example, t with the number of subscribers a										
	sufficient.		s ngin n				decempt				
	BLC							BLOC		1	
	CATEGORY OF SERVICE	NO. OF SUBSCRIBI		RATE	ll c	ATEGOR	Y OF SE	RVICE	NO. OF SUBSCRIBERS	F	RATE
	Residential:						-	-			
	Service to first set	;	2,924	\$ 52.07	TIER	2 - EXPAI	NDED		2,634	\$	50.9
	Service to additional set(s)				TIER	3 - PREM	IER		1,799	\$	61.8
	• FM radio (if separate rate)										
	Motel, hotel										
	Commercial										
	Converter										
	Residential										
	Non-residential										
	SERVICES OTHER THAN SEC		NSMISS	SIONS' RATE	s						
F	In General: Space F calls for ra					to all your	cable sys	tem's serv	vices that were		
	not covered in space E, that is, t	those services "	that are	we at a ff a we at im							
I											
-	service for a single fee. There a	re two exceptio		do not need t	o give r	ate inform	ation con	cerning (1	) services		
Services	service for a single fee. There as furnished at cost or (2) services	re two exceptio or facilities furr	nished to	do not need t o nonsubscrib	o give ra ers. Rat	ate inform te informa	ation con tion shou	cerning (1 Id include	) services both the		
- Services Other Than	service for a single fee. There are furnished at cost or (2) services amount of the charge and the ur	re two exceptio or facilities furr nit in which it is	nished to	do not need t o nonsubscrib	o give ra ers. Rat	ate inform te informa	ation con tion shou	cerning (1 Id include	) services both the		
Services Other Than Secondary	service for a single fee. There au furnished at cost or (2) services amount of the charge and the ur enter only the letters "PP" in the <b>Block 1:</b> Give the standard rate	re two exceptio or facilities furr nit in which it is rate column. te charged by t	hished to usually he cable	do not need t o nonsubscrib billed. If any r e system for e	o give ra ers. Rai ates are ach of t	ate inform te informa e charged the applica	ation con tion shou on a vari ıble servi	cerning (1 ld include able per-p ces listed.	) services both the rogram basis,		
Services Other Than Secondary	service for a single fee. There au furnished at cost or (2) services amount of the charge and the ur enter only the letters "PP" in the <b>Block 1:</b> Give the standard rat <b>Block 2:</b> List any services that	re two exceptio or facilities furr nit in which it is rate column. te charged by t t your cable sys	hished to usually he cablo stem fur	do not need t o nonsubscrib billed. If any r e system for e nished or offe	o give ra ers. Ra ates are ach of t red duri	ate inform te informa e charged the applica ing the acc	ation con tion shou on a vari ble servi counting	cerning (1 ld include able per-p ces listed. period that	) services both the rogram basis, t were not		
Services Other Than Secondary Fransmissions:	service for a single fee. There au furnished at cost or (2) services amount of the charge and the ur enter only the letters "PP" in the <b>Block 1:</b> Give the standard rat <b>Block 2:</b> List any services that listed in block 1 and for which a	re two exceptio or facilities furr nit in which it is rate column. te charged by t t your cable sys separate charg	hished to usually he cablo stem fur le was n	do not need t o nonsubscrib billed. If any r e system for e nished or offe nade or estab	o give ra ers. Ra ates are ach of t red duri	ate inform te informa e charged the applica ing the acc	ation con tion shou on a vari ble servi counting	cerning (1 ld include able per-p ces listed. period that	) services both the rogram basis, t were not		
Services Other Than Secondary Fransmissions:	service for a single fee. There au furnished at cost or (2) services amount of the charge and the ur enter only the letters "PP" in the <b>Block 1:</b> Give the standard rat <b>Block 2:</b> List any services that	re two exceptio or facilities furr nit in which it is rate column. te charged by t t your cable sys separate charg ption and includ	hished to usually he cable stem fur le was n le the ra	do not need t o nonsubscrib billed. If any r e system for e nished or offe nade or estab	o give ra ers. Ra ates are ach of t red duri	ate inform te informa e charged the applica ing the acc	ation con tion shou on a vari ble servi counting	cerning (1 ld include able per-p ces listed. period that	) services both the rogram basis, t were not e form of a		
Services Other Than Secondary Fransmissions:	service for a single fee. There au furnished at cost or (2) services amount of the charge and the ur enter only the letters "PP" in the <b>Block 1</b> : Give the standard rai <b>Block 2</b> : List any services that listed in block 1 and for which a brief (two- or three-word) descrip	re two exceptio or facilities furr nit in which it is rate column. te charged by t t your cable sys separate charg ption and includ BLO0	hished to usually he cable stem fur le was n le the ra CK 1	do not need t o nonsubscrib billed. If any r e system for e nished or offe nade or estab ate for each.	o give ra ers. Rai ates are ach of t red duri lished. I	ate inform te informa e charged the applica ing the acc List these	ation con tion shou on a vari ble servi counting other ser	cerning (1 ld include able per-p ces listed. period that vices in the	) services both the rogram basis, t were not e form of a BLOCK 2		PATE
Services Other Than Secondary Fransmissions:	service for a single fee. There and furnished at cost or (2) services amount of the charge and the ur enter only the letters "PP" in the <b>Block 1</b> : Give the standard rat <b>Block 2</b> : List any services that listed in block 1 and for which a brief (two- or three-word) descrip	re two exceptio or facilities furr nit in which it is rate column. te charged by t t your cable sys separate charg ption and includ BLO0	he cable the cable stem fur le was n le the ra CK 1 CATEC	do not need to p nonsubscrib billed. If any r e system for e nished or offe nade or estab ate for each.	o give ra ers. Ra ates are ach of t red duri lished. I	ate inform te informa e charged the applica ing the acc List these	ation con tion shou on a vari ble servi counting	cerning (1 ld include able per-p ces listed. period that vices in the	) services both the rogram basis, t were not e form of a	F	RATE
Services Other Than Secondary Fransmissions:	service for a single fee. There and furnished at cost or (2) services amount of the charge and the ur enter only the letters "PP" in the <b>Block 1</b> : Give the standard rat <b>Block 2</b> : List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE <b>Continuing Services</b> :	re two exceptio or facilities furr nit in which it is rate column. te charged by t t your cable sys separate charg ption and includ BLO0	hished to usually he cable stem fur le was n le the ra CK 1 CATEC Installa	do not need t o nonsubscrib billed. If any r e system for e nished or offe nade or estab ate for each. GORY OF SEI ation: Non-re	o give ra ers. Ra ates are ach of t red duri lished. I	ate inform te informa e charged the applica ing the acc List these	ation con tion shou on a vari ble servi counting other ser	cerning (1 ld include able per-p ces listed. period that vices in the CATEGO	) services both the rogram basis, t were not e form of a BLOCK 2		
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Services Other Than Secondary Fransmissions:	service for a single fee. There and furnished at cost or (2) services amount of the charge and the ur enter only the letters "PP" in the <b>Block 1</b> : Give the standard rat <b>Block 2</b> : List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE <b>Continuing Services</b> : • Pay cable • Pay cable—add'l channel	re two exceptio or facilities furr nit in which it is rate column. te charged by t t your cable sys separate charg ption and includ BLO0	hished tu usually he cable stem fur e was n le the ra CK 1 CATEC Installa • Mo • Con	do not need to p nonsubscrib billed. If any r e system for e nished or offe nade or estab ate for each. CORY OF SEI ation: Non-re tel, hotel mmercial	o give ra ers. Ra ates are ach of t red duri lished. I	ate inform te informa e charged the applica ing the acc List these	ation con tion shou on a vari ble servi counting other ser	cerning (1 ld include able per-p ces listed. period that vices in the CATEGO HBO CINEMA	) services both the rogram basis, t were not e form of a BLOCK 2 DRY OF SERVICE	\$	17.5 14.5
Services Other Than Secondary Fransmissions:	service for a single fee. There and furnished at cost or (2) services amount of the charge and the ur enter only the letters "PP" in the <b>Block 1</b> : Give the standard rat <b>Block 2</b> : List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE <b>Continuing Services:</b> • Pay cable	re two exceptio or facilities furr nit in which it is rate column. te charged by t t your cable sys separate charg ption and includ BLO0	hished tu usually he cable stem fur e was n le the ra CK 1 CATEC Installa • Mo • Con • Pay	do not need to p nonsubscrib billed. If any n e system for e nished or offe nade or estab ate for each. BORY OF SEI ation: Non-re tel, hotel	o give ra ers. Ra ates are ach of t red duri lished. I RVICE sidentia	ate informa te informa e charged the applica ing the acc List these al	ation con tion shou on a vari ble servi counting other ser	cerning (1 ld include able per-p ces listed. period that vices in the CATEGO	) services both the rogram basis, t were not e form of a BLOCK 2 DRY OF SERVICE	\$ \$	17.5 14.5 10.9
Services Other Than Secondary Fransmissions:	service for a single fee. There and furnished at cost or (2) services amount of the charge and the ur enter only the letters "PP" in the <b>Block 1</b> : Give the standard rat <b>Block 2</b> : List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE <b>Continuing Services</b> : • Pay cable • Pay cable • Fire protection	re two exceptio or facilities furr nit in which it is rate column. te charged by t t your cable sys separate charg ption and includ BLO0	hished tu usually he cable stem fur e was n le the ra CK 1 CATEC Installa • Mo • Con • Pay • Pay	do not need to p nonsubscrib billed. If any r e system for e nished or offe nade or estab ate for each. BORY OF SEF ation: Non-re tel, hotel mmercial y cable	o give ra ers. Ra ates are ach of t red duri lished. I RVICE sidentia	ate informa te informa e charged the applica ing the acc List these al	ation con tion shou on a vari ble servi counting other ser	cerning (1 ld include able per-p ces listed. period that vices in the CATEGO HBO CINEMA SHOWT	) services both the rogram basis, t were not e form of a BLOCK 2 DRY OF SERVICE	\$ \$ \$	17.5 14.5 10.9 10.0
Services Other Than Secondary Fransmissions:	service for a single fee. There au furnished at cost or (2) services amount of the charge and the ur enter only the letters "PP" in the <b>Block 1</b> : Give the standard rat <b>Block 2</b> : List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE <b>Continuing Services:</b> • Pay cable • Pay cable • Fire protection • Burglar protection	re two exceptio or facilities furr nit in which it is rate column. te charged by t t your cable sys separate charg ption and includ BLO0	hished tu usually he cable stem fur e was n le the ra CK 1 CATEC Installa • Mo • Cor • Pay • Fire	do not need to p nonsubscrib billed. If any r e system for e nished or offe nade or estab ate for each. CORY OF SER ation: Non-re tel, hotel mmercial r cable r cable	o give ra ers. Ra ates are ach of t red duri lished. I <u>RVICE</u> sidentia	ate informa te informa e charged the applica ing the acc List these al	ation con tion shou on a vari ble servi counting other ser	cerning (1 ld include able per-p ces listed. period that vices in the CATEGO HBO CINEMA SHOWT STARZ	) services both the rogram basis, t were not e form of a BLOCK 2 DRY OF SERVICE	\$ \$ \$	17.5 14.5 10.9 10.0
Services Other Than Secondary Fransmissions:	service for a single fee. There and furnished at cost or (2) services amount of the charge and the ur enter only the letters "PP" in the <b>Block 1</b> : Give the standard rai <b>Block 2</b> : List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE <b>Continuing Services:</b> • Pay cable • Pay cable • Pay cable • Fire protection • Burglar protection <b>Installation: Residential</b>	re two exceptio or facilities furr nit in which it is rate column. te charged by t t your cable sys separate charg ption and includ BLOC RATE \$ 52.35	hished tu usually he cable stem fur e was n le the ra <u>CK 1</u> <u>CATEC</u> Installa • Mo • Con • Pay • Pay • Fire • Bur	do not need to p nonsubscrib billed. If any r e system for e nished or offe nade or estab ate for each. GORY OF SER ation: Non-re tel, hotel mmercial r cable cable-add'l c e protection	o give ra ers. Ra ates are ach of t red duri lished. I <u>RVICE</u> sidentia	ate informa te informa e charged the applica ing the acc List these al	ation con tion shou on a vari ble servi counting other ser	cerning (1 ld include able per-p ces listed. period that vices in the CATEGO HBO CINEMA SHOWT STARZ	) services both the rogram basis, t were not e form of a BLOCK 2 DRY OF SERVICE	\$ \$ \$	17.5 14.5 10.9 10.0
Services Other Than Secondary Fransmissions:	service for a single fee. There and furnished at cost or (2) services amount of the charge and the ur- enter only the letters "PP" in the <b>Block 1</b> : Give the standard rai <b>Block 2</b> : List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE <b>Continuing Services:</b> • Pay cable • Pay cable • Pay cable • Fire protection • Burglar protection <b>Installation: Residential</b> • First set	re two exceptio or facilities furr nit in which it is rate column. te charged by t t your cable sys separate charg ption and includ BLOC RATE \$ 52.35	hished tu usually he cable stem fur e was n le the ra CK 1 CATEC Installa • Mo • Cor • Pay • Pay • Fire • Bur Other s	do not need t o nonsubscrib billed. If any r e system for e nished or offe nade or estab ate for each. GORY OF SEI ation: Non-re tel, hotel mmercial / cable / cable-add'l c e protection glar protectio	o give ra ers. Ra ates are ach of t red duri lished. I <u>RVICE</u> sidentia	ate informa te informa e charged the applica ing the acc List these al	ation con tion shou on a vari ble servi counting other ser	cerning (1 ld include able per-p ces listed. period that vices in the CATEGO HBO CINEMA SHOWT STARZ	) services both the rogram basis, t were not e form of a BLOCK 2 DRY OF SERVICE	\$ \$ \$	17.5 14.5 10.9 10.0
Services Other Than Secondary Transmissions:	service for a single fee. There and furnished at cost or (2) services amount of the charge and the ur enter only the letters "PP" in the <b>Block 1</b> : Give the standard rat <b>Block 2</b> : List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE <b>Continuing Services:</b> • Pay cable • Pay cable • Pay cable • Fire protection • Burglar protection <b>Installation: Residential</b> • First set • Additional set(s)	re two exceptio or facilities furr nit in which it is rate column. te charged by t t your cable sys separate charg ption and includ BLOC RATE \$ 52.35	hished tu usually he cable stem fur e was n le the ra CK 1 CATEC Installa • Mo • Col • Pay • Pay • Fire • Bur Other s	do not need to p nonsubscrib billed. If any r e system for e nished or offe nade or estab ate for each. GORY OF SEI ation: Non-re tel, hotel mmercial / cable / cable-add'l c e protection rglar protectio services:	o give ra ers. Ra ates are ach of t red duri lished. I <u>RVICE</u> sidentia	ate inform te informa e charged the applica ing the acc List these al	ation con tion shou on a vari ble servi counting other ser	cerning (1 ld include able per-p ces listed. period that vices in the CATEGO HBO CINEMA SHOWT STARZ	) services both the rogram basis, t were not e form of a BLOCK 2 DRY OF SERVICE	\$ \$ \$	ATE 17.5 14.5 10.9 10.0 12.9
Services Other Than Secondary Fransmissions:	service for a single fee. There and furnished at cost or (2) services amount of the charge and the ur enter only the letters "PP" in the <b>Block 1</b> : Give the standard rat <b>Block 2</b> : List any services that listed in block 1 and for which a sist brief (two- or three-word) descrip CATEGORY OF SERVICE <b>Continuing Services:</b> • Pay cable • Pay cable • Pay cable • Fire protection • Burglar protection <b>Installation: Residential</b> • First set • Additional set(s) • FM radio (if separate rate)	re two exceptio or facilities furr nit in which it is rate column. te charged by t t your cable sys separate charg ption and includ BLOC RATE \$ 52.35	hished tu usually he cable stem fur e was n le the ra CK 1 CATEC Installa • Mo • Cor • Pay • Fire • Bur Other s • Rec • Dis	do not need to p nonsubscrib billed. If any r e system for e nished or offe nade or estab ate for each. BORY OF SEI ation: Non-re tel, hotel mmercial / cable / cable-add'l of e protection rglar protectio services: connect	o give ra ers. Ra ates are ach of t red duri lished. I <u>RVICE</u> sidentia	ate inform te informa e charged the applica ing the acc List these al	ation con tion shou on a vari ble servi counting other ser ATE ATE 30.00	cerning (1 ld include able per-p ces listed. period that vices in the CATEGO HBO CINEMA SHOWT STARZ	) services both the rogram basis, t were not e form of a BLOCK 2 DRY OF SERVICE	\$ \$ \$	17.5 14.5 10.9 10.0
Services Other Than Secondary Transmissions:	service for a single fee. There and furnished at cost or (2) services amount of the charge and the ur enter only the letters "PP" in the <b>Block 1</b> : Give the standard rat <b>Block 2</b> : List any services that listed in block 1 and for which a sist brief (two- or three-word) descrip CATEGORY OF SERVICE <b>Continuing Services:</b> • Pay cable • Pay cable • Pay cable • Fire protection • Burglar protection <b>Installation: Residential</b> • First set • Additional set(s) • FM radio (if separate rate)	re two exceptio or facilities furr nit in which it is rate column. te charged by t t your cable sys separate charg ption and includ BLOC RATE \$ 52.35	hished tu usually he cable stem fur e was n le the ra CK 1 CATEC Installa • Mo • Cor • Pay • Pay • Fire • Bur Other s • Rec • Out	do not need to p nonsubscrib billed. If any r e system for en nade or estab ate for each. BORY OF SEI ation: Non-rented tel, hotel mmercial y cable y cable-add'l of p protection glar protection services: connect connect	o give ra ers. Ra ates are ach of t red duri lished. I RVICE sidentia	ate inform te informa e charged the applica ing the aco List these al	ation con tion shou on a vari ble servi counting other ser ATE ATE 30.00 N/C	cerning (1 ld include able per-p ces listed. period that vices in the CATEGO HBO CINEMA SHOWT STARZ	) services both the rogram basis, t were not e form of a BLOCK 2 DRY OF SERVICE	\$ \$ \$	17.5 14.5 10.9 10.0

	OWNER OF CABLE SY:			5	SYST	EM ID#	Name
PRIMARY TRANSM	IITTERS: TELEVISIO	N					
					nd low power television stations)		<b>^</b>
		• •		,	only on a part-time basis under n network programs [sections		G
					d (2) certain stations carried on a		Primary
	basis, as explained			parried by your ea	ala avetam an a cubatituta program		Transmitters:
	c FCC rules, regulat			arried by your ca	ble system on a substitute program		Television
			t in space I (the	Special Statemen	t and Program Log)—if the		
<ul> <li>List the station he</li> </ul>		e I, if the stati			e basis and also on some other he general instructions located		
in the paper SA							
		-		-	such as HBO, ESPN, etc. Identify on. For example, report multi-		
cast stream as "W					stream separately; for example		
WETA-simulcast). Column 2: Give	e the channel numbe	er the FCC has	s assigned to the	e television statior	o for broadcasting over-the-air in		
			nnel 4 in Washin	gton, D.C. This m	ay be different from the channel		
	e system carried the cate in each case w		tion is a network	station. an indepe	endent station, or a noncommercial		
educational station	, by entering the lett	er "N" (for net	work), "N-M" (fo	r network multicas	t), "I" (for independent), "I-M"		
	iulticast), "E" (for noi f these terms, see p				mercial educational multicast).		
Column 4: If th	e station is outside t	he local servic	ce area, (i.e. "dis	stant"), enter "Yes	. If not, enter "No". For an ex-		
	ervice area, see pag ou have entered "Ye				aper SA3 form. ating the basis on which your		
-					ing "LAC" if your cable system		
	station on a part-tim						
					ayment because it is the subject m or an association representing		
the cable system a	and a primary transm	nitter or an ass	sociation represe	enting the primary	transmitter, enter the designa-		
					er basis, enter "O." For a further in the paper SA3 form.		
Column 6: Give	e the location of eac	h station. For	U.S. stations, lis	t the community t	o which the station is licensed by the		
					hich the station is identifed.		
			a a conarato en		annel line un		
Note: If you are ut	ilizing multiple chann	•			annel line-up.		
Note: If you are ut	lizing multiple chann	•	e a separate sp		annel line-up.		
1. CALL	lizing multiple chann 2. B'CAST	CHANN 3. TYPE			6. LOCATION OF STATION		
	2. B'CAST CHANNEL	CHANN 3. TYPE OF	EL LINE-UP	A 5. BASIS OF CARRIAGE			
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	CHANN 3. TYPE OF STATION	EL LINE-UP 4. DISTANT? (Yes or No)	A 5. BASIS OF	6. LOCATION OF STATION		
1. CALL SIGN KDIN	2. B'CAST CHANNEL NUMBER 11.1	CHANN 3. TYPE OF STATION E	EL LINE-UP 4. DISTANT? (Yes or No) No	A 5. BASIS OF CARRIAGE	6. LOCATION OF STATION		
1. CALL SIGN KDIN KDINDT2	2. B'CAST CHANNEL NUMBER 11.1 11.2	CHANN 3. TYPE OF STATION E E-M	EL LINE-UP 4. DISTANT? (Yes or No) No No	A 5. BASIS OF CARRIAGE	6. LOCATION OF STATION DES MOINES, IA DES MOINES, IA		See instructions for
1. CALL SIGN KDIN KDINDT2 KDINDT3	2. B'CAST CHANNEL NUMBER 11.1 11.2 11.3	CHANN 3. TYPE OF STATION E E-M E-M	EL LINE-UP 4. DISTANT? (Yes or No) No No No	A 5. BASIS OF CARRIAGE	6. LOCATION OF STATION DES MOINES, IA DES MOINES, IA DES MOINES, IA		
1. CALL SIGN KDIN KDINDT2 KDINDT3 KDINDT4	2. B'CAST CHANNEL NUMBER 11.1 11.2 11.3 11.4	CHANN 3. TYPE OF STATION E E-M	EL LINE-UP 4. DISTANT? (Yes or No) No No	A 5. BASIS OF CARRIAGE	6. LOCATION OF STATION DES MOINES, IA DES MOINES, IA DES MOINES, IA DES MOINES, IA		additional information
1. CALL SIGN KDIN KDINDT2 KDINDT3 KDINDT4	2. B'CAST CHANNEL NUMBER 11.1 11.2 11.3	CHANN 3. TYPE OF STATION E E-M E-M	EL LINE-UP 4. DISTANT? (Yes or No) No No No	A 5. BASIS OF CARRIAGE	6. LOCATION OF STATION DES MOINES, IA DES MOINES, IA DES MOINES, IA		additional information
1. CALL SIGN KDIN KDINDT2 KDINDT3 KDINDT4 KCCIDT	2. B'CAST CHANNEL NUMBER 11.1 11.2 11.3 11.4	CHANN 3. TYPE OF STATION E E-M E-M	EL LINE-UP 4. DISTANT? (Yes or No) No No No	A 5. BASIS OF CARRIAGE	6. LOCATION OF STATION DES MOINES, IA DES MOINES, IA DES MOINES, IA DES MOINES, IA		additional information
1. CALL	2. B'CAST CHANNEL NUMBER 11.1 11.2 11.3 11.4 8.1	CHANN 3. TYPE OF STATION E E-M E-M N	EL LINE-UP 4. DISTANT? (Yes or No) No No No No	A 5. BASIS OF CARRIAGE	6. LOCATION OF STATION DES MOINES, IA DES MOINES, IA DES MOINES, IA DES MOINES, IA DES MOINES, IA		additional information
1. CALL SIGN KDINDT2 KDINDT3 KDINDT4 KCCIDT KCCIDT2 KCCIDT3	2. B'CAST CHANNEL NUMBER 11.1 11.2 11.3 11.4 8.1 8.2	CHANN 3. TYPE OF STATION E-M E-M E-M N N-M	EL LINE-UP 4. DISTANT? (Yes or No) No No No No No No	A 5. BASIS OF CARRIAGE	6. LOCATION OF STATION DES MOINES, IA DES MOINES, IA DES MOINES, IA DES MOINES, IA DES MOINES, IA		additional information
1. CALL SIGN KDINDT2 KDINDT3 KDINDT4 KCCIDT KCCIDT2 KCCIDT3 KEYCDT	2. B'CAST CHANNEL NUMBER 11.1 11.2 11.3 11.4 8.1 8.2 8.3	CHANN 3. TYPE OF STATION E-M E-M E-M N N-M N-M	EL LINE-UP 4. DISTANT? (Yes or No) No No No No No No No	A 5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION DES MOINES, IA DES MOINES, IA DES MOINES, IA DES MOINES, IA DES MOINES, IA DES MOINES, IA		additional information
1. CALL SIGN KDINDT2 KDINDT3 KDINDT4 KCCIDT KCCIDT2 KCCIDT3 KEYCDT	2. B'CAST CHANNEL NUMBER 11.1 11.2 11.3 11.4 8.1 8.2 8.3 12.1	CHANN 3. TYPE OF STATION E-M E-M E-M N N-M N-M N-M N-M	EL LINE-UP 4. DISTANT? (Yes or No) NO NO NO NO NO NO Yes	A 5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION DES MOINES, IA DES MOINES, IA DES MOINES, IA DES MOINES, IA DES MOINES, IA DES MOINES, IA DES MOINES, IA MANKATO, MN		additional information
1. CALL SIGN KDINDT2 KDINDT3 KDINDT4 KCCIDT KCCIDT2 KCCIDT3 KEYCDT KCWIDT	2. B'CAST CHANNEL NUMBER 11.1 11.2 11.3 11.4 8.1 8.2 8.3 12.1	CHANN 3. TYPE OF STATION E-M E-M E-M N N-M N-M N-M N-M	EL LINE-UP 4. DISTANT? (Yes or No) NO NO NO NO NO NO Yes	A 5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION DES MOINES, IA DES MOINES, IA DES MOINES, IA DES MOINES, IA DES MOINES, IA DES MOINES, IA DES MOINES, IA MANKATO, MN		additional information
1. CALL SIGN KDINDT2 KDINDT3 KDINDT4 KCCIDT KCCIDT2	2. B'CAST CHANNEL NUMBER 11.1 11.2 11.3 11.4 8.1 8.2 8.3 12.1 23.1	CHANN 3. TYPE OF STATION E-M E-M E-M N N-M N-M N-M N-M N	EL LINE-UP 4. DISTANT? (Yes or No) No No No No No No Yes No	A 5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION DES MOINES, IA DES MOINES, IA DES MOINES, IA DES MOINES, IA DES MOINES, IA DES MOINES, IA DES MOINES, IA MANKATO, MN DES MOINES, IA		additional information
1. CALL SIGN KDINDT2 KDINDT3 KDINDT4 KCCIDT KCCIDT2 KCCIDT3 KEYCDT KCWIDT3	2. B'CAST CHANNEL NUMBER 11.1 11.2 11.3 11.4 8.1 8.2 8.3 12.1 23.1 23.3	CHANN 3. TYPE OF STATION E-M E-M E-M N N-M N-M N N-M	EL LINE-UP 4. DISTANT? (Yes or No) No No No No No Yes No No	A 5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION DES MOINES, IA DES MOINES, IA DES MOINES, IA DES MOINES, IA DES MOINES, IA DES MOINES, IA MANKATO, MN DES MOINES, IA DES MOINES, IA		additional information
1. CALL SIGN KDINDT2 KDINDT3 KDINDT4 KCCIDT KCCIDT3 KEYCDT KCWIDT3 KCWIDT3 KCWIDT4	2. B'CAST CHANNEL NUMBER 11.1 11.2 11.3 11.4 8.1 8.2 8.3 12.1 23.1 23.3 23.4	CHANN 3. TYPE OF STATION E-M E-M E-M N N-M N-M N-M N-M N-M	EL LINE-UP 4. DISTANT? (Yes or No) NO NO NO NO NO NO Yes NO NO NO NO NO NO NO NO NO NO	A 5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION DES MOINES, IA DES MOINES, IA DES MOINES, IA DES MOINES, IA DES MOINES, IA DES MOINES, IA MANKATO, MN DES MOINES, IA DES MOINES, IA		additional information
1. CALL SIGN KDINDT2 KDINDT3 KDINDT4 KCCIDT KCCIDT3 KEYCDT KCCVIDT3 KCWIDT3 KCWIDT4 WOIDT	2. B'CAST CHANNEL NUMBER 11.1 11.2 11.3 11.4 8.1 8.2 8.3 12.1 23.1 23.3 23.4 5.1	CHANN 3. TYPE OF STATION E-M E-M N-M N-M N-M N-M N-M N-M N-M	EL LINE-UP 4. DISTANT? (Yes or No)  No	A 5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION DES MOINES, IA DES MOINES, IA DES MOINES, IA DES MOINES, IA DES MOINES, IA DES MOINES, IA MANKATO, MN DES MOINES, IA DES MOINES, IA DES MOINES, IA		additional information
1. CALL SIGN KDINDT2 KDINDT3 KDINDT4 KCCIDT KCCIDT2 KCCIDT3 KEYCDT KCWIDT3 KCWIDT4 WOIDT4	2. B'CAST CHANNEL NUMBER 11.1 11.2 11.3 11.4 8.1 8.2 8.3 12.1 23.1 23.1 23.3 23.4 5.1 5.3	CHANN 3. TYPE OF STATION E-M E-M R-M N-M N-M N-M N-M N-M N-M N-M	EL LINE-UP 4. DISTANT? (Yes or No)  No	A 5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION DES MOINES, IA DES MOINES, IA DES MOINES, IA DES MOINES, IA DES MOINES, IA DES MOINES, IA MANKATO, MN DES MOINES, IA DES MOINES, IA DES MOINES, IA DES MOINES, IA		additional information
1. CALL SIGN KDINDT2 KDINDT3 KDINDT3 KCCIDT KCCIDT2 KCCIDT3 KEYCDT KCWIDT3 KCWIDT4 WOIDT3 WOIDT3	2. B'CAST CHANNEL NUMBER 11.1 11.2 11.3 11.4 8.1 8.2 8.3 12.1 23.1 23.3 23.4 5.1 5.3 5.4	CHANN 3. TYPE OF STATION E-M E-M E-M N-M N-M N-M N-M N-M N-M N-M N	EL LINE-UP 4. DISTANT? (Yes or No)  No	A 5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION DES MOINES, IA DES MOINES, IA		additional information
1. CALL SIGN KDINDT2 KDINDT3 KDINDT4 KCCIDT KCCIDT2 KCCIDT3 KCWIDT3 KCWIDT4 WOIDT4 WOIDT3 WOIDT4 KDSMDT	2. B'CAST CHANNEL NUMBER 11.1 11.2 11.3 11.4 8.1 8.2 8.3 12.1 23.1 23.3 23.4 5.1 5.3 5.4 17.1	CHANN 3. TYPE OF STATION E-M E-M N-M N-M N-M N-M N-M N-M N-M N-M N-M N	EL LINE-UP 4. DISTANT? (Yes or No)  No	A 5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION DES MOINES, IA DES MOINES, IA		additional information
1. CALL SIGN KDINDT2 KDINDT3 KDINDT4 KCCIDT KCCIDT2 KCCIDT3 KCWIDT3 KCWIDT4 KCWIDT4 WOIDT3 WOIDT3 WOIDT4 KDSMDT2	2. B'CAST CHANNEL NUMBER 11.1 11.2 11.3 11.4 8.1 8.2 8.3 12.1 23.1 23.3 23.4 5.1 5.3 5.4 17.1 17.2	CHANN 3. TYPE OF STATION E-M E-M N-M N-M N-M N-M N-M N-M N-M N-M N-M N	EL LINE-UP 4. DISTANT? (Yes or No)  NO	A 5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION DES MOINES, IA DES MOINES, IA		additional information
1. CALL SIGN KDINDT2 KDINDT3 KDINDT4 KCCIDT KCCIDT2 KCCIDT3 KCWIDT3 KCWIDT3 KCWIDT4 WOIDT3 WOIDT3 WOIDT4 KDSMDT2 KDSMDT3	2. B'CAST CHANNEL NUMBER 11.1 11.2 11.3 11.4 8.1 8.2 8.3 12.1 23.1 23.3 23.4 5.1 5.3 5.3 5.4 17.1 17.2 17.3	CHANN 3. TYPE OF STATION E-M E-M N-M N-M N-M N-M N-M N-M N-M N-M N-M N	EL LINE-UP 4. DISTANT? (Yes or No)  NO	A 5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION DES MOINES, IA DES MOINES, IA		additional information
1. CALL SIGN KDINDT2 KDINDT2 KDINDT3 KDINDT4 KCCIDT KCCIDT2 KCCIDT3 KEYCDT KCWIDT3 KCWIDT4 WOIDT4 WOIDT4 KDSMDT2 KDSMDT2 KDSMDT3 KDSMDT4	2. B'CAST CHANNEL NUMBER 11.1 11.2 11.3 11.4 8.1 8.2 8.3 12.1 23.1 23.3 23.4 5.1 5.3 5.4 17.1 17.2 17.3 17.4	CHANN 3. TYPE OF STATION E-M E-M N-M N-M N-M N-M N-M N-M N-M N-M N-M N	EL LINE-UP 4. DISTANT? (Yes or No)  NO	A 5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION DES MOINES, IA DES MOINES, IA		additional information
1. CALL SIGN KDINDT2 KDINDT3 KDINDT3 KDINDT4 KCCIDT2 KCCIDT2 KCCIDT3 KEYCDT KCWIDT3 KCWIDT4 WOIDT3 WOIDT3 WOIDT4 KDSMDT4 KDSMDT2 KDSMDT2 KDSMDT4 WHODT	2. B'CAST CHANNEL NUMBER 11.1 11.2 11.3 11.4 8.1 8.2 8.3 12.1 23.1 23.3 23.4 5.1 5.3 5.3 5.4 17.1 17.2 17.3	CHANN 3. TYPE OF STATION E-M E-M N-M N-M N-M N-M N-M N-M N-M N-M N-M N	EL LINE-UP 4. DISTANT? (Yes or No)  NO	A 5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION DES MOINES, IA DES MOINES, IA		additional information
1. CALL SIGN KDINDT2 KDINDT3 KDINDT3 KCCIDT KCCIDT2 KCCIDT3 KCCIDT3 KCWIDT4 KCWIDT4 WOIDT3 WOIDT3 WOIDT4 KDSMDT4 KDSMDT2 KDSMDT4 WHODT2	2. B'CAST CHANNEL NUMBER 11.1 11.2 11.3 11.4 8.1 8.2 8.3 12.1 23.3 23.4 5.1 5.3 5.4 17.1 17.2 17.3 17.4 13.1	CHANN 3. TYPE OF STATION E-M E-M N-M N-M N-M N-M N-M N-M N-M N-M N-M N	EL LINE-UP 4. DISTANT? (Yes or No)  NO	A 5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION DES MOINES, IA DES MOINES, IA		additional information
1. CALL SIGN KDINDT2 KDINDT3 KDINDT4 KCCIDT2 KCCIDT2 KCCIDT3 KCCIDT3 KCWIDT3 KCWIDT4 WOIDT3 WOIDT4 KDSMDT4 KDSMDT2 KDSMDT4 KDSMDT4 WHODT2 WHODT2 WHODT3 WHODT3	2. B'CAST CHANNEL NUMBER 11.1 11.2 11.3 11.4 8.1 8.2 8.3 12.1 23.1 23.3 23.4 5.1 5.3 5.4 17.1 17.2 17.3 17.4 13.1 13.2 13.3 13.4	CHANN 3. TYPE OF STATION E-M E-M E-M N-M N-M N-M N-M N-M N-M N-M N-M N-M N	EL LINE-UP 4. DISTANT? (Yes or No)  No	A 5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION DES MOINES, IA DES MOINES, IA		additional information
1. CALL SIGN KDINDT2 KDINDT2 KDINDT3 KDINDT4 KCCIDT KCCIDT2 KCCIDT3 KCWIDT3 KCWIDT3 KCWIDT4 WOIDT3 WOIDT4 KDSMDT2 KDSMDT2 KDSMDT4 KDSMDT4 WHODT2 WHODT2 WHODT3 WHODT4 KDMIDT	2. B'CAST CHANNEL NUMBER 11.1 11.2 11.3 11.4 8.1 8.2 8.3 12.1 23.1 23.3 23.4 5.1 5.3 5.3 5.4 17.1 17.2 17.3 17.4 13.1 13.2 13.3 13.4 19.1	CHANN 3. TYPE OF STATION E-M E-M E-M N-M N-M N-M N-M N-M N-M N-M N-M N-M N	EL LINE-UP 4. DISTANT? (Yes or No)  No	A 5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION DES MOINES, IA DES MOINES, IA		additional information
1. CALL SIGN KDINDT2 KDINDT2 KDINDT3 KDINDT4 KCCIDT KCCIDT2 KCCIDT3 KEYCDT KCWIDT3 KCWIDT3 WOIDT3 WOIDT4 KDSMDT4 KDSMDT4 KDSMDT4 KDSMDT4 WHODT2 WHODT2 WHODT3 WHODT4 KDSMDT4 KDSMDT4 KDSMDT4 KDSMDT4 KDSMDT4 KDSMDT4 KDSMDT4 KDSMDT4 KDSMDT4 KDSMDT4 KDSMDT4 KDSMDT4 KDSMDT4 KDSMDT4 KDMIDT3	2. B'CAST CHANNEL NUMBER 11.1 11.2 11.3 11.4 8.1 8.2 8.3 12.1 23.1 23.1 23.3 23.4 5.1 5.3 5.4 17.1 17.2 17.3 17.4 13.1 13.2 13.3 13.4 19.1 56.3	CHANN 3. TYPE OF STATION E-M E-M E-M N-M N-M N-M N-M N-M N-M N-M N-M N-M N	EL LINE-UP 4. DISTANT? (Yes or No)  No	A 5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION DES MOINES, IA DES MOINES, IA		additional information
1. CALL SIGN KDINDT2 KDINDT2 KDINDT3 KDINDT4 KCCIDT2 KCCIDT2 KCCIDT3 KCCIDT3 KCWIDT3 KCWIDT4 WOIDT3 WOIDT4 KDSMDT4 KDSMDT2 KDSMDT4 KDSMDT4 WHODT2 WHODT3 WHODT3 WHODT3	2. B'CAST CHANNEL NUMBER 11.1 11.2 11.3 11.4 8.1 8.2 8.3 12.1 23.1 23.3 23.4 5.1 5.3 5.3 5.4 17.1 17.2 17.3 17.4 13.1 13.2 13.3 13.4 19.1	CHANN 3. TYPE OF STATION E-M E-M E-M N-M N-M N-M N-M N-M N-M N-M N-M N-M N	EL LINE-UP 4. DISTANT? (Yes or No)  No	A 5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION DES MOINES, IA DES MOINES, IA		additional information

FORM SA3E. PAGE 3.						
LEGAL NAME OF OWN				_	SYSTEM ID	Name
NORTHERN IO	WA COMMU	NICATION	S PARTNERS	S	63492	2
PRIMARY TRANSMITTE	RS: TELEVISIO	N				
	· · ·	,	( U		s and low power television stations)	G
		-		. ,	ed only on a part-time basis under ain network programs [sections	U
76.59(d)(2) and (4), 76	6.61(e)(2) and (	4), or 76.63 (r	eferring to 76.6		and (2) certain stations carried on a	Primary
substitute program bas Substitute Basis S				s carried by your o	cable system on a substitute program	Transmitters: Television
basis under specifc FC	C rules, regula	ations, or auth	orizations:			relevision
<ul> <li>Do not list the station station was carried</li> </ul>			t it in space I (th	e Special Statem	ent and Program Log)—if the	
			ation was carried	d both on a substi	tute basis and also on some other	
basis. For further in in the paper SA3 fo		erning substit	ute basis station	ns, see page (v) c	of the general instructions located	
		sign. Do not r	eport originatior	n program service	s such as HBO, ESPN, etc. Identify	
			•	•	tion. For example, report multi-	
cast stream as "WETA WETA-simulcast).	-2". Simulcast	streams must	be reported in o	column 1 (list eac	h stream separately; for example	
Column 2: Give the			•		ion for broadcasting over-the-air in	
its community of licens on which your cable sy		,	annel 4 in Wash	ington, D.C. This	may be different from the channel	
Column 3: Indicate	in each case v	whether the st			ependent station, or a noncommercial	
					ast), "I" (for independent), "I-M" ommercial educational multicast).	
For the meaning of the	se terms, see	page (v) of the	e general instruc	ctions located in t	he paper SA3 form.	
Column 4: If the sta	ation is outside	the local serv	/ice area, (i.e. "o	distant"), enter "Ye	es". If not, enter "No". For an ex-	
planation of local servi Column 5: If you ha					e paper SA3 form. stating the basis on which your	
cable system carried th	he distant statio	on during the a	accounting perio	od. Indicate by en	tering "LAC" if your cable system	
carried the distant stat For the retransmiss	•				capacity. y payment because it is the subject	
of a written agreement	entered into or	n or before Ju	ne 30, 2009, be	tween a cable sys	stem or an association representing	
					ry transmitter, enter the designa- ther basis, enter "O." For a further	
explanation of these th	ree categories	, see page (v)	of the general i	instructions locate	ed in the paper SA3 form.	
				•	y to which the station is licensed by the n which the station is identifed.	
Note: If you are utilizin				•		
		CHANN	EL LINE-UP	В		-
1. CALL	2. B'CAST	3. TYPE	4. DISTANT?	5. BASIS OF	6. LOCATION OF STATION	7
SIGN	CHANNEL	OF	(Yes or No)	CARRIAGE		
	NUMBER	STATION		(If Distant)		_
KDIN	11.1	E	yes	E	DES MOINES, IA	
KDINDT2	11.2	E-M	Yes	E	DES MOINES, IA	
KDINDT3	11.3	E-M	Yes	E	DES MOINES, IA	
KDINDT4	11.4	E-M	Yes	E	DES MOINES, IA	
KTIVDT	4.1	N	No		SIOUX CITY, IA	
KTIVDT2	4.2	N-M	No		SIOUX CITY, IA	
KTIVDT3	4.3	N-M	No		SIOUX CITY, IA	
KTIVDT4	4.4	N-M	No		SIOUX CITY, IA	
KCAUDT	9.1	N	No		SIOUX CITY, IA	
KCAUDT2	9.2	N-M	No		SIOUX CITY, IA	
KCAUDT3	9.3	N-M	No		SIOUX CITY, IA	
KCAUDT4	9.4	N-M	No		SIOUX CITY, IA	
KPTHDT	44.1	N N	No		SIOUX CITY, IA	
KPTHDT2	44.2	N-M	No			
KPTHDT3	44.3	N	No		SIOUX CITY, IA	
KPTHDT4	44.4	N-M	No		SIOUX CITY, IA	
KMEGDT4	14.4	N-M	No		SIOUX CITY, IA	
KNEODES		1		1		1

SIOUX CITY, IA

SIOUX CITY, IA

KMEGDT2 KMEGDT3

14.2

14.3

N-M

Ν

No

NO

FORM SA3E. PAGE 3.

FORM SA3E. PAGE 3.						
LEGAL NAME OF OWN			_	_	SYSTEM ID#	Name
NORTHERN IO	WA COMMU	NICATION	S PARTNERS	5	63492	
PRIMARY TRANSMITTE	ERS: TELEVISION	N				
					and low power television stations)	G
		•	• • • •	,	only on a part-time basis under in network programs [sections	6
					nd (2) certain stations carried on a	Primary
substitute program ba				carried by your or	ble system on a substitute program	Transmitters:
basis under specifc F				carried by your ca	able system on a substitute program	Television
<ul> <li>Do not list the station</li> </ul>	here in space (	G—but do list		Special Stateme	nt and Program Log)—if the	
station was carried			tion was carried	both on a substitu	te basis and also on some other	
	•				the general instructions located	
in the paper SA3 fo		an Do not r	apart origination	program convisoo	such as HPO ESPN ata Identify	
		-			such as HBO, ESPN, etc. Identify on. For example, report multi-	
	A-2". Simulcast s	streams must	be reported in c	olumn 1 (list each	stream separately; for example	
WETA-simulcast). Column 2: Give th	e channel numb	er the FCC ha	as assigned to th	ne television statio	on for broadcasting over-the-air in	
					nay be different from the channel	
on which your cable s			ation is a notwor	k station on inder	pendent station, or a noncommercial	
					ist), "I" (for independent), "I-M"	
(for independent multi	cast), "E" (for no	oncommercial	educational), or	"E-M" (for nonco	mmercial educational multicast).	
For the meaning of the Column 4: If the si					e paper SA3 form. s". If not, enter "No". For an ex-	
planation of local serv	ice area, see pa	ge (v) of the g	general instruction	ons located in the	paper SA3 form.	
•			•		tating the basis on which your ring "LAC" if your cable system	
carried the distant stat		0	• •		<b>a b b</b>	
	sion of a distant	multicast stre	am that is not su	ubiect to a rovaltv	payment because it is the subject	
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the cable system and tion "E" (exempt). For explanation of these th Column 6: Give th FCC. For Mexican or ' Note: If you are utilizin 1. CALL SIGN KDINDT2 KDINDT2 KDINDT3 KDINDT4 KEYCDT KTIVDT4 KEYCDT KTIVDT3 KTIVDT3 KTIVDT4 KCAUDT2 KCAUDT2 KCAUDT3 KCAUDT4 KCAUCX KCAUDT4 KCAUCX KCAUDT4 KCAUCX KCAUCX KCAUCX KCAUCX KCAUCX KCAUCX KCAUCX KCAUCX KCAUCX KCAUCX KCAUCX KCAUCX KCA	t entered into on a primary transn simulcasts, also nree categories, e location of eac Canadian statior ng multiple chan 2. B'CAST CHANNEL NUMBER 11.1 11.2 11.3 11.4 12.1 4.1 4.2 4.3 4.4 9.1 9.2 9.3 9.4 44.1 44.2 44.3 44.4	or before Jur nitter or an as o enter "E". If y see page (v) ch station. For ns, if any, give nel line-ups, u CHANN 3. TYPE OF STATION E-M E-M E-M E-M N N-M N-M N-M N-M N-M N-M N-M	ne 30, 2009, beth sociation repress you carried the c of the general in 'U.S. stations, li e the name of the use a separate s <b>EL LINE-UP</b> 4. DISTANT? (Yes or No) <b>Yes</b> <b>Yes</b> <b>Yes</b> <b>Yes</b> <b>Yes</b> <b>Yes</b> <b>Yes</b> <b>No</b> <b>No</b> <b>No</b> <b>No</b> <b>No</b> <b>No</b> <b>No</b> <b>No</b>	ween a cable syst enting the primary hannel on any oth istructions located st the community e community with pace G for each of C 5. BASIS OF CARRIAGE (If Distant) E E E E	A transmitter, enter the designa- ter basis, enter "O." For a further I in the paper SA3 form. to which the station is licensed by the which the station is identifed. thannel line-up. 6. LOCATION OF STATION 6. LOCATION OF STATION 5. LOCACITY, IA SIOUX CITY, IA	

FORM SA3E. PAGE 3.

NORTHERN	IOWA COMMU	NICATION		3	63492	Name
PRIMARY TRANSM	ITTERS: TELEVISIO	N				
carried by your cal FCC rules and reg 76.59(d)(2) and (4 substitute program	ble system during th julations in effect on ), 76.61(e)(2) and (4 n basis, as explained	e accounting June 24, 198 4), or 76.63 (r d in the next p	period, except ( 1, permitting the eferring to 76.61 aragraph.	1) stations carried carriage of certa (e)(2) and (4))]; a	and low power television stations) I only on a part-time basis under in network programs [sections nd (2) certain stations carried on a	G Primary Transmitters:
	sis Stations: With r c FCC rules, regula			carried by your ca	able system on a substitute program	Television
<ul> <li>Do not list the state</li> </ul>	ation here in space (	G—but do list		Special Stateme	nt and Program Log)—if the	
	ried only on a subst		tion was carried	hoth on a substitu	ute basis and also on some other	
basis. For furth	er information conce	,			the general instructions located	
in the paper SA Column 1: List		sian. Do not re	eport origination	program services	s such as HBO, ESPN, etc. Identify	
each multicast stre	eam associated with	n a station acc	ording to its ove	r-the-air designat	ion. For example, report multi-	
cast stream as "W WETA-simulcast).		streams must	be reported in c	olumn 1 (list each	n stream separately; for example	
			•		on for broadcasting over-the-air in	
on which your cab	le system carried th	e station.			nay be different from the channel	
					pendent station, or a noncommercial ast), "I" (for independent), "I-M"	
(for independent m	nulticast), "E" (for no	oncommercial	educational), or	"E-M" (for noncol	mmercial educational multicast).	
	f these terms, see p				e paper SA3 form. s". If not, enter "No". For an ex-	
planation of local s	ervice area, see pa	ge (v) of the g	general instruction	ons located in the	paper SA3 form.	
					tating the basis on which your ering "LAC" if your cable system	
	station on a part-tin					
					payment because it is the subject tem or an association representing	
					tem or an association representing y transmitter, enter the designa-	
					her basis, enter "O." For a further I in the paper SA3 form.	
					to which the station is licensed by the	
					which the station is identifed.	
Note: If you are ut	ilizing multiple chan				arannet illite-up.	
			EL LINE-UP			
1. CALL	2. B'CAST	3. TYPE	4. DISTANT?	5. BASIS OF	6. LOCATION OF STATION	
SIGN	CHANNEL NUMBER	OF STATION	(Yes or No)	CARRIAGE (If Distant)		
KDIN	11.1	E	No	( Diotanty	DES MOINES, IA	
KDINDT2	11.2	E-M	No		DES MOINES, IA	
KDINDT3	11.3	E-M	No		DES MOINES, IA	
KDINDT4	11.4	E-M	No		DES MOINES, IA	
KCCIDT	8.1	N	No		DES MOINES, IA	
KCCIDT2	8.2	N-M	No		DES MOINES, IA	
KCCIDT3	8.3	N-M	No		DES MOINES, IA	
KCWIDT	23.1	N	No		DES MOINES, IA	
	~~					
KCWIDT3	23.3	N-M	No		DES MOINES, IA	
KCWIDT3	23.3	N-M	No		DES MOINES, IA	
WOIDT	5.1	N N	NO		DES MOINES, IA	
	<u> </u>		NO			
WOIDT3	5.3	N-M	No		DES MOINES, IA	
WOIDT3 WOIDT4					·····	
	5.4	N-M	No		DES MOINES, IA	
	17.1	N N M	No		DES MOINES, IA	
KDSMDT2	17.2	N-M	No		DES MOINES, IA	
KDSMDT3 KDSMDT4	17.3	N-M N-M	No No		DES MOINES, IA DES MOINES, IA	
WHODT	13.1	N	No		DES MOINES, IA	
WHODT2	13.2	N-M	No		DES MOINES, IA	
WHODT3	13.3	N-M	No		DES MOINES, IA	
WHODT4 KDMIDT	13.4	N-M	No No		DES MOINES, IA DES MOINES, IA	
KDMIDT3	56.3	I-M	No		DES MOINES, IA	
KFPXDT	39.1	1	No		DES MOINES, IA	
			No			
	4.1	N	Yes	0	SIOUX CITY, IA	
KTIVDT2 KTIVDT3	4.2	N-M N-M	Yes Yes	0	SIOUX CITY, IA SIOUX CITY, IA	
KTIVDT3	4.3	N-M	Yes	0	SIOUX CITY, IA	

SIOUX CITY, IA

KTIVDT4

4.4

N-M

Yes

0

FORM SA3E. PAGE 3.

	I IOWA COMMU	NICATION		3	63492	Name
PRIMARY TRANSM	NITTERS: TELEVISIO	N				
carried by your ca FCC rules and reg 76.59(d)(2) and (4 substitute program	ble system during th gulations in effect on l), 76.61(e)(2) and (4 n basis, as explained	e accounting June 24, 198 4), or 76.63 (ro d in the next p	period, except ( 1, permitting the eferring to 76.61 aragraph.	1) stations carried carriage of certa (e)(2) and (4))]; a	and low power television stations) d only on a part-time basis under in network programs [sections ind (2) certain stations carried on a able system on a substitute program	<b>G</b> Primary Transmitters: Television
	fc FCC rules, regulation here in appage (			Special Stateme	nt and Program Log)—if the	
	rried only on a substi		it in space i (the	Special Stateme		
	, ,	,			ute basis and also on some other	
in the paper SA		erning substitu	ite dasis stations	s, see page (v) of	the general instructions located	
		•			s such as HBO, ESPN, etc. Identify ion. For example, report multi-	
					n stream separately; for example	
WETA-simulcast)		er the ECC ha	as assigned to th	ne television static	on for broadcasting over-the-air in	
its community of li	icense. For example	, WRC is Cha	•		nay be different from the channel	
	le system carried the licate in each case w		ation is a networl	k station. an inder	pendent station, or a noncommercial	
educational statio	n, by entering the let	ter "N" (for ne	twork), "N-M" (fo	or network multica	ast), "I" (for independent), "I-M"	
	nulticast), "E" (for no of these terms, see p				mmercial educational multicast). e paper SA3 form.	
Column 4: If the	he station is outside	the local servi	ice area, (i.e. "di	istant"), enter "Ye	s". If not, enter "No". For an ex-	
	service area, see pa ou have entered "Ye				paper SA3 form. tating the basis on which your	
cable system carr	ied the distant statio	n during the a	ccounting period	d. Indicate by ente	ering "LAC" if your cable system	
	station on a part-tin mission of a distant				apacity. payment because it is the subject	
of a written agreei	ment entered into on	or before Jur	ne 30, 2009, betv	ween a cable sys	tem or an association representing	
				0 1	y transmitter, enter the designa- ner basis, enter "O." For a further	
explanation of the	se three categories,	see page (v)	of the general in	structions located	d in the paper SA3 form.	
					to which the station is licensed by the which the station is identifed.	
	tilizing multiple chan					
		CHANN	EL LINE-UP	E		1
1. CALL	2. B'CAST	3. TYPE	4. DISTANT?	5. BASIS OF	6. LOCATION OF STATION	-
1. CALL SIGN	2. B'CAST CHANNEL	OF	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE	6. LOCATION OF STATION	
SIGN	CHANNEL NUMBER	OF STATION	(Yes or No)			
SIGN	CHANNEL NUMBER 11.1	OF STATION E		CARRIAGE	DES MOINES, IA	-
SIGN KDIN KDINDT2	CHANNEL NUMBER 11.1 11.2	OF STATION E E-M	(Yes or No) No No	CARRIAGE	DES MOINES, IA DES MOINES, IA	-
SIGN KDIN KDINDT2 KDINDT3	CHANNEL NUMBER 11.1 11.2 11.3	OF STATION E E-M E-M	(Yes or No) No No	CARRIAGE	DES MOINES, IA DES MOINES, IA DES MOINES, IA	-
SIGN KDIN KDINDT2 KDINDT3 KDINDT4	CHANNEL NUMBER 11.1 11.2 11.3 11.4	OF STATION E-M E-M E-M	(Yes or No) No No No	CARRIAGE	DES MOINES, IA DES MOINES, IA DES MOINES, IA DES MOINES, IA	- - - -
SIGN KDIN KDINDT2 KDINDT3 KDINDT4 KCCIDT	CHANNEL NUMBER 11.1 11.2 11.3 11.4 8.1	OF STATION E-M E-M E-M N	(Yes or No) No No No No	CARRIAGE	DES MOINES, IA DES MOINES, IA DES MOINES, IA DES MOINES, IA DES MOINES, IA	-
SIGN KDINDT2 KDINDT3 KDINDT4 KCCIDT KCCIDT2	CHANNEL NUMBER 11.1 11.2 11.3 11.4 8.1 8.2	OF STATION E-M E-M E-M N N-M	(Yes or No) No No No No No	CARRIAGE	DES MOINES, IA DES MOINES, IA DES MOINES, IA DES MOINES, IA DES MOINES, IA DES MOINES, IA	- - - - -
SIGN KDINDT2 KDINDT3 KDINDT4 KCCIDT KCCIDT2 KCCIDT3	CHANNEL NUMBER 11.1 11.2 11.3 11.4 8.1 8.2 8.3	OF STATION E-M E-M E-M N N-M N-M	(Yes or No) No No No No No No	CARRIAGE	DES MOINES, IA DES MOINES, IA DES MOINES, IA DES MOINES, IA DES MOINES, IA DES MOINES, IA DES MOINES, IA	- - - - - - -
SIGN KDINDT2 KDINDT3 KDINDT4 KCCIDT KCCIDT2 KCCIDT3	CHANNEL NUMBER 11.1 11.2 11.3 11.4 8.1 8.2	OF STATION E-M E-M E-M N N-M	(Yes or No) No No No No No	CARRIAGE	DES MOINES, IA DES MOINES, IA DES MOINES, IA DES MOINES, IA DES MOINES, IA DES MOINES, IA	
SIGN KDINDT2 KDINDT3 KDINDT4 KCCIDT KCCIDT2 KCCIDT3 KCWIDT	CHANNEL NUMBER 11.1 11.2 11.3 11.4 8.1 8.2 8.3 23.1	OF STATION E-M E-M E-M N N-M N-M N-M	(Yes or No) No No No No No No	CARRIAGE	DES MOINES, IA DES MOINES, IA DES MOINES, IA DES MOINES, IA DES MOINES, IA DES MOINES, IA DES MOINES, IA	
SIGN KDINDT2 KDINDT3 KDINDT4 KCCIDT KCCIDT2 KCCIDT3 KCWIDT3	CHANNEL NUMBER 11.1 11.2 11.3 11.4 8.1 8.2 8.3 23.1 23.1 23.3	OF STATION E-M E-M N N-M N-M N-M	(Yes or No) No No No No No No No No	CARRIAGE	DES MOINES, IA DES MOINES, IA	
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FORM SA3E. PAGE 3.

LEGAL NAME OF O	IOWA COMMU		S PARTNER	S	SYSTE	63492	Name
PRIMARY TRANSMI	TTERS: TELEVISIO	N					
In General: In space carried by your cable FCC rules and regul	e G, identify every e system during the lations in effect on	television stat e accounting j June 24, 198	period, except (1 1, permitting the	) stations carried carriage of certai	Ind low power television stations) only on a part-time basis under n network programs [sections		G
76.59(d)(2) and (4), substitute program b			•	e)(2) and (4))]; an	d (2) certain stations carried on a		Primary Transmitters:
		, ,		carried by your ca	ble system on a substitute program		Television
<ul> <li>basis under specifc</li> <li>Do not list the stati</li> </ul>				Special Statemer	nt and Program Log)—if the		
List the station here		ce I, if the stati			te basis and also on some other the general instructions located		
in the paper SA3		ian Do not ro		program convicos	such as HBO ESPN ata Idantifu		
		-		-	such as HBO, ESPN, etc. Identify on. For example, report multi-		
cast stream as "WE <sup>:</sup> WETA-simulcast).	TA-2". Simulcast s	treams must	be reported in co	olumn 1 (list each	stream separately; for example		
Column 2: Give			-		n for broadcasting over-the-air in		
on which your cable	system carried the	e station.			nay be different from the channel endent station, or a noncommercial		
					st), "I" (for independent), "I-M"		
For the meaning of t	hese terms, see p	age (v) of the	general instructi	ons located in the			
Column 4: If the planation of local se					". If not, enter "No". For an ex-		
Column 5: If you	have entered "Ye	s" in column 4	l, you must com	olete column 5, st	ating the basis on which your		
cable system carried carried the distant st		•	• •	•	ring "LAC" if your cable system		
					pacity. Dayment because it is the subject		
•		or before Jun			em or an association representing		
the cable system an	d a primary transm	or before Jun hitter or an ass	sociation represe	enting the primary	em or an association representing transmitter, enter the designa- er basis, enter "O." For a further		
the cable system an tion "E" (exempt). Fo explanation of these	d a primary transm or simulcasts, also three categories,	or before Jun hitter or an ass enter "E". If y see page (v) o	sociation represe ou carried the ch of the general ins	enting the primary nannel on any othe structions located	transmitter, enter the designa- er basis, enter "O." For a further in the paper SA3 form.		
the cable system an tion "E" (exempt). Fo explanation of these <b>Column 6:</b> Give	d a primary transm or simulcasts, also three categories, the location of eac	or before Jun hitter or an ass enter "E". If y see page (v) o ch station. For	sociation represe ou carried the ch of the general ins U.S. stations, lis	enting the primary nannel on any othe structions located st the community	transmitter, enter the designa- er basis, enter "O." For a further		
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NORTHERN	IOWA COMMU	NICATION	S PARTNER	S	63492	Name
PRIMARY TRANSM	ITTERS: TELEVISIO	N				
carried by your cab FCC rules and reg 76.59(d)(2) and (4) substitute program	ble system during th ulations in effect on ), 76.61(e)(2) and (4 basis, as explained	e accounting p June 24, 1981 I), or 76.63 (re I in the next pa	period, except (1 I, permitting the eferring to 76.61( aragraph.	) stations carried carriage of certair (e)(2) and (4))]; ar	nd low power television stations) only on a part-time basis under n network programs [sections id (2) certain stations carried on a	G Primary Transmitters
	c FCC rules, regulat			carried by your ca	ble system on a substitute program	Television
				Special Statemen	t and Program Log)—if the	
	ried only on a substi		on was carried h	oth on a substitut	e basis and also on some other	
					he general instructions located	
in the paper SA		ian Do not ro	port origination	arogram convisoo	auch as HPO ESPN ata Idantifu	
		-		-	such as HBO, ESPN, etc. Identify on. For example, report multi-	
	ETA-2". Simulcast s	streams must	be reported in co	olumn 1 (list each	stream separately; for example	
WETA-simulcast). Column 2: Give	e the channel numbe	er the FCC ha	s assigned to the	e television statior	n for broadcasting over-the-air in	
its community of lic	ense. For example,	WRC is Char	-		ay be different from the channel	
	e system carried the cate in each case w		tion is a network	station, an indepe	endent station, or a noncommercial	
					st), "I" (for independent), "I-M"	
	, · · · ·		,		mercial educational multicast).	
Column 4: If th		the local service	ce area, (i.e. "dis	stant"), enter "Yes	". If not, enter "No". For an ex-	
	ervice area, see pag				aper SA3 form. ating the basis on which your	
					ing "LAC" if your cable system	
carried the distant	station on a part-tim	ie basis becau	use of lack of act	ivated channel ca	pacity.	
					payment because it is the subject or or an association representing	
the cable system a	nd a primary transn	nitter or an ass	sociation represe	enting the primary	transmitter, enter the designa-	
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					in the paper SA3 form. o which the station is licensed by the	
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Note: If you are uti		nel line-ups, us	se a separate sp	ace G for each ch		_
Note: If you are uti		nel line-ups, us		ace G for each ch		-
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1. CALL SIGN KDINDT2 KDINDT3 KDINDT4 KCCIDT KCCIDT2 KCCIDT3 KEYCDT KCWIDT3 KCWIDT4 WOIDT4 WOIDT3 WOIDT4 KDSMDT	lizing multiple chann 2. B'CAST CHANNEL NUMBER 11.1 11.2 11.3 11.4 8.1 8.2 8.3 12.1 23.1 23.3 23.4 5.1 5.3 5.4	CHANN	EL LINE-UP 4. DISTANT? (Yes or No) No	ace G for each ch G 5. BASIS OF CARRIAGE (If Distant)	annel line-up.	
1. CALL SIGN KDINDT2 KDINDT3 KDINDT3 KCCIDT KCCIDT2 KCCIDT3 KEYCDT KCWIDT3 KCWIDT4 WOIDT3 WOIDT3 WOIDT4 KDSMDT KDSMDT2 KDSMDT3	lizing multiple chann 2. B'CAST CHANNEL NUMBER 11.1 11.2 11.3 11.4 8.1 8.2 8.3 12.1 23.1 23.3 23.4 5.1 5.3 5.4 17.1 17.2 17.3	CHANN	EL LINE-UP 4. DISTANT? (Yes or No) No	ace G for each ch G 5. BASIS OF CARRIAGE (If Distant)	annel line-up. 6. LOCATION OF STATION DES MOINES, IA DES MOINES, IA	
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1. CALL SIGN KDIN KDINDT2 KDINDT3 KDINDT4 KCCIDT	lizing multiple chann 2. B'CAST CHANNEL NUMBER 11.1 11.2 11.3 11.4 8.1 8.2 8.3 12.1 23.1 23.3 23.4 5.1 5.3 5.4 17.1 17.2 17.3 17.4 13.1 13.2	CHANN	EL LINE-UP  4. DISTANT? (Yes or No)  No	ace G for each ch G 5. BASIS OF CARRIAGE (If Distant)	annel line-up. 6. LOCATION OF STATION DES MOINES, IA DES MOINES, IA	
1. CALL SIGN KDINDT2 KDINDT3 KDINDT4 KCCIDT KCCIDT2 KCCIDT3 KEYCDT KCWIDT3 KCWIDT3 KCWIDT4 WOIDT3 WOIDT4 KDSMDT2 KDSMDT2 KDSMDT4 WHODT2 WHODT2 WHODT3 WHODT3	lizing multiple chann 2. B'CAST CHANNEL NUMBER 11.1 11.2 11.3 11.4 8.1 8.2 8.3 12.1 23.1 23.3 23.4 5.1 5.3 5.4 17.1 17.2 17.3 17.4 13.1 13.2 13.3 13.4	CHANN	EL LINE-UP 4. DISTANT? (Yes or No)  No	ace G for each ch G 5. BASIS OF CARRIAGE (If Distant)	annel line-up. 6. LOCATION OF STATION DES MOINES, IA DES MOINES, IA	

FORM SA3E. PAGE 3.

	IOWA COMMU	NICATION	S PARTNER	S	63492	Name
PRIMARY TRANSM	ITTERS: TELEVISIO	N				
carried by your cab FCC rules and regu 76.59(d)(2) and (4) substitute program	le system during th ulations in effect on , 76.61(e)(2) and (4 basis, as explained	e accounting p June 24, 1981 ), or 76.63 (re l in the next pa	period, except (1 I, permitting the eferring to 76.61( aragraph.	) stations carried carriage of certair e)(2) and (4))]; ar	nd low power television stations) only on a part-time basis under n network programs [sections nd (2) certain stations carried on a	G Primary Transmitters:
	FCC rules, regulat			carried by your cal	ble system on a substitute program	Television
				Special Statemen	it and Program Log)—if the	
	ied only on a substi		ion was carried h	oth on a substitut	e basis and also on some other	
					the general instructions located	
in the paper SA		ing De net ne				
		-		-	such as HBO, ESPN, etc. Identify on. For example, report multi-	
cast stream as "WI					stream separately; for example	
WETA-simulcast). Column 2: Give	the channel numbe	er the FCC ha	s assigned to the	e television statior	n for broadcasting over-the-air in	
its community of lic	ense. For example,	WRC is Char	-		ay be different from the channel	
	e system carried the		tion is a network	station an indep	endent station, or a noncommercial	
					st), "I" (for independent), "I-M"	
					nmercial educational multicast).	
	these terms, see p e station is outside t				: paper SA3 form. ". If not, enter "No". For an ex-	
planation of local se	ervice area, see pag	ge (v) of the g	eneral instruction	ns located in the p	paper SA3 form.	
					ating the basis on which your ing "LAC" if your cable system	
carried the distant s	station on a part-tim	e basis becau	use of lack of act	ivated channel ca	pacity.	
					payment because it is the subject	
					em or an association representing transmitter, enter the designa-	
tion "E" (exempt). F	or simulcasts, also	enter "E". If y	ou carried the ch	nannel on any othe	er basis, enter "O." For a further	
					in the paper SA3 form. o which the station is licensed by the	
					which the station is identifed.	
Note: If you are util	izing multiple chanr	nel line-ups, us	se a separate sp	ace G for each ch	nannel line-up.	
		CHANN	EL LINE-UP	н		
1. CALL	2. B'CAST				6. LOCATION OF STATION	
1. CALL SIGN	2. B'CAST CHANNEL	CHANN 3. TYPE OF	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE	6. LOCATION OF STATION	
		3. TYPE	4. DISTANT?	5. BASIS OF	6. LOCATION OF STATION	
SIGN	CHANNEL	3. TYPE OF	4. DISTANT?	5. BASIS OF CARRIAGE	6. LOCATION OF STATION DES MOINES, IA	
SIGN	CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE		
SIGN KDIN KDINDT2	CHANNEL NUMBER 11.1	3. TYPE OF STATION <b>E</b>	4. DISTANT? (Yes or No) <b>No</b>	5. BASIS OF CARRIAGE	DES MOINES, IA	
SIGN KDIN KDINDT2 KDINDT3	CHANNEL NUMBER 11.1 11.2	3. TYPE OF STATION E E-M	4. DISTANT? (Yes or No) No No	5. BASIS OF CARRIAGE	DES MOINES, IA DES MOINES, IA	
SIGN KDIN KDINDT2 KDINDT3 KDINDT4	CHANNEL NUMBER 11.1 11.2 11.3 11.4	3. TYPE OF STATION E E-M E-M	4. DISTANT? (Yes or No) No No No	5. BASIS OF CARRIAGE (If Distant)	DES MOINES, IA DES MOINES, IA DES MOINES, IA DES MOINES, IA	
SIGN KDINDT2 KDINDT3 KDINDT4 KEYCDT	CHANNEL NUMBER 11.1 11.2 11.3 11.4 12.1	3. TYPE OF STATION E-M E-M N	4. DISTANT? (Yes or No) No No Yes	5. BASIS OF CARRIAGE (If Distant)	DES MOINES, IA DES MOINES, IA DES MOINES, IA DES MOINES, IA MANKATO, MN	
SIGN KDINDT2 KDINDT3 KDINDT4 KEYCDT KEYCDT2	CHANNEL NUMBER 11.1 11.2 11.3 11.4 12.1 12.2	3. TYPE OF STATION E-M E-M N N-M	4. DISTANT? (Yes or No) No No Yes Yes	5. BASIS OF CARRIAGE (If Distant)	DES MOINES, IA DES MOINES, IA DES MOINES, IA DES MOINES, IA MANKATO, MN MANKATO, MN	
SIGN KDINDT2 KDINDT3 KDINDT4 KEYCDT KEYCDT2 KCCIDT	CHANNEL NUMBER 11.1 11.2 11.3 11.4 12.1 12.2 8.1	3. TYPE OF STATION E-M E-M N N-M N-M	4. DISTANT? (Yes or No) No No No Yes Yes No	5. BASIS OF CARRIAGE (If Distant)	DES MOINES, IA DES MOINES, IA DES MOINES, IA DES MOINES, IA MANKATO, MN MANKATO, MN DES MOINES, IA	
SIGN KDINDT2 KDINDT3 KDINDT4 KEYCDT KEYCDT2 KCCIDT KCCIDT2	CHANNEL NUMBER 11.1 11.2 11.3 11.4 12.1 12.2 8.1 8.2	3. TYPE OF STATION E-M E-M N N-M N-M	4. DISTANT? (Yes or No) No No No Yes Yes No No	5. BASIS OF CARRIAGE (If Distant)	DES MOINES, IA DES MOINES, IA DES MOINES, IA DES MOINES, IA MANKATO, MN MANKATO, MN DES MOINES, IA DES MOINES, IA	
SIGN KDINDT2 KDINDT3 KDINDT4 KEYCDT KEYCDT2 KCCIDT2 KCCIDT3	CHANNEL NUMBER 11.1 11.2 11.3 11.4 12.1 12.2 8.1 8.2 8.3	3. TYPE OF STATION E-M E-M E-M N N-M N-M N-M	4. DISTANT? (Yes or No) No No No Yes Yes No	5. BASIS OF CARRIAGE (If Distant)	DES MOINES, IA DES MOINES, IA DES MOINES, IA DES MOINES, IA MANKATO, MN MANKATO, MN DES MOINES, IA DES MOINES, IA DES MOINES, IA	
SIGN KDINDT2 KDINDT3 KDINDT4 KEYCDT KEYCDT2 KCCIDT2 KCCIDT3	CHANNEL NUMBER 11.1 11.2 11.3 11.4 12.1 12.2 8.1 8.2	3. TYPE OF STATION E-M E-M N N-M N-M	4. DISTANT? (Yes or No) No No No Yes Yes No No	5. BASIS OF CARRIAGE (If Distant)	DES MOINES, IA DES MOINES, IA DES MOINES, IA DES MOINES, IA MANKATO, MN MANKATO, MN DES MOINES, IA DES MOINES, IA	
SIGN KDINDT2 KDINDT3 KDINDT4 KEYCDT KEYCDT2 KCCIDT2 KCCIDT3	CHANNEL NUMBER 11.1 11.2 11.3 11.4 12.1 12.2 8.1 8.2 8.3	3. TYPE OF STATION E-M E-M E-M N N-M N-M N-M	4. DISTANT? (Yes or No) No No No Yes Yes No No No	5. BASIS OF CARRIAGE (If Distant)	DES MOINES, IA DES MOINES, IA DES MOINES, IA DES MOINES, IA MANKATO, MN MANKATO, MN DES MOINES, IA DES MOINES, IA DES MOINES, IA	
SIGN KDINDT2 KDINDT3 KDINDT4 KEYCDT KEYCDT2 KCCIDT KCCIDT2 KCCIDT3 KCWIDT	CHANNEL NUMBER 11.1 11.2 11.3 11.4 12.1 12.2 8.1 8.2 8.3	3. TYPE OF STATION E-M E-M E-M N N-M N-M N-M	4. DISTANT? (Yes or No) No No No Yes Yes No No No	5. BASIS OF CARRIAGE (If Distant)	DES MOINES, IA DES MOINES, IA DES MOINES, IA DES MOINES, IA MANKATO, MN MANKATO, MN DES MOINES, IA DES MOINES, IA DES MOINES, IA	
SIGN KDINDT2 KDINDT3 KDINDT4 KEYCDT2 KCCIDT KCCIDT2 KCCIDT3 KCWIDT3	CHANNEL NUMBER 11.1 11.2 11.3 11.4 12.1 12.2 8.1 8.2 8.3 23.1	3. TYPE OF STATION E-M E-M N N-M N-M N-M N-M N-M	4. DISTANT? (Yes or No) No No Yes Yes No No No No	5. BASIS OF CARRIAGE (If Distant)	DES MOINES, IA DES MOINES, IA DES MOINES, IA DES MOINES, IA MANKATO, MN MANKATO, MN DES MOINES, IA DES MOINES, IA DES MOINES, IA	
SIGN KDINDT2 KDINDT3 KDINDT4 KEYCDT KEYCDT2 KCCIDT2 KCCIDT3 KCWIDT3 KCWIDT3 KCWIDT4	CHANNEL NUMBER 11.1 11.2 11.3 11.4 12.1 12.2 8.1 8.2 8.3 23.1 23.3	3. TYPE OF STATION E-M E-M N-M N-M N-M N-M N-M N-M	4. DISTANT? (Yes or No) No No Yes Yes No No No No No	5. BASIS OF CARRIAGE (If Distant)	DES MOINES, IA DES MOINES, IA DES MOINES, IA DES MOINES, IA MANKATO, MN MANKATO, MN DES MOINES, IA DES MOINES, IA DES MOINES, IA DES MOINES, IA	
SIGN KDINDT2 KDINDT3 KDINDT4 KEYCDT KEYCDT2 KCCIDT2 KCCIDT3 KCWIDT3 KCWIDT3 KCWIDT4	CHANNEL NUMBER 11.1 11.2 11.3 11.4 12.1 12.2 8.1 8.2 8.3 23.1 23.3 23.4	3. TYPE OF STATION E-M E-M N-M N-M N-M N-M N-M N-M N-M	4. DISTANT? (Yes or No) No No No Yes Yes Yes No No No No No	5. BASIS OF CARRIAGE (If Distant)	DES MOINES, IA DES MOINES, IA DES MOINES, IA DES MOINES, IA MANKATO, MN MANKATO, MN DES MOINES, IA DES MOINES, IA DES MOINES, IA DES MOINES, IA DES MOINES, IA	
SIGN KDINDT2 KDINDT3 KDINDT4 KEYCDT KEYCDT2 KCCIDT2 KCCIDT3 KCCIDT3 KCWIDT4 KCWIDT4 WOIDT	CHANNEL NUMBER 11.1 11.2 11.3 11.4 12.1 12.2 8.1 8.2 8.3 23.1 23.3 23.4 5.1	3. TYPE OF STATION E-M E-M N-M N-M N-M N-M N-M N-M N-M N-M N-M N	4. DISTANT? (Yes or No) No No Yes Yes No No No No No No No	5. BASIS OF CARRIAGE (If Distant)	DES MOINES, IA DES MOINES, IA DES MOINES, IA DES MOINES, IA MANKATO, MN MANKATO, MN DES MOINES, IA DES MOINES, IA DES MOINES, IA DES MOINES, IA DES MOINES, IA	
SIGN KDINDT2 KDINDT3 KDINDT4 KEYCDT2 KCCIDT KCCIDT2 KCCIDT3 KCWIDT3 KCWIDT4 WOIDT3	CHANNEL NUMBER 11.1 11.2 11.3 11.4 12.1 12.2 8.1 8.2 8.3 23.1 23.3 23.4 5.1 5.3	3. TYPE OF STATION E-M E-M N-M N-M N-M N-M N-M N-M N-M N-M	4. DISTANT? (Yes or No) No No Yes Yes No No No No No No No No	5. BASIS OF CARRIAGE (If Distant)	DES MOINES, IA DES MOINES, IA DES MOINES, IA DES MOINES, IA MANKATO, MN MANKATO, MN DES MOINES, IA DES MOINES, IA DES MOINES, IA DES MOINES, IA DES MOINES, IA DES MOINES, IA	
SIGN KDINDT2 KDINDT3 KDINDT4 KEYCDT2 KCCIDT KCCIDT2 KCCIDT3 KCWIDT3 KCWIDT4 WOIDT4 WOIDT3 WOIDT4	CHANNEL NUMBER           11.1           11.2           11.3           11.4           12.1           12.2           8.1           8.2           8.3           23.1           23.3           23.4           5.1           5.3           5.4	3. TYPE OF STATION E-M E-M N-M N-M N-M N-M N-M N-M N-M N-M N-M N	4. DISTANT? (Yes or No) No No Yes Yes No No No No No No No No No No	5. BASIS OF CARRIAGE (If Distant)	DES MOINES, IA DES MOINES, IA DES MOINES, IA DES MOINES, IA MANKATO, MN MANKATO, MN DES MOINES, IA DES MOINES, IA	
SIGN KDINDT2 KDINDT3 KDINDT4 KEYCDT KEYCDT2 KCCIDT KCCIDT2 KCCIDT3 KCWIDT KCWIDT3 KCWIDT4 WOIDT4 WOIDT3 WOIDT3 WOIDT4 KDSMDT	CHANNEL NUMBER           11.1           11.2           11.3           11.4           12.1           12.2           8.1           8.2           8.3           23.1           23.3           23.4           5.1           5.3           5.4           17.1	3. TYPE OF STATION E-M E-M N-M N-M N-M N-M N-M N-M N-M N-M N-M N	4. DISTANT? (Yes or No) No No Yes Yes No No No No No No No No No No No	5. BASIS OF CARRIAGE (If Distant)	DES MOINES, IA DES MOINES, IA DES MOINES, IA DES MOINES, IA DES MOINES, IA MANKATO, MN MANKATO, MN DES MOINES, IA DES MOINES, IA	
SIGN KDINDT2 KDINDT3 KDINDT4 KEYCDT KEYCDT2 KCCIDT KCCIDT2 KCCIDT3 KCWIDT3 KCWIDT4 WOIDT3 WOIDT3 WOIDT4 KDSMDT2	CHANNEL NUMBER           11.1           11.2           11.3           11.4           12.1           12.2           8.1           8.2           8.3           23.1           23.3           23.4           5.1           5.3           5.4	3. TYPE OF STATION E-M E-M N-M N-M N-M N-M N-M N-M N-M N-M N-M N	4. DISTANT? (Yes or No) No No Yes Yes No No No No No No No No No No	5. BASIS OF CARRIAGE (If Distant)	DES MOINES, IA DES MOINES, IA DES MOINES, IA DES MOINES, IA MANKATO, MN MANKATO, MN DES MOINES, IA DES MOINES, IA	
SIGN KDINDT2 KDINDT3 KDINDT4 KEYCDT KEYCDT2 KCCIDT KCCIDT2 KCCIDT3 KCWIDT3 KCWIDT4 WOIDT3 WOIDT3 WOIDT4 KDSMDT2 KDSMDT2 KDSMDT3	CHANNEL NUMBER           11.1           11.2           11.3           11.4           12.1           12.2           8.1           8.2           8.3           23.1           23.3           23.4           5.1           5.3           5.4           17.1	3. TYPE OF STATION E-M E-M N-M N-M N-M N-M N-M N-M N-M N-M N-M N	4. DISTANT? (Yes or No) No No Yes Yes No No No No No No No No No No No No	5. BASIS OF CARRIAGE (If Distant)	DES MOINES, IA DES MOINES, IA DES MOINES, IA DES MOINES, IA DES MOINES, IA MANKATO, MN MANKATO, MN DES MOINES, IA DES MOINES, IA	
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SIGN KDINDT2 KDINDT3 KDINDT4 KEYCDT KEYCDT2 KCCIDT2 KCCIDT3 KCWIDT3 KCWIDT4 WOIDT WOIDT3 WOIDT4 KDSMDT2 KDSMDT2 KDSMDT4 WHODT WHODT2 WHODT2 WHODT3	CHANNEL NUMBER           11.1           11.2           11.3           11.4           12.1           12.2           8.1           8.2           8.3           23.1           23.3           23.4           5.1           5.3           5.4           17.1           17.2           17.3           17.4           13.1           13.2           13.3	3. TYPE OF STATION E-M E-M N-M N-M N-M N-M N-M N-M N-M N-M N-M N	4. DISTANT? (Yes or No) No No Yes Yes No No No No No No No No No No No No No	5. BASIS OF CARRIAGE (If Distant)	DES MOINES, IA DES MOINES, IA DES MOINES, IA DES MOINES, IA MANKATO, MN MANKATO, MN DES MOINES, IA DES MOINES, IA	
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SIGN KDINDT2 KDINDT3 KDINDT4 KEYCDT KEYCDT2 KCCIDT3 KCCIDT3 KCCIDT3 KCWIDT4 WOIDT4 WOIDT4 WOIDT4 KDSMDT4 KDSMDT2 KDSMDT4 WHODT WHODT2 WHODT3	CHANNEL NUMBER           11.1           11.2           11.3           11.4           12.1           12.2           8.1           8.2           8.3           23.1           23.3           23.4           5.1           5.3           5.4           17.1           17.2           17.3           17.4           13.1           13.2           13.3	3. TYPE OF STATION E-M E-M N-M N-M N-M N-M N-M N-M N-M N-M N-M N	4. DISTANT? (Yes or No) No No Yes Yes No No No No No No No No No No No No No	5. BASIS OF CARRIAGE (If Distant)	DES MOINES, IA DES MOINES, IA DES MOINES, IA DES MOINES, IA MANKATO, MN MANKATO, MN DES MOINES, IA DES MOINES, IA	

FORM SA3E. PAGE 3.

				N.4.				SYSTEM ID					
Name	LEGAL NAME OF (												
	NORTHERN	IOWA CON	IMUNI	CATIONS PARTNERS				63492					
	PRIMARY TRA												
Н				arried on a separate and discre									
	all-band basis v	whose signals	were "ge	enerally receivable" by your cat	ble system during	g the accountil	ng perio	d.					
Primary			-	I-Band FM Carriage: Under C		-	-						
Fransmitters:	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												
	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 1: Identify the call sign of each station carried. Column 2: State whether the station is AM or FM.												
	<b>Column 2:</b> State whether the station is AiM of FM. <b>Column 3:</b> 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: G	signal, indicate this by placing a check mark in the "S/D" column. <b>Column 4:</b> Give the station's location (the community to which the station is licensed by the FCC or, in the case of											
	Mexican or Canadian stations, if any, the community with which the station is identified).												
	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATIO					
	KLGA	FM	х	ALGONA, IA									
	KICD	FM	Х	SPENCER, IA									
	KILR	FM	X	ESTHERVILLE, IA									
						r	r	T					

NORTHERN IOWA COI			TNERS			63492	Name			
SUBSTITUTE CARRIAGE	: SPECIA		IT AND PROGRAM LOG	i						
In General: In space I, identi substitute basis during the ac explanation of the programm	counting pe	riod, under spe	cific present and former FC0	C rules, regula	tions, or authorizations. F	or a further	∎ Substitute			
1. SPECIAL STATEMENT		NING SUBST	ITUTE CARRIAGE				Carriage: Special			
During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program roadcast by a distant station?										
Note: If your answer is "No' log in block 2. 2. LOG OF SUBSTITUTE			e blank. If your answer is "	Yes," you mu	ist complete the program	1				
period, was broadcast by a under certain FCC rules, re SA3 form for futher informa titles, for example, "I Love L Column 2: If the program Column 3: Give the call Column 4: Give the broat the case of Mexican or Can Column 5: Give the mon first. Example: for May 7 giv Column 6: State the time to the nearest five minutes. stated as "6:00–6:30 p.m."	ce, please a of every no distant stati gulations, o tion. Do no ucy" or "NE n was broad sign of the s adcast static adian static th and day ve "5/7." es when the Example: a er "R" if the ind regulatio ogramming	attach additiona nnetwork televi ion and that your r authorizations t use general c BA Basketball: dcast live, enter station broadca on's location (the ons, if any, the c when your syste substitute program program carrier listed program ons in effect du	al pages. sion program (substitute p ur cable system substituted s. See page (vi) of the gen- ategories like "movies", or 76ers vs. Bulls." r "Yes." Otherwise enter "N sting the substitute progra- te community to which the community with which the s tem carried the substitute p gram was carried by your c ed by a system from 6:01:1 was substituted for progra ring the accounting period.	rogram) that, d for the prog eral instructio "basketball". lo." m. station is lice station is iden brogram. Use cable system. 5 p.m. to 6:2 mming that y c enter the let	during the accounting ramming of another stati ins located in the paper List specific program nsed by the FCC or, in tified). numerals, with the mont List the times accurately 8:30 p.m. should be our system was required ter "P" if the listed pro	ih /				
		E PROGRAM			EN SUBSTITUTE IAGE OCCURRED	7. REASON				
1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. TIMES FROM — TO	FOR DELETION				
					_					
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LEGAL NAME OF OWNER OF CABLE SYSTEM:

ACCOUNTING PERIOD: 2023/1

SYSTEM ID#

FORM SA3E. PAGE 6.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:SYSTEM ID#NORTHERN IOWA COMMUNICATIONS PARTNERS63492											
	PART-TIME CA	RRIAGE LOG										
J Part-Time Carriage Log	<ul> <li>In General: This space ties in with column 5 of space G. If you listed a station's basis of carriage as "LAC" for part-time carriage due to lack of activated channel capacity, you are required to complete this log giving the total dates and hours your system carried that station. If you need more space, please attach additional pages.</li> <li>Column 1 (Call sign): Give the call sign of every distant station whose basis of carriage you identified by "LAC" in column 5 of space G.</li> <li>Column 2 (Dates and hours of carriage): For each station, list the dates and hours when part-time carriage occurred during the accounting period.</li> <li>Give the month and day when the carriage occurred. Use numerals, with the month first. Example: for April 10 give "4/10."</li> <li>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."</li> <li>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."</li> </ul>											
	DATES AND HOURS OF PART-TIME CARRIAGE											
	CALL SIGN	WHEN	CARRIAGE OCCU	JRRED		CALL SIGN	WHEN	I CARRIAGE OC	CUR	RED		
	CALL SIGN	DATE	HOUI FROM	RS TO		CALL SIGN	DATE	H( FROM	DURS	то		
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FORM	SA3E. PAGE 7.		
	AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	Name
NO	RTHERN IOWA COMMUNICATIONS PARTNERS	63492	Humo
Inst all a (as i page	OSS RECEIPTS ructions: The figure you give in this space determines the form you fle and the amount mounts (gross receipts) paid to your cable system by subscribers for the system's secon identified in space E) during the accounting period. For a further explanation of how to co e (vii) of the general instructions. Gross receipts from subscribers for secondary transmission service(s) during the accounting period. ORTANT: You must complete a statement in space P concerning gross receipts.	ndary transmission service	K Gross Receipts
Instru • Con • Con • If yo fee t • If yo	<b>(RIGHT ROYALTY FEE</b> ctions: Use the blocks in this space L to determine the royalty fee you owe: nplete block 1, showing your minimum fee. nplete block 2, showing whether your system carried any distant television stations. nur system did not carry any distant television stations, leave block 3 blank. Enter the am from block 1 on line 1 of block 4, and calculate the total royalty fee. nur system did carry any distant television stations, you must complete the applicable pa pompanying 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 k 3 below.	entered on line 1 of	
3 be	art 6 of the DSE schedule was completed, the amount from line 7 of block C should be e slow.		
-	art 7 or part 9, block B, of the DSE schedule was completed, the surcharge amount shou block 4 below.	uld be entered 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.		
	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.	\$ 848,429.94	
	This is your minimum fee.	\$ 9,027.29	
2	<ul> <li>DISTANT TELEVISION STATIONS CARRIED: Your answer here must agree with the space G. If, in space G, you identifed any stations as "distant" by stating "Yes" in colum "Yes" in this block.</li> <li>Did your cable system carry any distant television stations during the accounting period x Yes—Complete the DSE schedule.</li> <li>No—Leave block 3 below blank and content television stations of the space of the space</li></ul>	n 4, you must check	
Block 3	4, or part 9, block A of the DSE schedule. If none, enter zero	\$ 3,587.56	
	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	\$ 3,587.56	
Block 4	Line 1. BASE RATE FEE/3.75 FEE or MINIMUM FEE: Enter either the minimum fee from block 1 or the sum of the base rate fee / 3.75 fee from block 3, line 3, whichever is larger	\$ 9,027.29	Cable systems
	Line 2. SYNDICATED EXCLUSIVITY SURCHARGE: Enter the fee from either part 7 (block D, section 3 or 4) or part 9 (block B) of the DSE schedule. If none, enter zero.	0.00	submitting additional deposits under
	Line 3. Line 3. INTEREST CHARGE: Enter the amount from line 4, space Q, page 9 (Interest Worksheet)	0.00	Section 111(d)(7) should contact the Licensing
	Line 4. FILING FEE	\$ 725.00	additional fees. Division for the
	TOTAL ROYALTY AND FILING FEES DUE FOR ACCOUNTING PERIOD. Add Lines 1, 2 and 3 of block 4 and enter total here	\$ 9,752.29	appropriate form for submitting the additional fees.
1	EFT Trace # or TRANSACTION ID # 76482280552		aunitunai 1885.
	Remit this amount via <i>electronic payment</i> payable to Register of Copyrights. (S general instructions located in the paper SA3 form and the Excel instructions ta		

ACCOUNTING PERIO		FORM SA3E. PAGE 8.							
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: NORTHERN IOWA COMMUNICATIONS PARTNERS	SYSTEM ID# 63492							
M	CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried tele to its subscribers and (2) the cable system's total number of activated channels, during the acc								
Channels	1. Enter the total number of channels on which the cable       41         system carried television broadcast stations       41								
	2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services	346							
N Individual to	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED: (Identify an inc we can contact about this statement of account.)	lividual							
Be Contacted for Further Information	Name JOHN W. NOAH	Telephone 712-853-6121							
	Address 107 S STATE STREET, P.O. BOX 100 (Number, street, rural route, apartment, or suite number)								
	City, town, state, zip)								
	Email jnoah@terril.com Fax (op	tional) 712-853-6185							
0	CERTIFICATION (This statement of account must be certifed and signed in accordance with Cop	yright Office regulations.)							
Certifcation	• I, the undersigned, hereby certify that (Check one, <i>but only one</i> , of the boxes.)								
	(Owner other than corporation or partnership) I am the owner of the cable system as identifed	l in line 1 of space B; or							
	(Agent of owner other than corporation or partnership) I am the duly authorized agent of the in line 1 of space B and that the owner is not a corporation or partnership; or	owner of the cable system as identified							
	(Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal en in line 1 of space B.	tity identifed as owner of the cable system							
	<ul> <li>I have examined the statement of account and hereby declare under penalty of law that all stateme are true, complete, and correct to the best of my knowledge, information, and belief, and are made [18 U.S.C., Section 1001(1986)]</li> </ul>								
	X /s/ John W. Noah								
	Enter an electronic signature on the line above using an "/s/" signature to certify t (e.g., /s/ John Smith). Before entering the first forward slash of the /s/ signature, button, then type /s/ and your name. Pressing the "F" button will avoid enabling	place your cursor in the box and press the "F2"							
	Typed or printed name: JOHN W. NOAH								
	Title: CCO (Title of official position held in corporation or partnership)								
	Date: August 21, 2023								

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

EGAL NAME OF OWNER OF C	ABLE SYSTEM:	SYSTEM ID#	
NORTHERN IOWA CO	OMMUNICATIONS PARTNERS	63492	Name
SPECIAL STATEM	ENT CONCERNING GROSS RECEIPTS EXCLUSIONS		
lowing sentence: "In determining t	wer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding t the total number of subscribers and the gross amounts paid to the cable system for the b ling secondary transmissions of primary broadcast transmitters, the system shall not incl	basic	P Special
scribers and am	ounts collected from subscribers receiving secondary transmissions pursuant to section	119."	Statement Concerning
paper SA3 form.	n when to exclude these amounts, see the note on page (vii) of the general instructions i		oss Receipts Exclusion
	period did the cable system exclude any amounts of gross receipts for secondary transm rs to satellite dish owners?	ISSIONS	
	I here and list the satellite carrier(s) below		
Name	Name		
Mailing Address	Mailing Address		
INTEREST ASSES	SMENTS		
•	worksheet for those royalty payments submitted as a result of a late payment or underpaterest assessment, see page (viii) of the general instructions in the paper SA3 form.	ayment.	Q
Line 1 Enter the amou	nt of late payment or underpayment	A	Interest Assessment
	x		
Line 2 Multiply line 1 b	y the interest rate* and enter the sum here	days	
Line 3 Multiply line 2 b	y the number of days late and enter the sum here	uays	
	× 0.00	0274	
	y 0.00274** enter here and on line 3, block 4,		
space	L, (page 7)	 charge)	
	st rate chart click on <i>www.copyright.gov/licensing/interest-rate.pdf.</i> For further assistance ing Division at (202) 707-8150 or licensing@copyright.gov.		
** This is the decima	al equivalent of 1/365, which is the interest assessment for one day late.		
	his worksheet covering a statement of account already submitted to the Copyright Offce ner, address, first community served, accounting period, and ID number as given in the		
Owner			
Address			
First community served			
Accounting period			
rivacy Act Notice: Section 111	of title 17 of the United States Code authorizes the Copyright Offce to collect the personally identifying informat	tion (PII) requested on this	

form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Office's public indexes and in search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal sufficiency of the fling, a determination that would be made by a court of law.

## INSTRUCTIONS FOR DSE SCHEDULE WHAT IS A "DSE"

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

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

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

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

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

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

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

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

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

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

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

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

#### TOTAL OF DSEs

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

#### THE ROYALTY FEE

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

## DSE SCHEDULE. PAGE 11.

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

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

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

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

0.330% of gross receipts

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

If any of the stations were partially distant:

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

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

that group's complement of stations.

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

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

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

**Distant Stations Carried** 

STATION

A (independent)

B (independent)

C (part-time)

D (part-time)

E (network)

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

6. Add together the base rate fees for each subscriber group to determine the system's total base rate fee.

7. If any portion of the cable system is located in whole or in part within a major television market, you may also need to complete part 9, block B of the Schedule to determine the Syndicated Exclusivity Surcharge.

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

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

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

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

## EXAMPLE:

DSE

1.0

1.0

0.083

0.139

0.25

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

Santa Rosa

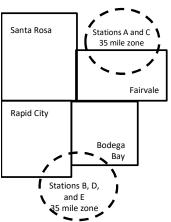
Bodega Bay

Rapid City

Fairvale

CITY

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



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

Identification of Subscriber Groups

OUTSIDE LOCAL

Stations A and C

Stations A and C

SERVICE AREA OF

Stations A, B, C, D ,E

Stations B, D, and E

**GROSS RECEIPTS** 

\$310,000.00

100.000.00

70.000.00

120,000.00

FROM SUBSCRIBERS

## DSE SCHEDULE. PAGE 11. (CONTINUED)

4	LEGAL NAME OF OWNER OF CABLE	SYSTEM:			S	STEM ID#					
1	NORTHERN IOWA COM	MUNICATION	NS PARTNERS			63492					
	SUM OF DSEs OF CATEGORY "O" STATIONS:         • Add the DSEs of each station.         Enter the sum here and in line 1 of part 5 of this schedule.         1.50										
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 (nage 3)										
Computation of DSEs for	of space G (page 3). In the column headed "DSE": for each independent station, give the DSE as "1.0"; for each network or noncom- mercial educational station, give the DSE as ".25."										
Category "O"	CATEGORY "O" STATIONS: DSEs										
Stations	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE					
	KTIVDT	0.250									
	KTIVDT2	0.250									
	KTIVDT3	0.250									
	KTIVDT4	0.250									
Add rows as	KEYCDT	0.250									
necessary. Remember to copy all	KEYCDT2	0.250									
formula into new											
rows.											
10003.											
				h							

Name		WNER OF CABLE SYSTEM:	IONS PARTN	ERS			S	63492				
<b>3</b> Computation of DSEs for Stations Carried Part Time Due to Lack of Activated Channel	Interstent Processing Pr											
Capacity	CATEGORY LAC STATIONS: COMPUTATION OF DSEs											
	1. CALL SIGN	2. NUMBEI OF HOU CARRIE SYSTEM	IRS D BY	. NUMBER OF HOURS STATION ON AIR	4. BASIS OF CARRIAG VALUE			E				
			÷			<u>x</u>						
						x x						
			÷		=		=					
			÷		=	x	=					
			÷ ÷			v v	=					
			÷			x	=					
	Add the DSEs of	OF CATEGORY LAC ST of each station. m here and in line 2 of par		ule,		0.00						
<b>4</b> Computation of DSEs for Substitute- Basis Stations	Was carried tions in effe     Broadcast o space I). Column 2: I at your option. Column 3: I Column 4: I	e the call sign of each stat by your system in substitu ct on October 19, 1976 (a ne or more live, nonnetwor For each station give the r Fhis figure should corresp Enter the number of days Divide the figure in column 'his is the station's DSE (f	ution for a progra s shown by the le rk programs durin number of live, no oond with the info in the calendar yo a 2 by the figure in For more informa	m that your system wetter "P" in column 7 of g that optional carriag connetwork programs of rmation in space I. ear: 365, except in a l n column 3, and give tion on rounding, see	vas permitted to d of space I); and e (as shown by the carried in substitu leap year. the result in colur page (viii) of the	elete under FCC rules an e word "Yes" in column 2 of tion for programs that we mn 4. Round to no less th general instructions in the	re deleted an the third					
	I			BASIS STATION			T					
	1. CALL SIGN	2. NUMBER OF PROGRAMS	3. NUMBER OF DAYS IN YEAR		1. CALL SIGN	2. NUMBER OF PROGRAMS	3. NUMBER OF DAYS IN YEAR	4. DSE				
		÷		=		-		=				
		÷ -		=			•	=				
				=			•	=				
		÷		=			-	=				
	Add the DSEs of	÷ OF SUBSTITUTE-BASIS of each station. m here and in line 3 of par	STATIONS:	=		0.00	· 	=				
5		<b>R OF DSEs:</b> Give the among applicable to your system		xes in parts 2, 3, and 4	4 of this schedule	and add them to provide the	ne total					
Total Number	1. Number	of DSEs from part 2 ●				▶	1.50					
of DSEs	2. Number	of DSEs from part 3 ●				▶	0.00					
	3. Number	of DSEs from part 4 ●			I	▶	0.00					
	TOTAL NUMBE	R OF DSEs				•		1.50				

DSE SCHEDULE. P	AGE 13.							ACCOUNTIN	IG PERIOD: 2023/1
	WNER OF CABLE S		PARTNER	6			S	YSTEM ID# 63492	Namo
In block A: • If your answer if ' schedule.	ck A must be comp "Yes," leave the rer "No," complete blog	mainder of pa	·	of the DSE schedu	ule blank and o	complete part	8, (page 16) of the	9	6
			BLOCK A:	TELEVISION M	ARKETS				Computation of 3.75 Fee
effect on June 24,	n located wholly ou 1981? plete part 8 of the s plete blocks B and 0	schedule—D					C rules and regula	ations in	5.75 Fee
		BLO	CK B: CARR		MITTED DS	Fs			
Column 1: CALL SIGN	FCC rules and re	of distant sta gulations prio e DSE Scheo	ations listed in p or to June 25, 1 dule. (Note: The	oart 2, 3, and 4 of t 981. For further ex e letter M below ref	his schedule t planation of p	hat your syster ermitted statio	ns, see the	2	
Column 2: BASIS OF PERMITTED CARRIAGE	<ul> <li>(Note the FCC ru</li> <li>A Stations carrie 76.61(b)(c)]</li> <li>B Specialty static</li> <li>C Noncommerica</li> <li>D Grandfathered instructions fo</li> <li>E Carried pursua</li> <li>*F A station prev</li> </ul>	les and regul ed pursuant to on as defined al educationa I station (76.6 r DSE sched ant to individu viously carrie IHF station w	lations cited be o the FCC mari I in 76.5(kk) (76 al station [76.59 (see paragr ule). al waiver of FC d on a part-tim ithin grade-B c	e or substitute basi ontour, [76.59(d)(5	e in effect on J 57, 76.59(b), (1), 76.63(a) r 3(a) referring t stitution of gra s prior to June	June 24, 1981. 76.61(b)(c), 76 referring to 76. to 76.61(d)] ndfathered sta	5.63(a) referring to 61(e)(1) tions in the		
Column 3:	*( <b>Note:</b> For those this schedule to d	e stations ide letermine the	ntified by the le DSE.)	parts 2, 3, and 4 of tter "F" in column 2	2, you must co	mplete the wo	1	1	
1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	
				1		1		0.00	
		E	BLOCK C: CC	MPUTATION OF	- 3.75 FEE				
Line 1: Enter the	total number of	DSEs from	part 5 of this s	schedule					
Line 2: Enter the	sum of permittee	d DSEs fron	n block B abo	ve					
Line 3: Subtract (If zero, I	line 2 from line 1 eave lines 4–7 bl					ate.			
Line 4: Enter gro	oss receipts from	space K (pa	age 7)				x 0.03	375	Do any of the DSEs represent partially
Line 5: Multiply li	ine 4 by 0.0375 a	ind enter su	m here						permited/ partially nonpermitted
Line 6: Enter tota	al number of DSE	Es from line	3						carriage? If yes, see part 9 instructions.
Line 7: Multiply li	ine 6 by line 5 an	d enter here	e and on line :	2, block 3, space	L (page 7)			0.00	

							D		ULE. PAGE 14.
Name	LEGAL NAME OF OWN							SY	STEM ID#
ivaine	NORTHERN IO	WA COMMU	JNICATIONS PA	ARTNERS					63492
Worksheet for Computating the DSE Schedule for Permitted Part-Time and Substitute Carriage	stations carried prio Column 1: List the of Column 2: Indicate Column 3: Indicate Column 4: Indicate (Note that the FO A—Part-time spo 7 B—Late-night pr 7 S—Substitute ca 9 Column 5: Indicate Column 6: Compare in b	or to June 25, 1 call sign for eac the DSE for thi the accounting the basis of ca CC rules and re ecialty program r6.59(d)(1),76.6 rogramming: C 76.61(e)(3)). arriage under c general instruct the station's D e the DSE figur plock B, column information you	981, under former I ch distant station ide is station for a singl period and year in irriage on which the egulations cited belo ming: Carriage, on 61(e)(1), or 76.63 (r arriage under FCC ertain FCC rules, re- ions in the paper S/ SE for the current a res listed in column: n 3 of part 6 for this u give in columns 2,	FCC rules gover entifed by the le e accounting pe which the carria station was car ow pertain to the a part-time bas eferring to 76.6 rules, sections 7 equilations, or au A3 form. recounting perio s 2 and 5 and lis station.	entifed by the letter "F" i rning part-time and subs tter "F" in column 2 of par riod, occurring between ge and DSE occurred (e ried by listing one of the base in effect on June 24, is, of specialty programm 1(e)(1)). 76.59(d)(3), 76.61(e)(3), thorizations. For further d as computed in parts 2 at the smaller of the two f be accurate and is subject	titute carriag rt 6 of the D January 1, 1 .g., 1981/1). following lett 1981.) ning under F or 76.63 (ref explanation, 2, 3, and 4 of igures here.	e.) SE schedule. 978 and June 30 eers: CC rules, section ferring to see page (vi) of this schedule. This figure shou	, 1981. ns the Id be ent	
		1			ED ON A PART-TIME AI	1			
	1. CALL	2. PRIC		COUNTING	4. BASIS OF		RESENT		RMITTED
	SIGN	DSE	PI	ERIOD	CARRIAGE		DSE		DSE
7 Computation of the	1 1	"Yes," complet	te blocks B and C, b		art 8 of the DSE schedul	e			
Syndicated			BLOC	K A: MAJOR	TELEVISION MARK	El			
Exclusivity									
Surcharge	<ul> <li>Is any portion of the c</li> </ul>	able system wi	ithin a top 100 major	television marke	et as defned by section 76	5.5 of FCC ru	les in effect June	24, 1981	?
	Yes—Complete	blocks B and	С.		No—Proceed to	o part 8			
				Otationa			station of Examp		
	BLUCK B. C	amage of vnr	-/Grade B Contour	Stations		JK C. Compi	utation of Exemp	LDSES	
	Is any station listed in				Was any station liste		•		
	commercial VHF stati	•	a grade B contour,	in whole	nity served by the cat		rior to March 31,	1972? (r	efer
	or in part, over the cal	ble system?			to former FCC rule 70	5.159)			
	Yes—List each st	tation below with	its appropriate permit	tted DSE	Yes—List each s	tation below w	vith its appropriate	permitted	DSE
	X No—Enter zero a	nd proceed to pa	art 8.		No—Enter zero a	and proceed to	o part 8.		
	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	1	DSE
							-		
		·						••••	
		•		·		<mark></mark>			
		• •		0.00		-	TOTAL DOD		0.00
			TOTAL DSEs	0.00			TOTAL DSE	.ə	0.00

DSE SCHEDULE. P.	AGE15.
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LEGAL NA	ME OF OWNER OF CABLE SYSTEM: SYSTEM I NORTHERN IOWA COMMUNICATIONS PARTNERS 634	Namo	
	BLOCK D: COMPUTATION OF THE SYNDICATED EXCLUSIVITY SURCHARGE		
Section 1	Enter the amount of gross receipts from space K (page 7) \$848,429.	94 7	
Section 2	A. Enter the total DSEs from block B of part 7	.00 Computation	on
	B. Enter the total number of exempt DSEs from block C of part 7	.00 Syndicate Exclusivit	
	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	.00	•
• Is an	y portion of the cable system within a top 50 television market as defined by the FCC? Yes—Complete section 3 below. X No—Complete section 4 below.		
	SECTION 3: TOP 50 TELEVISION MARKET		
Section 3a	Did your cable system retransmit the signals of any partially distant television stations during the accounting period?     X Yes—Complete part 9 of this schedule.     No—Complete the applicable section below.		
	If the figure in section 2, line C is 4.000 or less, compute your surcharge here and leave section 3b blank. NOTE: If the DSE is 1.0 or less, multiply the gross receipts by .00599 by the DSE. Enter the result on line A below.		
	A. Enter 0.00599 of gross receipts (the amount in section1)		
	B. Enter 0.00377 of gross receipts (the amount in section 1) 🕨 💲		
	C. Subtract 1.000 from total permitted DSEs (the figure on		
	line C in section 2) and enter here		
	D. Multiply line B by line C and enter here		
	E. Add lines A and D. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7) Syndicated Exclusivity Surcharge		
Section 3b	If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 3a blank.		
	A. Enter 0.00599 of gross receipts (the amount in section 1)		
	B. Enter 0.00377 of gross receipts (the amount in section 1)		
	C. Multiply line B by 3.000 and enter here		
	D. Enter 0.00178 of gross receipts (the amount in section 1) ▶ \$		
	E. Subtract 4.000 from total DSEs (the fgure on line C in section 2) and enter here		
	F. Multiply line D by line E and enter here		
	G. Add lines A, C, and F. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7) Syndicated Exclusivity Surcharge		
	SECTION 4: SECOND 50 TELEVISION MARKET		
	Did your cable system retransmit the signals of any partially distant television stations during the accounting period?		
Section 4a	Image: Second system retraining the accounting period is         Image: System retrainit the accounting period is		
τα	If the figure in section 2, line C is 4.000 or less, compute your surcharge here and leave section 4b blank. NOTE: If the DSE is 1.0 or less, multiply the gross receipts by 0.003 by the DSE. Enter the result on line A below. A. Enter 0.00300 of gross receipts (the amount in section 1)		
	B. Enter 0.00189 of gross receipts (the amount in section 1)		
	C.Subtract 1.000 from total permitted DSEs (the fgure on line C in section 2) and enter here		
	D. Multiply line B by line C and enter here		
	E. Add lines A and D. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7) Syndicated Exclusivity Surcharge		

DSF	SCHEDUL	F PAG	F 16

Name		DSE SCHEDULE. PA	
		NORTHERN IOWA COMMUNICATIONS PARTNERS 6	5492
7	Section 4b	If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 4a blank.	
Computation		A. Enter 0.00300 of gross receipts (the amount in section 1).	
of the Syndicated Exclusivity		B. Enter 0.00189 of gross receipts (the amount in section 1)	
Surcharge		C. Multiply line B by 3.000 and enter here	
		D. Enter 0.00089 of gross receipts (the amount in section 1)	
		E. Subtract 4.000 from the total DSEs (the figure on line C in	
		section 2) and enter here.	
		F. Multiply line D by line E and enter here	
		G. Add lines A, C, and F. This is your surcharge. Enter here and on line 2, block 4, space L (page 7)	
		Syndicated Exclusivity Surcharge	
	Instru	t ctions:	
8	You m	ust complete this part of the DSE schedule for the SUM OF PERMITTED DSEs in part 6, block B; however, if block A of part	
		checked "Yes," use the total number of DSEs from part 5. ock A, indicate, by checking "Yes" or "No," whether your system carried any partially distant stations.	
Computation		ir answer is "No," compute your system's base rate fee in block B. Leave part 9 blank.	
of Base Rate Fee	<ul> <li>If you blank</li> </ul>	Ir answer is "Yes" (that is, if you carried one or more partially distant stations), you must complete part 9. Leave block B below	
Duschaleree		is a partially distant station? A station is "partially distant" if, at the time your system carried it, some of your subscribers	
		ocated within that station's local service area and others were located outside that area. For the definition of a station's "local e area," see page (v) of the general instructions.	
		BLOCK A: CARRIAGE OF PARTIALLY DISTANT STATIONS	
	• Did y	our cable system retransmit the signals of any partially distant television stations during the accounting period?	
	<u> </u>	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	Enter the total number of permitted DSEs from block B, part 6 of this schedule.	
	2	(If block A of part 6 was checked "Yes," use the total number of DSEs from part 5.)▶	
	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)	
		B. Enter 0.00701 of gross receipts	
		(the amount in section 1)	
		C. Subtract 1.000 from total DSEs	
		(the figure in section 2) and enter here	
		D. Multiply line B by line C and enter here	
		E. Add lines A, and D. This is your base rate fee. Enter here	
		and in block 3, line 1, space L (page 7)	.00
		Base Rate Fee	

LEGAL N	AME OF OWNER OF CABLE SYSTEM: SYSTEM ID#	
NORT	THERN IOWA COMMUNICATIONS PARTNERS 63492	Name
Castion	If the figure in section 2 is more than 4,000, compute your base rate fee here and leave section 3 blank	
Section 4	If the figure in section 2 is <b>more than 4.000</b> , compute your base rate fee here and leave section 3 blank.	•
•	A. Enter 0.01064 of gross receipts	8
	(the amount in section 1)►	
	B. Enter 0.00701 of gross receipts	Computation
	(the amount in section 1) <b>§</b>	of
		Base Rate Fee
	C. Multiply line B by 3.000 and enter here►\$	
	D. Enter 0.00330 of gross receipts	
	(the amount in section 1)► \$	
	E. Subtract 4.000 from total DSEs	
	(the figure in section 2) and enter here	
	F. Multiply line D by line E and enter here	
	G. Add lines A, C, and F. This is your base rate fee.	
	Enter here and in block 3, line 1, space L (page 7) Base Rate Fee \$ 0.00	
IMPOR	TANT: It is no longer necessary to report television signals on a system-wide basis. Carriage of television broadcast signals shall	
instead	be reported on a community-by-community basis (subscriber groups) if the cable system reported multiple channel line-ups in	9
Space		5
	eral: If any of the stations you carried were partially distant, the statute allows you, in computing your base rate fee, to exclude s from subscribers located within the station's local service area, from your system's total gross receipts. To take advantage of this	Computation
	on, you must:	of Base Rate Fee
First: [	Divide all of your subscribers into subscriber groups, each group consisting entirely of subscribers that are distant to the 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
	and the portion of your system's gross receipts attributable to that group, and calculate a separate base rate fee for each group. : Add up the separate base rate fees for each subscriber group. That total is the base rate fee for your system.	Surcharge
-		for
	If any portion of your cable system is located within the top 100 television market and the station is not exempt in part 7, you must mpute a Syndicated Exclusivity Surcharge for each subscriber group. In this case, complete both block A and B below. However,	Partially Distant
	cable system is wholly located outside all major television markets, complete block A only.	Stations, and
How to	Identify a Subscriber Group for Partially Distant Stations	for Partially Permitted
	For each community served, determine the local service area of each wholly distant and each partially distant station you	Stations
	to that community.	
•	: For each wholly distant and each partially distant station you carried, determine which of your subscribers were located the station's local service area. A subscriber located outside the local service area of a station is distant to that station (and, by	
	ne token, the station is distant to the subscriber.)	
-	Divide your subscribers into subscriber groups according to the complement of stations to which they are distant. Each	
	ber group must consist entirely of subscribers who are distant to exactly the same complement of stations. Note that a cable will have only one subscriber group when the distant stations it carried have local service areas that coincide.	
Compi	iting the base rate fee for each subscriber group: Block A contains separate sections, one for each of your system's subscriber	
groups		
In each	section:	
	fy the communities/areas represented by each subscriber group.	
	the call sign for each of the stations in the subscriber group's complement—that is, each station that is distant to all of the bers in the group.	
• lf:		
	system is located wholly outside all major and smaller television markets, give each station's DSE as you gave it in parts 2, 3, and	
4 of this	s schedule; or,	
, .	portion of your system is located in a major or smaller televison market, give each station's DSE as you gave it in block B, 6 of this schedule.	
•	ne DSEs for each station. This gives you the total DSEs for the particular subscriber group.	
	late gross receipts for the subscriber group. For further explanation of gross receipts see page (vii) of the general instructions	
	paper SA3 form.	
	bute a base rate fee for each subscriber group using the formula outline in block B of part 8 of this schedule on the preceding	
	In making this computation, use the DSE and gross receipts figure applicable to the particular subscriber group (that is, the total or that group's complement of stations and total gross receipts from the subscribers in that group). You do not need to show your	
	calculations on the form.	

Nome	LEGAL NAME OF OWNER OF CABLE SYSTEM: SYS	
Name	NORTHERN IOWA COMMUNICATIONS PARTNERS	63492
	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. <b>Step 2:</b> Use a separate part 9, block A, to compute the 3.75 percent fee for wholly nonpermitted and partially nonpermitted distant	
	signals. Write "Nonpermitted 3.75 stations" at the top of this page. Multiply the subscriber group gross receipts by total DSEs by	
	.0375 and enter the grand total 3.75 percent fees on line 2, block 3, of space L. Important: The sum of the gross receipts reported	
	for each part 9 used in steps 1 and 2 must equal the amount reported in space K.	
	Step 3: Use part 9, block B, to compute a syndicated exclusivity surcharge for any wholly or partially permitted distant	
	signals from step 1 that is subject to this surcharge.	
	Guidance for Computing the Royalty Fee for Carriage of Distant and Partially Distant Multicast Streams	
	Step 1: Use part 9, Block A, of the DSE Schedule to report each distant multicast stream of programming that is transmitted from	
	a primary television broadcast signal. Only the base rate fee should be computed for each multicast stream. The 3.75 Percent Rate and Syndicated Exclusivity Surcharge are not applicable to the secondary transmission of a multicast stream.	
	You must report but not assign a DSE value for the retransmission of a multicast stream that is the subject of a written agreement	
	entered into on or before June 30, 2009 between a cable system or an association representing the cable system and a primary	
	transmitter or an association representing the primary transmitter.	

SYSTEM ID#

				TE FEES FOR EACH			
		SUBSCRIBER GRO	UP		SECOND	SUBSCRIBER GRO	
COMMUNITY/ AREA	TITON	A-BURT		COMMUNITY/ AREA			0
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
KEYCDT	0.25						
otal DSEs			0.25	Total DSEs			0.00
Gross Receipts First G	iroup	s 5	4,047.70	Gross Receipts Secon	d Group	\$	0.00
			.,••		a creap	÷	
Base Rate Fee First G	iroup	\$	143.77	Base Rate Fee Secon	d Group	\$	0.00
	חמוחד						
	THIND	SUBSCRIBER GRO	UP		FOURTH	I SUBSCRIBER GRO	UP
OMMUNITY/ AREA	RUTHV		UP	COMMUNITY/ AREA		I SUBSCRIBER GRO	UP
OMMUNITY/ AREA			UP	COMMUNITY/ AREA		I SUBSCRIBER GRO	UP
			UP DSE	COMMUNITY/ AREA		I SUBSCRIBER GRO	UP
	RUTHV	EN	1		ROYAL		
	RUTHV	EN	1		ROYAL		
	RUTHV	EN	1		ROYAL		
	RUTHV	EN	1		ROYAL		
	RUTHV	EN	1		ROYAL		
	RUTHV	EN	1		ROYAL		
	RUTHV	EN	1		ROYAL		
CALL SIGN	RUTHV	EN	1		ROYAL		
	RUTHV	EN	1		ROYAL		
	RUTHV	EN	1		ROYAL		
	RUTHV	EN	1		ROYAL		
	RUTHV	EN	1		ROYAL		
	RUTHV	EN	1		ROYAL		
	RUTHV	EN	1		ROYAL		
CALL SIGN	RUTHV	EN	DSE	CALL SIGN	ROYAL		DSE
CALL SIGN	RUTHV	EN CALL SIGN	DSE	CALL SIGN	ROYAL		DSE
CALL SIGN	RUTHV	EN CALL SIGN	DSE	CALL SIGN	ROYAL		DSE
CALL SIGN CALL SIGN	RUTHV	EN CALL SIGN	DSE	CALL SIGN	ROYAL	CALL SIGN	DSE
CALL SIGN	Group	EN CALL SIGN	DSE	CALL SIGN	ROYAL DSE	CALL SIGN	DSE
CALL SIGN	Group	EN CALL SIGN	DSE	CALL SIGN	ROYAL DSE	CALL SIGN	DSE
CALL SIGN	RUTHV	EN CALL SIGN S S S	DSE DSE 0.00 5,100.00	CALL SIGN	ROYAL DSE	CALL SIGN	DSE

FORM SA3E. PAGE 19.

LEGAL NAME OF OWNER OF CABLE SYSTEM:

F			RTNERS				63492
	BLOCK A:	COMPUTATION	OF BASE RA	TE FEES FOR EACH	SUBSCRIE	BER GROUP	
		SUBSCRIBER GRO	DUP			SUBSCRIBER GRO	DUP
COMMUNITY/ AREA	ARMST	RONG		COMMUNITY/ AREA	TERRIL		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
(EYCDT	0.25						
			•••••				
otal DSEs			0.25	Total DSEs	-, 1	•	0.00
oross Receipts First G	roup	s 5	53,741.10	Gross Receipts Second	d Group	\$	24,885.00
<b>ase Rate Fee</b> First G	roup	\$	142.95	Base Rate Fee Second	d Group	\$	0.00
	SEVENTH	SUBSCRIBER GRO	DUP		EIGHTH	SUBSCRIBER GRO	DUP
COMMUNITY/ AREA	RINGST	ED		COMMUNITY/ AREA	PALMER	2	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
(EYCDT	0.25			KTIVDT	0.25		
				KTIVDT2	0.25		
				KTIVDT3	0.25		
				KTIVDT4	0.25		
							••••••
			•••••		•		
otal DSEs	_		0.25	Total DSEs	_		1.00
ross Receipts Third G	Group	<u>\$</u>	32,970.00	Gross Receipts Fourth	Group	\$	30,264.00
							]
		1			Creation	\$	000.04
<b>ise Rate Fee</b> Third G	roup	e	87.70	Base Rate Fee Fourth			322.01

FORM SA3E. PAGE 19.

	NINTLI	SUBSCRIBER GRO	םו ור		TENTLI	SUBSCRIBER GR	
			JUF				
COMMUNITY/ ARE	A POCAH			COMMUNITY/ AREA	PLOVER		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
KTIVDT	0.25	O/ LE OIOIN		KTIVDT	0.25	ONEE OIGH	DOL
KTIVDT2	0.25			KTIVDT2	0.25		
KTIVDT3	0.25			KTIVDT3	0.25		
KTIVDT4	0.25			KTIVDT4	0.25		
	0.25				0.25		
					····		
					····		······
Total DSEs			1.00	Total DSEs			1.00
Gross Receipts Firs	t Group	\$	35,370.00	Gross Receipts Secor	nd Group	\$	4,598.10
						[	
Base Rate Fee Firs	t Group		376.34	Base Rate Fee Secor	nd Group	¢	48.92
Dase Rate I ee I ha	Gloup	\$	570.34	Dase Nate i ee Secol	id Group	\$	40.92
	ELEVENTH	SUBSCRIBER GRO	OUP		TWELVTH	SUBSCRIBER GR	OUP
COMMUNITY/ ARE	A CURLE	N		COMMUNITY/ AREA			
COMMUNITY/ ARE	A CURLE	N		COMMUNITY/ AREA			
COMMUNITY/ ARE			DSF		ROLFE	CALL SIGN	DSE
CALL SIGN	DSE	N CALL SIGN	DSE	CALL SIGN	<b>ROLFE</b> DSE	CALL SIGN	DSE
CALL SIGN KTIVDT	DSE 0.25		DSE		ROLFE           DSE           0.25	CALL SIGN	DSE
CALL SIGN KTIVDT KTIVDT2	DSE 0.25 0.25		DSE	CALL SIGN KTIVDT KTIVDT2	DSE           0.25           0.25	CALL SIGN	DSE
CALL SIGN KTIVDT KTIVDT2 KTIVDT3	DSE 0.25 0.25 0.25		DSE	CALL SIGN KTIVDT KTIVDT2 KTIVDT3	DSE           0.25           0.25           0.25	CALL SIGN	DSE
	DSE 0.25 0.25		DSE	CALL SIGN KTIVDT KTIVDT2	DSE           0.25           0.25	CALL SIGN	DSE
CALL SIGN KTIVDT KTIVDT2 KTIVDT3	DSE 0.25 0.25 0.25		DSE	CALL SIGN KTIVDT KTIVDT2 KTIVDT3	DSE           0.25           0.25           0.25	CALL SIGN	DSE
CALL SIGN KTIVDT KTIVDT2 KTIVDT3	DSE 0.25 0.25 0.25		DSE	CALL SIGN KTIVDT KTIVDT2 KTIVDT3	DSE           0.25           0.25           0.25	CALL SIGN	DSE
CALL SIGN KTIVDT KTIVDT2 KTIVDT3	DSE 0.25 0.25 0.25		DSE	CALL SIGN KTIVDT KTIVDT2 KTIVDT3	DSE           0.25           0.25           0.25	CALL SIGN	DSE
CALL SIGN KTIVDT KTIVDT2 KTIVDT3	DSE 0.25 0.25 0.25		DSE	CALL SIGN KTIVDT KTIVDT2 KTIVDT3	DSE           0.25           0.25           0.25	CALL SIGN	DSE
CALL SIGN KTIVDT KTIVDT2 KTIVDT3	DSE 0.25 0.25 0.25		DSE	CALL SIGN KTIVDT KTIVDT2 KTIVDT3	DSE           0.25           0.25           0.25	CALL SIGN	DSE
CALL SIGN KTIVDT KTIVDT2 KTIVDT3	DSE 0.25 0.25 0.25		DSE	CALL SIGN KTIVDT KTIVDT2 KTIVDT3	DSE           0.25           0.25           0.25	CALL SIGN	DSE
CALL SIGN KTIVDT KTIVDT2 KTIVDT3	DSE 0.25 0.25 0.25		DSE	CALL SIGN KTIVDT KTIVDT2 KTIVDT3	DSE           0.25           0.25           0.25	CALL SIGN	DSE
CALL SIGN KTIVDT KTIVDT2 KTIVDT3	DSE 0.25 0.25 0.25		DSE	CALL SIGN KTIVDT KTIVDT2 KTIVDT3	DSE           0.25           0.25           0.25	CALL SIGN	DSE
CALL SIGN KTIVDT KTIVDT2 KTIVDT3	DSE 0.25 0.25 0.25		DSE	CALL SIGN KTIVDT KTIVDT2 KTIVDT3	DSE           0.25           0.25           0.25	CALL SIGN	DSE
CALL SIGN KTIVDT KTIVDT2 KTIVDT3	DSE 0.25 0.25 0.25		DSE	CALL SIGN KTIVDT KTIVDT2 KTIVDT3	DSE           0.25           0.25           0.25	CALL SIGN	DSE
CALL SIGN KTIVDT KTIVDT2 KTIVDT3	DSE 0.25 0.25 0.25		DSE	CALL SIGN KTIVDT KTIVDT2 KTIVDT3	DSE           0.25           0.25           0.25	CALL SIGN	DSE
CALL SIGN KTIVDT KTIVDT2 KTIVDT3 KTIVDT4	DSE 0.25 0.25 0.25		DSE	CALL SIGN KTIVDT KTIVDT2 KTIVDT3	DSE           0.25           0.25           0.25	CALL SIGN	DSE
CALL SIGN KTIVDT KTIVDT2 KTIVDT3 KTIVDT4	DSE 0.25 0.25 0.25			CALL SIGN KTIVDT KTIVDT2 KTIVDT3 KTIVDT4	ROLFE  DSE 0.25 0.25 0.25	CALL SIGN	
CALL SIGN KTIVDT KTIVDT2 KTIVDT3 KTIVDT4	DSE 0.25 0.25 0.25	CALL SIGN	1.00	CALL SIGN KTIVDT KTIVDT2 KTIVDT3 KTIVDT4	ROLFE  DSE 0.25 0.25 0.25		1.00
CALL SIGN KTIVDT KTIVDT2 KTIVDT3 KTIVDT4 Total DSEs Gross Receipts Thir	DSE 0.25 0.25 0.25 0.25	CALL SIGN	1.00 707.40	CALL SIGN KTIVDT KTIVDT2 KTIVDT3 KTIVDT4	ROLFE DSE 0.25 0.25 0.25 0.25 0.25 0.25		<u>1.00</u> 13,794.30
CALL SIGN KTIVDT KTIVDT2 KTIVDT3 KTIVDT4	DSE 0.25 0.25 0.25 0.25	CALL SIGN	1.00	CALL SIGN KTIVDT KTIVDT2 KTIVDT3 KTIVDT4	ROLFE DSE 0.25 0.25 0.25 0.25 0.25 0.25		1.00
CALL SIGN (TIVDT2 (TIVDT3 (TIVDT4 CTIVDT4 CTIVDT4 CTIVDT4 CTIVDT4 CTIVDT5 C	DSE 0.25 0.25 0.25 0.25	CALL SIGN	1.00 707.40	CALL SIGN KTIVDT KTIVDT2 KTIVDT3 KTIVDT4	ROLFE DSE 0.25 0.25 0.25 0.25 0.25 0.25	<u>\$</u>	<u>1.00</u> 13,794.30
CALL SIGN (TIVDT2 (TIVDT3 (TIVDT4 CTIVDT4 CTIVDT4 CTIVDT4 CTIVDT4 CTIVDT5 C	DSE 0.25 0.25 0.25 0.25	CALL SIGN	1.00 707.40	CALL SIGN KTIVDT KTIVDT2 KTIVDT3 KTIVDT4	ROLFE DSE 0.25 0.25 0.25 0.25 0.25 0.25	<u>\$</u>	<u>1.00</u> 13,794.30
CALL SIGN (TIVDT2 (TIVDT3 (TIVDT4 (TIVDT4 COMPANY (TIVDT4 COMPANY C	DSE 0.25 0.25 0.25 0.25 0.25 0.26 0.25 0.26 0.26 0.26 0.25 0.26 0.25 0.25 0.25 0.25 0.25 0.25 0.25 0.25	CALL SIGN	1.00 707.40 7.53	CALL SIGN KTIVDT KTIVDT2 KTIVDT3 KTIVDT4	ROLFE DSE 0.25 0.25 0.25	<u>\$</u>	<u>1.00</u> 13,794.30
CALL SIGN KTIVDT KTIVDT3 KTIVDT4 CALL SIGN KTIVDT4 KTIVDT4 CALL SIGN CALL SIGN KTIVDT4 CALL SIGN KTIVDT3 KTIVDT3 KTIVDT3 KTIVDT3 KTIVDT4 CALL SIGN KTIVDT3 KTIVDT3 KTIVDT3 KTIVDT3 KTIVDT4 CALL SIGN KTIVDT3 KTIVDT3 KTIVDT3 KTIVDT4 CALL SIGN KTIVDT3 KTIVDT3 KTIVDT4 CALL SIGN KTIVDT3 KTIVDT4 CALL SIGN KTIVDT3 KTIVDT4 CALL SIGN KTIVDT4 CALL SIGN KTIVDT4 CALL SIGN KTIVDT3 KTIVDT4 CALL SIGN KTIVDT4 CALL SIGN KTIVDT4 KTIVT4 KTIVDT4 KTIVDT4 KTIVDT4 KTIVT4 KTIVT4 KTIVDT4 KT	DSE 0.25 0.25 0.25 0.25 0.25 0.26 0.25 0.26 0.26 0.26 0.25 0.26 0.25 0.25 0.25 0.25 0.25 0.25 0.25 0.25	CALL SIGN	1.00 707.40 7.53	CALL SIGN KTIVDT KTIVDT2 KTIVDT3 KTIVDT4 Total DSEs Gross Receipts Fourth Base Rate Fee Fourth	ROLFE DSE 0.25 0.25 0.25	<u>\$</u>	<u>1.00</u> 13,794.30

Name

SYSTEM ID#

63492

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FORM SA3E. PAGE 19.

LEGAL NAME OF OWNER OF CABLE SYSTEM:

NORTHERN IOWA COMMUNICATIONS PARTNERS

	COMPLITATION	OF RACE P	ATE FEES FOR EA				
	SUBSCRIBER GRO		11		SUBSCRIBER GRC	)UP	
			COMMUNITY/ ARE				Comp
CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	compt
KTIVDT 0.25			KTIVDT	0.25			Base R
KTIVDT2 0.25			KTIVDT2	0.25			a
KTIVDT3 0.25			KTIVDT3	0.25			Syndi
KTIVDT4 0.25			KTIVDT4	0.25			Exclu
							Surch
							fo
							Part
							Dist
							Stati
				······			
otal DSEs		1.00	Total DSEs			1.00	
Gross Receipts First Group	\$	9,196.20	Gross Receipts Sec	ond Group	\$	49,518.00	
	-	,	· · ·	•			
Base Rate Fee First Group	\$	97.85	Base Rate Fee Sec	cond Group	\$	526.87	
			Base Rate Fee Sec	•		I	
FIFTEENTH	SUBSCRIBER GRO			SIXTEENTH	SUBSCRIBER GRC	I	
FIFTEENTH	SUBSCRIBER GRO		Base Rate Fee Sec	SIXTEENTH	SUBSCRIBER GRC	I	
FIFTEENTH	SUBSCRIBER GRO	DUP	COMMUNITY/ ARE	SIXTEENTH	SUBSCRIBER GRC	DUP	
FIFTEENTH COMMUNITY/ AREA HAVEL	SUBSCRIBER GRO		COMMUNITY/ ARE	SIXTEENTH A WHITTEN DSE	SUBSCRIBER GRC	I	
FIFTEENTH       COMMUNITY/ AREA     HAVEL       CALL SIGN     DSE       CTIVDT     0.25	SUBSCRIBER GRO	DUP	COMMUNITY/ ARE CALL SIGN	SIXTEENTH A WHITTEN DSE 0.25	SUBSCRIBER GRC	DUP	
FIFTEENTH COMMUNITY/ AREA HAVEL CALL SIGN DSE CTIVDT 0.25 CTIVDT2 0.25	SUBSCRIBER GRO	DUP	COMMUNITY/ ARE CALL SIGN KTIVDT KTIVDT2	SIXTEENTH A WHITTEN DSE 0.25 0.25	SUBSCRIBER GRC	DUP	
FIFTEENTH COMMUNITY/ AREA HAVEL CALL SIGN DSE (TIVDT 0.25 (TIVDT2 0.25 (TIVDT3 0.25	SUBSCRIBER GRO	DUP	COMMUNITY/ ARE COLL SIGN KTIVDT KTIVDT2 KTIVDT3	SIXTEENTH A WHITTEN DSE 0.25 0.25 0.25	SUBSCRIBER GRC	DUP	
FIFTEENTH COMMUNITY/ AREA HAVEL CALL SIGN DSE (TIVDT 0.25 (TIVDT2 0.25 (TIVDT3 0.25	SUBSCRIBER GRO	DUP	COMMUNITY/ ARE CALL SIGN KTIVDT KTIVDT2	SIXTEENTH A WHITTEN DSE 0.25 0.25	SUBSCRIBER GRC	DUP	
FIFTEENTH COMMUNITY/ AREA HAVEL CALL SIGN DSE (TIVDT 0.25 (TIVDT2 0.25 (TIVDT3 0.25	SUBSCRIBER GRO	DUP	COMMUNITY/ ARE COLL SIGN KTIVDT KTIVDT2 KTIVDT3	SIXTEENTH A WHITTEN DSE 0.25 0.25 0.25	SUBSCRIBER GRC	DUP	
FIFTEENTH COMMUNITY/ AREA HAVEL CALL SIGN DSE (TIVDT 0.25 (TIVDT2 0.25 (TIVDT3 0.25)	SUBSCRIBER GRO	DUP	COMMUNITY/ ARE COLL SIGN KTIVDT KTIVDT2 KTIVDT3	SIXTEENTH A WHITTEN DSE 0.25 0.25 0.25	SUBSCRIBER GRC	DUP	
FIFTEENTH COMMUNITY/ AREA HAVEL CALL SIGN DSE CTIVDT 0.25 CTIVDT2 0.25 CTIVDT3 0.25	SUBSCRIBER GRO	DUP	COMMUNITY/ ARE COLL SIGN KTIVDT KTIVDT2 KTIVDT3	SIXTEENTH A WHITTEN DSE 0.25 0.25 0.25	SUBSCRIBER GRC	DUP	
FIFTEENTH COMMUNITY/ AREA HAVEL CALL SIGN DSE CTIVDT 0.25 CTIVDT2 0.25 CTIVDT3 0.25	SUBSCRIBER GRO	DUP	COMMUNITY/ ARE COLL SIGN KTIVDT KTIVDT2 KTIVDT3	SIXTEENTH A WHITTEN DSE 0.25 0.25 0.25	SUBSCRIBER GRC	DUP	
FIFTEENTH OMMUNITY/ AREA HAVEL CALL SIGN DSE CTIVDT 0.25 CTIVDT2 0.25 CTIVDT3 0.25	SUBSCRIBER GRO	DUP	COMMUNITY/ ARE COLL SIGN KTIVDT KTIVDT2 KTIVDT3	SIXTEENTH A WHITTEN DSE 0.25 0.25 0.25	SUBSCRIBER GRC	DUP	
FIFTEENTH COMMUNITY/ AREA HAVEL CALL SIGN DSE CTIVDT 0.25 CTIVDT2 0.25 CTIVDT3 0.25	SUBSCRIBER GRO	DUP	COMMUNITY/ ARE COLL SIGN KTIVDT KTIVDT2 KTIVDT3	SIXTEENTH A WHITTEN DSE 0.25 0.25 0.25	SUBSCRIBER GRC	DUP	
FIFTEENTH COMMUNITY/ AREA HAVEL CALL SIGN DSE (TIVDT 0.25 (TIVDT2 0.25 (TIVDT3 0.25	SUBSCRIBER GRO	DUP	COMMUNITY/ ARE COLL SIGN KTIVDT KTIVDT2 KTIVDT3	SIXTEENTH A WHITTEN DSE 0.25 0.25 0.25	SUBSCRIBER GRC	DUP	
FIFTEENTH COMMUNITY/ AREA HAVEL CALL SIGN DSE (TIVDT 0.25 (TIVDT2 0.25 (TIVDT3 0.25)	SUBSCRIBER GRO	DUP	COMMUNITY/ ARE COLL SIGN KTIVDT KTIVDT2 KTIVDT3	SIXTEENTH A WHITTEN DSE 0.25 0.25 0.25	SUBSCRIBER GRC	DUP	
FIFTEENTH COMMUNITY/ AREA HAVEL CALL SIGN DSE (TIVDT 0.25 (TIVDT2 0.25 (TIVDT3 0.25)	SUBSCRIBER GRO	DUP	COMMUNITY/ ARE COLL SIGN KTIVDT KTIVDT2 KTIVDT3	SIXTEENTH A WHITTEN DSE 0.25 0.25 0.25	SUBSCRIBER GRC	DUP	
FIFTEENTH OMMUNITY/ AREA HAVEL CALL SIGN DSE CTIVDT 0.25 CTIVDT2 0.25 CTIVDT3 0.25	SUBSCRIBER GRO	DUP	COMMUNITY/ ARE COLL SIGN KTIVDT KTIVDT2 KTIVDT3	SIXTEENTH A WHITTEN DSE 0.25 0.25 0.25	SUBSCRIBER GRC	DUP	
FIFTEENTH COMMUNITY/ AREA HAVEL CALL SIGN DSE (TIVDT 0.25 (TIVDT2 0.25 (TIVDT3 0.25 (TIVDT4 0.25 (TIVDT4 0.25 (TIVDT4 0.25	SUBSCRIBER GRO		COMMUNITY/ ARE COLL SIGN KTIVDT KTIVDT2 KTIVDT3 KTIVDT4	SIXTEENTH A WHITTEN DSE 0.25 0.25 0.25	SUBSCRIBER GRC	DUP DSE	
FIFTEENTH COMMUNITY/ AREA HAVEL CALL SIGN DSE CTIVDT 0.25 CTIVDT2 0.25 CTIVDT3 0.25 CTIVDT4 0.25 CTIVDT4 0.25	SUBSCRIBER GRO		COMMUNITY/ ARE COMMUNITY/ ARE CALL SIGN KTIVDT KTIVDT2 KTIVDT3 KTIVDT4 KTIVDT4	SIXTEENTH A WHITTEN DSE 0.25 0.25 0.25 0.25	SUBSCRIBER GRC		
FIFTEENTH COMMUNITY/ AREA HAVEL CALL SIGN DSE KTIVDT 0.25 KTIVDT2 0.25 KTIVDT3 0.25 KTIVDT4 0.25 KTIVDT4 0.25	SUBSCRIBER GRO		COMMUNITY/ ARE COLL SIGN KTIVDT KTIVDT2 KTIVDT3 KTIVDT4	SIXTEENTH A WHITTEN DSE 0.25 0.25 0.25 0.25	SUBSCRIBER GRC	DUP DSE	
COMMUNITY/ AREA HAVEL CALL SIGN DSE KTIVDT 0.25 KTIVDT2 0.25 KTIVDT3 0.25	SUBSCRIBER GRO		COMMUNITY/ ARE COMMUNITY/ ARE CALL SIGN KTIVDT KTIVDT2 KTIVDT3 KTIVDT4 KTIVDT4	SIXTEENTH A WHITTEN DSE 0.25 0.25 0.25 0.25	SUBSCRIBER GRC		
FIFTEENTH COMMUNITY/ AREA HAVEL CALL SIGN DSE KTIVDT 0.25 KTIVDT2 0.25 KTIVDT3 0.25 KTIVDT4 0.25 KTIVDT4 0.25	SUBSCRIBER GRO		COMMUNITY/ ARE COMMUNITY/ ARE CALL SIGN KTIVDT KTIVDT2 KTIVDT3 KTIVDT4 KTIVDT4	SIXTEENTH A WHITTEN DSE 0.25 0.25 0.25 0.25 0.25	SUBSCRIBER GRC		

SYSTEM ID#

FORM SA3E. PAGE 19.

LEGAL NAME OF OWNER OF CABLE SYSTEM:

LEGAL NAME OF OWNEF			TNERS			S	YSTEM ID# 63492	Name
В	LOCK A: (	COMPUTATION OF	BASE RA	TE FEES FOR EACH	SUBSCRIE	ER GROUP		
		SUBSCRIBER GROU		11		SUBSCRIBER GROU	JP	9
COMMUNITY/ AREA	AYRSHI	RE - GILLETTE O	ROVE	COMMUNITY/ AREA	SWEA CI	ТҮ		-
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of
CALL SIGN	DSE	CALL SIGN	DGE	KEYCDT	0.25	CALL SIGN	DGE	Base Rate Fee
					0.20			and
								Syndicated
								Exclusivity
								Surcharge
								for
								Partially
								Distant Stations
								Stations
Total DSEs			0.00	Total DSEs			0.25	
Gross Receipts First Gro	oup	\$ 9	,903.60	Gross Receipts Second	d Group	\$	17,474.10	
Base Rate Fee First Gro	oup	\$	0.00	Base Rate Fee Second		\$	46.48	
NIN	ITEENTH :	SUBSCRIBER GROU	IP	Т <u>т</u>	VENTIETH	SUBSCRIBER GROU	JP	
COMMUNITY/ AREA	ALGON	A		COMMUNITY/ AREA GRAETTINGER - WALLINGFORD				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
KEYCDT	0.25							
KEYCDT2	0.25							
Total DSEs			0.50	Total DSEs			0.00	
Gross Receipts Third Group \$ 251,749.44		,749.44	Gross Receipts Fourth Group \$ 102,900.00		02,900.00			
		220.04		Creative				
Base Rate Fee Third G	oup	\$ 1	,339.31	Base Rate Fee Fourth	Group	\$	0.00	
<b>Base Rate Fee:</b> Add the Enter here and in block	e <b>base rate</b> 3, line 1, sp	fees for each subscr ace L (page 7)	ber group a	is shown in the boxes abo	ove.	\$		

EGAL NAME OF OWNE			RTNERS			5	63492
	BLOCK A:	COMPUTATION C	F BASE RA	ATE FEES FOR EAG	CH SUBSCR	IBER GROUP	
		SUBSCRIBER GRO	UP		SECOND	SUBSCRIBER GROU	JP
COMMUNITY/ AREA	TITON	A-BURT		COMMUNITY/ ARE	A		0
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
	DOL	OF ALL OF OT	DOL		DOL		002
							·····
							·····
					••••••		
otal DSEs			0.00	Total DSEs			0.00
Bross Receipts First G	roup	\$ 54	4,047.70	Gross Receipts Sec	ond Group	\$	0.00
<b>ase Rate Fee</b> First G	roup	\$	0.00	Base Rate Fee Sec	cond Group	\$	0.00
	THIRD	SUBSCRIBER GRO	UP	FOURTH SUBSCRIBER GROUP			
OMMUNITY/ AREA	RUTHV	EN		COMMUNITY/ AREA ROYAL			
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
							·····
			•				
			0.00	Total DSEs			0.00
iross Receipts Third G	Group	\$ 9	5,100.00	Gross Receipts Fou	irth Group	\$	33,915.00
	Group	\$	0.00	Base Rate Fee Fou	irth Group	\$	0.00
ase Rate Fee Third G				11			
ase Rate Fee Third G							
	ne base rate	e <b>fees</b> for each subsc	riber group a	as shown in the boxes	above.		

LEGAL NAME OF OWNER			RTNERS				SYSTEM ID# 63492	Name
В	LOCK A:	COMPUTATION C	F BASE RA	TE FEES FOR EAG	CH SUBSCR	BER GROUP		
	FIFTH	SUBSCRIBER GRO	UP		SIXTH	I SUBSCRIBER GRO	UP	•
COMMUNITY/ AREA	ARMST	RONG		COMMUNITY/ ARE	A TERRIL			<b>9</b> Computatio
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	
Gross Receipts First Gr	oup	\$ 5	3,741.10	Gross Receipts Sec	ond Group	\$	24,885.00	
·	·	·	<i>.</i>		·			
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
S	SEVENTH	SUBSCRIBER GRO	UP		EIGHTH	SUBSCRIBER GRO	UP	
COMMUNITY/ AREA	RINGS	TED		COMMUNITY/ AREA PALMER				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
			0.00				0.00	
Gross Receipts Third G	roup	<u>\$</u> 3	2,970.00	Gross Receipts Fou	rth Group	\$	30,264.00	
Base Rate Fee Third Group \$ 0.00		0.00	Base Rate Fee Fou	rth Group	\$	0.00		
				11				
ase Rate Fee: Add the		<b>e fees</b> for each subsc pace L (page 7)	riber group a	s shown in the boxes	above.	\$		

LEGAL NAME OF OWNE			RTNERS				SYSTEM ID# 63492	Name
	BLOCK A:	COMPUTATION C	OF BASE RA	ATE FEES FOR EA	CH SUBSCR	IBER GROUP		
		SUBSCRIBER GRC	UP			I SUBSCRIBER GRO	UP	•
COMMUNITY/ AREA	POCAH	IONTAS		COMMUNITY/ ARE	A PLOVE	R		<b>9</b> 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
otal DSEs			0.00	Total DSEs			0.00	
iross Receipts First G	roup	<u>\$</u> 3	5,370.00	Gross Receipts Sec	cond Group	\$	4,598.10	
<b>ase Rate Fee</b> First G	roup	\$	0.00	Base Rate Fee Sec	cond Group	\$	0.00	
		SUBSCRIBER GRC				I SUBSCRIBER GRO		
OMMUNITY/ AREA			1012	COMMUNITY/ ARE				
OMMONT IT AREA	CONLL				A ROLFE			
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
			0.00					
otal DSEs			0.00	Total DSEs			0.00	
Bross Receipts Third G	Group	\$	707.40	Gross Receipts Fou	irth Group	\$	13,794.30	
Base Rate Fee Third G	Group	\$	0.00	Base Rate Fee Fou	irth Group	\$	0.00	
	<b>.</b>	- <b>6</b> 6 1						
ase Rate Fee: Add the nter here and in block			mber group a	as shown in the boxes	above.	\$		

NORTHERN IOWA		JNICATIONS PA	RTNERS				SYSTEM ID# 63492	N
				ATE FEES FOR EACH				
		SUBSCRIBER GRO	DUP			SUBSCRIBER GRO	OUP	
COMMUNITY/ AREA	MALLA	ARD		COMMUNITY/ AREA	WEST E	BEND		0
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Con
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DGE	CALL SIGN	DSE	Base
								Syr
								Exc
								Su
								Pa
								Di
								Sta
					•••			
					•••			
					•••			
otal DSEs			0.00	Total DSEs			0.00	
iross Receipts First G	roup	\$	9,196.20	Gross Receipts Secon	d Group	\$	49,518.00	
ase Rate Fee First G	roup	\$	0.00	Base Rate Fee Secon	d Group	\$	0.00	
F	IFTEENTH	SUBSCRIBER GRO	OUP	5	SIXTEENTH	H SUBSCRIBER GRO	OUP	
OMMUNITY/ AREA	HAVEL	.OCK		COMMUNITY/ AREA WHITTEMORE				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
					•••			
			•••••		•••			
otal DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	Group	s 1	0,257.30	Gross Receipts Fourth Group \$ 18,038.70			18,038.70	
		·			k	·		
Base Rate Fee Third G	Group	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
ase Rate Fee: Add the nter here and in block			criber group a	as shown in the boxes ab	ove.	s		
	. J, III E I, S	pace L (paye /)				φ		

EGAL NAME OF OWNE			RTNERS				SYSTEM ID# 63492
				TE FEES FOR EACH			
		SUBSCRIBER GRO		11		I SUBSCRIBER GRO	DUP
COMMUNITY/ AREA	AYRSH	IRE - GILLETTE	GROVE	COMMUNITY/ AREA	SWEA C	CITY	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
							·····
			0.00				0.00
tal DSEs				Total DSEs			
oss Receipts First G	roup	\$	9,903.60	Gross Receipts Secon	d Group	\$	17,474.10
<b>se Rate Fee</b> First G	roup	\$	0.00	Base Rate Fee Secon	d Group	\$	0.00
NI	NTEENTH	SUBSCRIBER GRO	)UP	Т	WENTIETH	I SUBSCRIBER GRO	)UP
MMUNITY/ AREA	ALGON			COMMUNITY/ AREA		TINGER - WALLI	
ALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
Total DSEs 0.00			Total DSEs			0.00	
Gross Receipts Third Group \$ 251,749.44		Gross Receipts Fourth Group \$ 102,900.00		102,900.00			
ase Rate Fee Third G	Group	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00
ase Rate Fee: Add th	e base rate	fees for each subs	criber aroup a	as shown in the boxes ab	ove		
		pace L (page 7)				\$	

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

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

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

		FORM SA3E. PAGE 20.						
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: NORTHERN IOWA COMMUNICATIONS PARTNERS	SYSTEM ID# 63492						
	BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP							
<b>9</b> Computation of Base Rate Fee and Syndicated Exclusivity Surcharge for Partially Distant Stations	If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you must also compute a Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined by section 76.5 of FCC rules in effect on June 24, 1981:							
	THIRTEENTH SUBSCRIBER GROUP	FOURTEENTH SUBSCRIBER GROUP						
	Line 1: Enter the VHF DSEs           Line 2: Enter the Exempt DSEs	Line 1: Enter the VHF DSEs						
	Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation	Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation						
	FIFTEENTH SUBSCRIBER GROUP	SIXTEENTH SUBSCRIBER GROUP						
	Line 1: Enter the VHF DSEs	Line 1: Enter the VHF DSEs Line 2: Enter the Exempt DSEs Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation						
	SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for ea in the boxes above. Enter here and in block 4, line 2 of space L (page a	ach subscriber group as shown /)						

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