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

SA3E Long Form

STATEMENT OF ACCOUNT

for Secondary Transmissions by Cable Systems (Long Form)

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

FOR COPYRIGHT OFFICE USE ONLY					
DATE RECEIVED	AMOUNT				
2-28-24	\$ ALLOCATION NUMBER				

Return completed workbook by email to:

coplicsoa@copyright.gov

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

Α	ACCOUNTING PERIOD COVERED BY THIS STATEMENT:						
Accounting	2023/2						
Period							
B Owner	Instructions: Give the full legal name of the owner of the cable system. If the owner is a rate title of the subsidiary, not that of the parent corporation. List any other name or names under which the owner conducts the busines If there were different owners during the accounting period, only the owner a single statement of account and royalty fee payment covering the entire accounts. Check here if this is the system's first filing. If not, enter the system's ID II.	s of the cable syster on the last day of th unting period.	m. e accounting period should sur	bmit	34166		
	LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM						
	Armstrong Utilities, Inc.						
				3416620)232		
				34166 20	23/2		
	One Armstrong Place						
	Butler, PA 16001						
С	INSTRUCTIONS: In line 1, give any business or trade names used to it	•			se		
•	names already appear in space B. In line 2, give the mailing address o	f the system, if dif	ferent from the address giv	en in space B.			
System	1 DENTIFICATION OF CABLE SYSTEM:						
	Zelienople Head End MAILING ADDRESS OF CABLE SYSTEM:						
	2 (Number, street, rural route, apartment, or suite number)						
	Zelienople, PA 16063 (City, town, state, zip code)						
D	In the still a second state of the state of	b - 4b fb		li-t 41-			
	Instructions: For complete space D instructions, see page 1b. Identify	only the list com	munity served below and re	ilst on page 1b	'		
Area Served	with all communities. CITY OR TOWN	STATE					
First		PA					
Community	Below is a sample for reporting communities if you report multiple cha		Space G				
	CITY OR TOWN (SAMPLE)	STATE	CH LINE UP	SUB GRP	9 #		
Sample	Alda	MD	Α	1			
Janipie	Alliance	MD	В	2			
	Gering	MD	В	3			

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Office to collect the personally identifying information (PII) requested on 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.

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Name LEGAL NAME OF OWNER OF CABLE SYSTEM:

Armstrong Utilities, Inc.

SYSTEM ID#

Ε

Secondary Transmission Service: Subscribers and Rates

SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

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

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

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

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

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

BLOCK 1			BLOCK 2			
	NO. OF		NO. OF			
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE SUBSCRIBERS RATE			
Residential:						
Service to first set	115,866	\$ 45.45				
 Service to additional set(s) 						
 FM radio (if separate rate) 						
Motel, hotel						
Commercial						
Converter						
Residential						
Non-residential						
1	r	7				

F

Services Other Than Secondary Transmissions: Rates

SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

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

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

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

	BLOCK 2			
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE RATE
Continuing Services:		Installation: Non-residential		
• Pay cable	\$ 20.95	Motel, hotel		
 Pay cable—add'l channel 	\$17.95/14.95	Commercial		
Fire protection		Pay cable		
 Burglar protection 		Pay cable-add'l channel		
Installation: Residential		Fire protection		
• First set		Burglar protection		
 Additional set(s) 		Other services:		
• FM radio (if separate rate)		Reconnect	\$ 20.00	
Converter		Disconnect		
		Outlet relocation		
		Move to new address		

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 34166 Armstrong Utilities, Inc. PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a Primary Transmitters: substitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program Television basis under specifc FCC rules, regulations, or authorizations: • Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AA 2. B'CAST 3. TYPE 4. DISTANT? 5. BASIS OF 1. CALL 6. LOCATION OF STATION SIGN CHANNEL OF CARRIAGE (Yes or No) STATION NUMBER (If Distant) **WCHS** 8.1 Ν No Charleston, WV WCHS-DT2 N Charleston, WV 8.2 No See instructions for additional information WCHS-DT2-HD 8.2 Ν No Charleston, WV on alphabetization. WCHS-DT3 8.3 I-M No Charleston, WV WCHS-HD 8.1 Ν No Charleston, WV **WKAS** 26 Ε No Ashland, KY Ε WKAS-DT2-HD 26.2 No Ashland, KY E-M WKAS-KET 26.1 No Ashland, KY WKAS-KET-HD Ε 26.1 No Ashland, KY WKAS-KIDS 26.4 E-M No Ashland, KY **WLPX** ı 39 No Charleston, WV WLPX-DT2 ı Charleston, WV 39.2 No WLPX-HD 39.1 T No Charleston, WV **WOWK** N 13 No Huntington, WV **WOWK-DT2** 13.2 I-M No **Huntington, WV** WOWK-DT3 Huntington, WV 13.3 I-M No WOWK-DT4 13.4 I-M **Huntington, WV** No **WOWK-HD** 13.1 N Huntington, WV No

LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	Mana
Armstrong Utilities, Inc.	34166	Name

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

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

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

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,	0 1		•	•	'
		CHANN	EL LINE-UP	AA	
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION
WQCW	17	I-M	No		Portsmouth, OH
WQCW-DT2	30.2	I-M	No		Portsmouth, OH
WQCW-DT3	30.3	I-M	No		Portsmouth, OH
WQCW-DT4	30.4	I-M	No		Portsmouth, OH
WQCW-HD	30.1	I	No		Portsmouth, OH
WSAZ	3	N	No		Huntington, WV
WSAZ-DT2	3.2	I-M	No		Huntington, WV
WSAZ-DT4	3.4	I-M	No		Huntington, WV
WSAZ-DT5	3.5	I-M	No		Huntington, WV
WSAZ-HD	3.1	N	No		Huntington, WV
WTSF	44	I	No		Ashland, KY
WTSF-HD	44.1	ı	No		Ashland, KY
WVAH-DT1	11	I	No		Charleston, WV
WVAH-DT2	11.2	I-M	No		Charleston, WV
WVAH-DT3	11.3	I-M	No		Charleston, WV
WVAH-DT4	11.4	I-M	No		Charleston, WV
WVAH-DT5	11.5	I-M	No		Charleston, WV
WVPB	34	E	No		Huntington, WV

G

Primary
Transmitters:
Television

FURM SAJE. PAGE 3.					SYSTEM ID#		
Armstrong Utili		SIEM:			34166	Name	
PRIMARY TRANSMITTE	RS: TELEVISIO	N					
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Note: If you are utilizin				•	which the station is identifed. channel line-up.		
		CHANN	EL LINE-UP	AA			
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION		
WVPB-HD	34.1	E	No		Huntington, WV		
WVPB-DT2	34.2	E	No		Huntington, WV		

LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	
Armstrong Utilities, Inc.	34166	Name
	1	

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

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

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

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

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

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

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

		CHANN	EL LINE-UP	AB	
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION
KDKA	25	N	No		Pittsburgh, PA
KDKA-HD	25.1	N	No		Pittsburgh, PA
WFMJ	20	N	No		Youngstown, OH
WFMJ-DT2	20.2	I	No		Youngstown, OH
WFMJ-DT2-HD	20.2	I	No		Youngstown, OH
WFMJ-DT3	20.3	I	No		Youngstown, OH
WFMJ-HD	20.1	N	No		Youngstown, OH
WKBN	27	N	No		Youngstown, OH
WKBN-HD	27.1	N	No		Youngstown, OH
WNEO	45	E	Yes	0	Alliance OH
WPCB	50	I	Yes	0	Jeanette, PA
WPCB-DT2	50.2	I-M	Yes	0	Jeanette, PA
WPCB-HD	50.1	I	Yes	Е	Jeanette, PA
WQED	13	E	Yes	0	Pittburgh, PA
WQED-DT2	13.2	E-M	Yes	Е	Pittburgh, PA
WQED-DT3	13.3	E-M	Yes	Е	Pittburgh, PA
WQED-DT4	13.4	E-M	Yes	E	Pittburgh, PA
WQED-DT5	13.5	E-M	Yes	E	Pittburgh, PA

G

Primary
Transmitters:
Television

LEGAL NAME OF OWNER OF CABLE SYSTEM:

Armstrong Utilities, Inc.

SYSTEM ID#
Name

PRIMARY TRANSMITTERS: TELEVISION

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

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

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

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

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

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

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

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

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

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		CHANN	EL LINE-UP	AB	
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION
WQED-HD	13.1	E	Yes	Е	Pittburgh, PA
WYFX	19	I	No		Youngstown, OH
WYFX-DT2	19.2	I-M	No		Youngstown, OH
WYFX-DT3	19.3	I-M	No		Youngstown, OH
WYFX-HD	41.2	I	No		Youngstown, OH
WYFX-LD3	19.5	I-M	No		Youngstown, OH
WYTV	36	N	No		Youngstown, OH
WYTV-HD	36.1	N	No		Youngstown, OH
WYTV-DT2	36.2	I-M	No		Youngstown, OH

G

Primary Transmitters: Television

LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	Mana
Armstrong Utilities, Inc.	34166	Name

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		CHANN	EL LINE-UP	AC	
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION
WATM	23	N	No		Pittsburgh, PA
WATM-DT3	23.3	I-M	No		Pittsburgh, PA
WATM-DT4	23.4	N	No		Pittsburgh, PA
WATM-HD	23.1	N	No		Pittsburgh, PA
WJAC	34	N	No		Johnstown, PA
WJAC-DT2	34.2	I-M	No		Johnstown, PA
WJAC-DT3	34.3	I-M	No		Johnstown, PA
WJAC-DT4	34.4	N	No		Johnstown, PA
WJAC-DT4-HD	34.4	N	No		Johnstown, PA
WJAC-HD	34.1	N	No		Johnstown, PA
WPCB	50	I	Yes	0	Jeanette, PA
WPCB-HD	50.1	I	Yes	Е	Jeanette, PA
WQED	13	E	No		Pittburgh, PA
WQED-HD	13.1	E	No		Pittburgh, PA
WTAE	51	N	No		Pittsburgh, PA
WTAJ	32	N	No		Altoona, PA
WTAJ-DT2	32.2	I-M	No		Altoona, PA
WTAJ-DT3	32.3	I-M	No		Altoona, PA

G

Primary
Transmitters:
Television

5. till 5. to 2. t. 7. to 2. t.		
LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	N
Armstrong Utilities, Inc.	34166	Name

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

		CHANN	EL LINE-UP	AC	
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION
WTAJ-DT4	32.4	I-M	No		Altoona, PA
WTAJ-HD	32.1	N	No		Altoona, PA
WWCP	8.1	I	No		Johnstown, PA
WWCP-DT3	8.3	I-M	No		Johnstown, PA
WWCP-DT4	8.4	I-M	No		Johnstown, PA
WWCP-HD	8.2	I	No		Johnstown, PA

G

Primary
Transmitters:
Television

LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	Mana
Armstrong Utilities, Inc.	34166	Name

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

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

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

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

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

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

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

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

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

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

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

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		CHANN	EL LINE-UP	AD	
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION
KDKA	25	N	No		Pittsburgh, PA
KDKA-DT2	25.2	I-M	No		Pittsburgh, PA
KDKA-HD	25.1	N	No		Pittsburgh, PA
WINP	38	I	No		Pittburgh, PA
WINP-DT2	38.2	I-M	No		Pittsburgh, PA
WINP-HD	38.1	ı	No		Pittsburgh, PA
WPCB	50	I	No		Jeanette, PA
WPCB-DT2	50.2	I-M	No		Jeanette, PA
WPCB-HD	50.1	I	No		Jeanette, PA
WPGH	53	ı	No		Pittsburgh, PA
WPGH-DT2	53.2	I-M	No		Pittsburgh, PA
WPGH-DT3	53.3	I-M	No		Pittsburgh, PA
WPGH-HD	53.1	ı	No		Pittsburgh, PA
WPNT	22	ı	No		Pittsburgh, PA
WPNT-DT2	22.2	I-M	No		Pittsburgh, PA
WPNT-DT3	22.3	I-M	No		Pittsburgh, PA
WPNT-DT4	22.4	I-M	No		Pittsburgh, PA
WPNT-HD	22.1	1	No		Pittsburgh, PA

G

Primary Transmitters: Television

LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	
Armstrong Utilities, Inc.	34166	Name

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

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

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

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

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

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

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

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

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

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

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

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		CHANN	EL LINE-UP	AD	
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION
WPXI	48	N	No		Pittsburgh, PA
WPXI-DT2	48.2	I-M	No		Pittsburgh, PA
WPXI-DT3	48.3	I-M	No		Pittsburgh, PA
WPXI-HD	48.1	N	No		Pittsburgh, PA
WQED	13	E	No		Pittburgh, PA
WQED-DT2	13.2	E-M	No		Pittburgh, PA
WQED-DT3	13.3	E-M	No		Pittburgh, PA
WQED-DT4	13.4	E-M	No		Pittburgh, PA
WQED-DT5	13.5	E-M	No		Pittburgh, PA
WQED-HD	13.1	E	No		Pittburgh, PA
WTAE	51	N	No		Pittsburgh, PA
WTAE-DT2	51.2	I-M	No		Pittsburgh, PA
WTAE-HD	51.1	N	No		Pittsburgh, PA

G

Primary
Transmitters:
Television

. 6.1 6.102.1.1102.0.		
LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	
Armstrong Utilities, Inc.	34166	Name

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

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

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

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

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

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

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

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

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

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

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

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		CHANN	EL LINE-UP	AE	
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION
WFMJ	20	N	No		Youngstown, OH
WFMJ-DT2	20.2	I	No		Youngstown, OH
WFMJ-DT2-HD	20.2	I	No		Youngstown, OH
WFMJ-DT3	20.3	I	No		Youngstown, OH
WFMJ-HD	20.1	N	No		Youngstown, OH
WKBN	27	N	No		Youngstown, OH
WKBN-HD	27.1	N	No		Youngstown, OH
WNEO	45	Е	No		Alliance OH
WNEO-DT2	45.2	E	No		Alliance OH
WNEO-DT3	45.3	E	No		Alliance OH
WNEO-HD	45.1	E	No		Alliance OH
WYFX	19	ı	No		Youngstown, OH
WYFX-DT2	19.2	I-M	No		Youngstown, OH
WYFX-DT3	19.3	I-M	No		Youngstown, OH
WYFX-HD	41.2	I	No		Youngstown, OH
WYFX-LD3	19.5	I-M	No		Youngstown, OH
WYTV	36	N	No		Youngstown, OH
WYTV-DT2	36.2	I-M	No		Youngstown, OH

G

Primary
Transmitters:
Television

LEGAL NAME OF OWN	IER OF CABLE SY	STEM:			SYSTEM ID#	Nama
Armstrong Utili	ities, Inc.				34166	Name
PRIMARY TRANSMITTE	RS: TELEVISIO	N				
carried by your cable s	system during th	ne accounting	period, except (1) stations carried	and low power television stations) only on a part-time basis under in network programs [sections	G
76.59(d)(2) and (4), 76 substitute program bas	6.61(e)(2) and (4 sis, as explaine	4), or 76.63 (re d in the next p	eferring to 76.61 paragraph.	(e)(2) and (4))]; ar	nd (2) certain stations carried on a	Primary Transmitters: Television
 basis under specifc FC Do not list the station station was carried 	here in space	G—but do list		e Special Stateme	nt and Program Log)—if the	
• List the station here,	and also in spa formation conc	ice I, if the sta			Ite basis and also on some other the general instructions located	
each multicast stream cast stream as "WETA WETA-simulcast).	associated with a-2". Simulcast	n a station acc streams must	cording to its over be reported in c	er-the-air designat column 1 (list each	such as HBO, ESPN, etc. Identify on. For example, report multi- stream separately; for example on for broadcasting over-the-air in	
its community of licens on which your cable sy	se. For example stem carried th	e, WRC is Cha e station.	annel 4 in Washi	ngton, D.C. This r	nay be different from the channel	
educational station, by (for independent multic For the meaning of the Column 4: If the state planation of local servi	entering the le cast), "E" (for no ese terms, see p ation is outside ice area, see pa	tter "N" (for neoncommercial cage (v) of the the local servage (v) of the g	etwork), "N-M" (for educational), or egeneral instruc rice area, (i.e. "d general instruction	or network multica "E-M" (for noncor tions located in th istant"), enter "Yes ons located in the	st), "I" (for independent), "I-M" nmercial educational multicast). e paper SA3 form. s". If not, enter "No". For an ex-	
cable system carried the carried the distant stat For the retransmiss	he distant statio ion on a part-tir sion of a distant	on during the a me basis beca multicast stre	accounting perionuse of lack of action that is not si	d. Indicate by entectivated channel cubject to a royalty	ering "LAC" if your cable system	
the cable system and a tion "E" (exempt). For explanation of these th	a primary transı simulcasts, also nree categories	mitter or an as o enter "E". If _y , see page (v)	ssociation repres you carried the c of the general ir	enting the primary channel on any oth nstructions located	r transmitter, enter the designa- er basis, enter "O." For a further I in the paper SA3 form. to which the station is licensed by the	
	Canadian statio	ns, if any, give	e the name of the	e community with	which the station is identifed.	
		CHANN	EL LINE-UP	AE		
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION	
WYTV-HD	36.1	N	No		Youngstown, OH	

LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	Nama
Armstrong Utilities, Inc.	34166	Name
	_	

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

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

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

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

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

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

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

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

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

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

,	0 1		•	•	'
		CHANN	EL LINE-UP	AF	
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION
WBNX	55	I	No		Akron, OH
WBNX-DT2	55.2	I-M	No		Akron, OH
WBNX-DT4	55.4	I-M	No		Akron, OH
WBNX-DT5	55.5	I-M	No		Akron, OH
WBNX-HD	55.1	I	No		Akron, OH
WDLI	17	I	No		Canton, OH
WEWS	5	N	No		Cleveland, OH
WEWS-DT2	5.2	I-M	No		Cleveland, OH
WEWS-DT3	5.3	I-M	No		Cleveland, OH
WEWS-DT4	5.4	I-M	No		Cleveland, OH
WEWS-HD	5.1	N	No		Cleveland, OH
WJW	8	I	No		Cleveland, OH
WJW-DT2	8.2	I-M	No		Cleveland, OH
WJW-DT3	8.3	I-M	No		Cleveland, OH
WJW-DT4	8.4	I-M	No		Cleveland, OH
WJW-HD	8.1	ı	No		Cleveland, OH
WKYC	17	N	No		Cleveland, OH
WKYC-DT2	17.2	I-M	No		Cleveland, OH

G

Primary
Transmitters:
Television

LEGAL NAME OF OWNER OF CABLE SYSTEM:

Armstrong Utilities, Inc.

SYSTEM ID#
Name

PRIMARY TRANSMITTERS: TELEVISION

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

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

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

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

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

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

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

CHANNEL LINE-UP AF							
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION		
WKYC-DT3	17.3	I-M	No		Cleveland, OH		
WKYC-DT4	17.4	I-M	No		Cleveland, OH		
WKYC-HD	17.1	N	No		Cleveland, OH		
WNEO	45	E	No		Alliance OH		
WNEO-HD	45.1	E	No		Alliance OH		
WOIO	10	N	No		Shaker Heights, OH		
WOIO-DT2	10.2	I-M	No		Shaker Heights, OH		
WOIO-DT3	10.3	I-M	No		Shaker Heights, OH		
WOIO-HD	10.1	N	No		Shaker Heights, OH		
WUAB	43	I	No		Lorain, OH		
WUAB-HD	43.1	I	No		Lorain, OH		
WVIZ	25	E	No		Cleveland, OH		
WVIZ-DT2	25.2	E-M	No		Cleveland, OH		
WVIZ-DT3	25.3	E-M	No		Cleveland, OH		
WVIZ-DT4	25.4	E-M	No		Cleveland, OH		
WVIZ-DT5	25.5	E-M	No		Cleveland, OH		
WVIZ-HD	25.1	E	No		Cleveland, OH		
WVPX	23	ı	No		Akron, OH		

G

Primary Transmitters: Television

LEGAL NAME OF OWN	IER OF CABLE SY	STEM.			SYSTEM ID#	
Armstrong Utili		OTEWI.			34166	Namo
PRIMARY TRANSMITTE	RS: TELEVISIO	N				
carried by your cable s FCC rules and regulati 76.59(d)(2) and (4), 76 substitute program bas	system during the system during the system during the system of the syst	ne accounting n June 24, 198 4), or 76.63 (re d in the next p	period, except (31, permitting the eferring to 76.61 paragraph.	(1) stations carried e carriage of certa (e)(2) and (4))]; a	and low power television stations) d only on a part-time basis under ain network programs [sections and (2) certain stations carried on a	G Primary Transmitters: Television
basis under specifc FC Do not list the station station was carried List the station here, basis. For further in in the paper SA3 fo Column 1: List eace each multicast stream cast stream as "WETA WETA-simulcast). Column 2: Give the its community of licens on which your cable sy Column 3: Indicate educational station, by (for independent multic For the meaning of the Column 4: If the sta planation of local servi Column 5: If you ha cable system carried th carried the distant stat For the retransmiss of a written agreement the cable system and a tion "E" (exempt). For s explanation of these th Column 6: Give the	CC rules, regular here in space only on a substand also in spanformation concurre. The station's call associated with associated with a cassociated a cassociated with a cassociated wi	ations, or auth- G—but do list ititute basis. Ice I, if the sta erning substit sign. Do not r n a station acc streams must over the FCC h g, WRC is Cha le station. Whether the stater "N" (for ne concommercial bage (v) of the state of the local serv age (v) of the state of the local serv age (v) of the state of the local serv age in column and basis becan multicast stream or before Ju mitter or an as of enter "E". If y see page (v) ch station. Fo ns, if any, give	orizations: it in space I (the tion was carried ute basis station eport origination cording to its own be reported in coas assigned to the tannel 4 in Wash ation is a network (i.e. "digeneral instruction accounting period area (i.e. "digeneral instruction accounting period area that is not some 30, 2009, be a sociation representations, I are the name of the service of the general in true."	e Special Statemer I both on a substitus, see page (v) on program services er-the-air designal column 1 (list each the television statington, D.C. This rk station, an indefer network multicar "E-M" (for noncostions located in the inplete column 5, sod. Indicate by entictivated channel of ubject to a royalty tween a cable system in the program of the primar channel on any other tructions locate list the community with	ent and Program Log)—if the ute basis and also on some other if the general instructions located is such as HBO, ESPN, etc. Identify ition. For example, report multi- in stream separately; for example on for broadcasting over-the-air in imay be different from the channel pendent station, or a noncommercial ast), "I" (for independent), "I-M" immercial educational multicast). ie paper SA3 form. is". If not, enter "No". For an ex- paper SA3 form. tating the basis on which your ering "LAC" if your cable system capacity. payment because it is the subject tem or an association representing y transmitter, enter the designa- ner basis, enter "O." For a further d in the paper SA3 form. "to which the station is licensed by the which the station is identifed.	Television
		CHANN	EL LINE-UP	AF		
1. CALL SIGN						
WVPX-HD	23.1	I	No		Akron, OH	
					<u> </u>	

LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	Mana
Armstrong Utilities, Inc.	34166	Name

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

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

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

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

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

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

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

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

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

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

CHANNEL LINE-UP AG								
		1	1	7.0				
1. CALL	2. B'CAST	3. TYPE	4. DISTANT?	5. BASIS OF	6. LOCATION OF STATION			
SIGN	CHANNEL	OF	(Yes or No)	CARRIAGE				
	NUMBER	STATION		(If Distant)				
WBOY	12.1	N	No		Clarksburg, WV			
WBOY-DT2	12.2	N	No		Clarksburg, WV			
WBOY-DT2-HD	12.2	N	No		Clarksburg, WV			
WBOY-DT3	12.3	I-M	No		Clarksburg, WV			
WBOY-DT4	12.4	I-M	No		Clarksburg, WV			
WBOY-HD	12.1	N	No		Clarksburg, WV			
WDTV	5	N	No		Weston, WV			
WDTV-DT3	5.3	I-M	No		Weston, WV			
WDTV-DT6	5.6	I-M	No		Weston, WV			
WDTV-HD	5.1	N	No		Weston, WV			
WNPB	33	E	No		Morgtantown, WV			
WNPB-HD	33.1	E	No		Morgtantown, WV			
WTAP	49	N	No		Parkersburg, WV			
WTAP-HD	49.1	N	No		Parkersburg, WV			
WVFX	10	I	No		Clarksburg, WV			
WVFX-DT2	46.2	I-M	No		Clarksburg, WV			
WVFX-DT2-HD	46.2	I-M	No		Clarksburg, WV			
WVFX-DT3	46.3	I-M	No		Clarksburg, WV			

G

Primary
Transmitters:
Television

LEGAL NAME OF OWN	NER OF CABLE SY	STEM:			SYSTEM ID#	Name		
Armstrong Util	ities, Inc.				34166	Name		
PRIMARY TRANSMITTE	ERS: TELEVISIO	N						
carried by your cable s FCC rules and regulat 76.59(d)(2) and (4), 76	system during the ions in effect or 6.61(e)(2) and (4	ne accounting n June 24, 198 4), or 76.63 (re	period, except (31, permitting the eferring to 76.61	1) stations carried e carriage of certa	and low power television stations) d only on a part-time basis under hin network programs [sections and (2) certain stations carried on a	G Primary		
substitute program ba Substitute Basis \$			• .	carried by your ca	able system on a substitute program	Transmitters: Television		
basis under specifc F0 • Do not list the station	basis under specifc FCC rules, regulations, or authorizations: • Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis.							
List the station here, basis. For further in	and also in spa nformation conc	ice I, if the sta			ute basis and also on some other f the general instructions located			
each multicast stream cast stream as "WETA WETA-simulcast).	ch station's call associated with A-2". Simulcast	n a station acc streams must	cording to its over be reported in o	er-the-air designat column 1 (list each	s such as HBO, ESPN, etc. Identify ion. For example, report multi- n stream separately; for example on for broadcasting over-the-air in			
its community of licens	se. For example	e, WRC is Cha	-		may be different from the channel			
on which your cable sy	,		ation is a networ	k station an inde	pendent station, or a noncommercial			
educational station, by (for independent multi- For the meaning of the Column 4: If the st planation of local serv	/ entering the le cast), "E" (for no ese terms, see pation is outside ice area, see pa	tter "N" (for neoncommercial bage (v) of the the local servage (v) of the	etwork), "N-M" (for educational), or egeneral instruc rice area, (i.e. "d general instruction	or network multica "E-M" (for nonco tions located in th istant"), enter "Ye ons located in the	st), "I" (for independent), "I-M" mmercial educational multicast). e paper SA3 form. s". If not, enter "No". For an ex-			
cable system carried t carried the distant stat For the retransmiss of a written agreemen	he distant static tion on a part-tir sion of a distant t entered into or	on during the a me basis beca multicast stre n or before Ju	accounting perionuse of lack of action that is not some 30, 2009, bet	d. Indicate by ento ctivated channel of ubject to a royalty ween a cable sys	ering "LAC" if your cable system			
tion "E" (exempt). For explanation of these th Column 6: Give the	simulcasts, also nree categories e location of ea	o enter "E". If y , see page (v) ch station. Fo	you carried the coording of the general in r U.S. stations, I	channel on any other restructions located ist the community	to which the station is licensed by the which the station is licensed by the which the station is licensed by the which the station is identifed.			
Note: If you are utilizing	ng multiple char	nnel line-ups,	use a separate s	space G for each	channel line-up.			
		CHANN	EL LINE-UP	AG				
1. CALL SIGN								
WVFX-HD	46.1	ı	No		Clarksburg, WV			
				•				
		<u> </u>						

LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	Nama
Armstrong Utilities, Inc.	34166	Name

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

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

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

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

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

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

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

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

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

•	0 .		•	•	'
		CHANN	EL LINE-UP	AH	
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION
WCHS	8.1	N	No		Charleston, WV
WCHS-DT2	8.2	N	No		Charleston, WV
WCHS-DT2-HD	8.2	N	No		Charleston, WV
WCHS-DT3	8.3	I-M	No		Charleston, WV
WCHS-hd	8.1	N	No		Charleston, WV
WKAS	26	E	No		Ashland, KY
WKAS-DT2-HD	26.2	E	No		Ashland, KY
WKAS-KET	26.1	E-M	No		Ashland, KY
WKAS-KET-HD	26.1	E	No		Ashland, KY
WKAS-KIDS	26.4	E-M	No		Ashland, KY
WLPX	39	I	No		Charleston, WV
WLPX-DT2	39.2	I	No		Charleston, WV
WLPX-HD	39.1	I	No		Charleston, WV
WOWK	13	N	No		Huntington, WV
WOWK-DT2	13.2	I-M	No		Huntington, WV
WOWK-DT3	13.3	I-M	No		Huntington, WV
WOWK-DT4	13.4	I-M	No		Huntington, WV
WOWK-HD	13.1	N	No		Huntington, WV

G

Primary
Transmitters:
Television

LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	Nama
Armstrong Utilities, Inc.	34166	Name

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

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

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

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

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

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

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

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

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

		CHANN	EL LINE-UP	AH	
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION
WQCW	17	I-M	No		Portsmouth, OH
WQCW-DT2	30.2	I-M	No		Portsmouth, OH
WQCW-DT3	30.3	I-M	No		Portsmouth, OH
WQCW-DT4	30.4	I-M	No		Portsmouth, OH
WQCW-DT5	30.5	I-M	No		Portsmouth, OH
WQCW-HD	30.1	I	No		Portsmouth, OH
WSAZ	3	N	No		Huntington, WV
WSAZ-DT2	3.2	I-M	No		Huntington, WV
WSAZ-DT4	3.4	I-M	No		Huntington, WV
WSAZ-DT5	3.5	I-M	No		Huntington, WV
WSAZ-HD	3.1	N	No		Huntington, WV
WTSF	44	ı	No		Ashland, KY
WTSF-HD	44.1	ı	No		Ashland, KY
WVAH-DT1	11	I	No		Charleston, WV
WVAH-DT2	11.2	I-M	No		Charleston, WV
WVAH-DT3	11.3	I-M	No		Charleston, WV
WVAH-DT4	11.4	I-M	No		Charleston, WV
WVAH-DT5	11.5	I-M	No		Charleston, WV

G

Primary
Transmitters:
Television

FORM SA3E. PAGE 3.					0.407514 10.41	
LEGAL NAME OF OWN		STEM:			SYSTEM ID#	Name
Armstrong Util					34166	
PRIMARY TRANSMITTE	ERS: TELEVISIO	N				
•			, ,		and low power television stations)	G
		-	-	. ,	d only on a part-time basis under nin network programs [sections	•
•			• •	•	nd (2) certain stations carried on a	Primary
substitute program ba			• .			Transmitters:
basis under specifc FC				carried by your ca	able system on a substitute program	Television
	, 0	,		e Special Stateme	ent and Program Log)—if the	
station was carried	-					
·	•				ute basis and also on some other f the general instructions located	
in the paper SA3 fo		citiing substit	ate basis station	is, see page (v) of	The general metrodions located	
		-			s such as HBO, ESPN, etc. Identify	
			•	•	ion. For example, report multi- stream separately; for example	
WETA-simulcast).	t Z . Omnaioaot	ou camo maci	bo roportou iii c	ordinin i (not odor	remean esparately, for example	
			-		on for broadcasting over-the-air in	
on which your cable sy	•		annel 4 in Wash	ington, D.C. This	may be different from the channel	
	*		ation is a netwo	rk station, an inde	pendent station, or a noncommercial	
·	-	•	, ,		ast), "I" (for independent), "I-M"	
For the meaning of the	,		,.	,	mmercial educational multicast). e paper SA3 form	
Column 4: If the st	ation is outside	the local serv	rice area, (i.e. "d	listant"), enter "Ye	s". If not, enter "No". For an ex-	
planation of local serv					paper SA3 form. tating the basis on which your	
•			-	•	ering "LAC" if your cable system	
carried the distant stat	tion on a part-tir	ne basis beca	use of lack of a	ctivated channel o	apacity.	
					payment because it is the subject tem or an association representing	
-					y transmitter, enter the designa-	
` ',			•	•	ner basis, enter "O." For a further	
	-		-		d in the paper SA3 form. to which the station is licensed by the	
				-	which the station is identifed.	
Note: If you are utilizing	ng multiple char	nel line-ups,	use a separate s	space G for each	channel line-up.	
		CHANN	EL LINE-UP	AH		
1. CALL	2. B'CAST	3. TYPE	4. DISTANT?	5. BASIS OF	6. LOCATION OF STATION	
SIGN	CHANNEL	OF	(Yes or No)	CARRIAGE	o. Eog. Mon of other on	
	NUMBER	STATION	, ,	(If Distant)		
WVPB	34	E	No		Huntington, WV	
WVPB-DT2	34.2	Е	No		Huntington, WV	
WVPB-HD	34.1	Е	No		Huntington, WV	
					-	
	<u> </u>					
	-				<u> </u>	

LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	
Armstrong Utilities, Inc.	34166	Name

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

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

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CHANNEL LINE-UP AI								
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION			
KDKA	25	N	No		Pittsburgh, PA			
KDKA-DT2	25.2	I-M	No		Pittsburgh, PA			
KDKA-HD	25.1	N	No		Pittsburgh, PA			
WINP	38	I	No		Pittburgh, PA			
WINP-DT2	38.2	I-M	No		Pittsburgh, PA			
WINP-HD	38.1	I	No		Pittsburgh, PA			
WNPB	33	E	No		Morgtantown, WV			
WPCB	50	I	No		Jeanette, PA			
WPCB-DT2	50.2	I-M	No		Jeanette, PA			
WPCB-HD	50.1	I	No		Jeanette, PA			
WPGH	53	I	No		Pittsburgh, PA			
WPGH-DT2	53.2	I-M	No		Pittsburgh, PA			
WPGH-DT3	53.3	I-M	No		Pittsburgh, PA			
WPGH-HD	53.1	I	No		Pittsburgh, PA			
WPKD	19	ı	No		Pittsburgh, PA			
WPKD-HD	19.1	ı	No		Pittsburgh, PA			
WPNT	22	ı	No		Pittsburgh, PA			
WPNT-DT2	22.2	I-M	No		Pittsburgh, PA			

G

Primary
Transmitters:
Television

LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	N
Armstrong Utilities, Inc.	34166	Name

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

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

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

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

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

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

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

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

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

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

		CHANN	EL LINE-UP	Al	
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION
WPNT-DT3	22.3	I-M	No		Pittsburgh, PA
WPNT-DT4	22.4	I-M	No		Pittsburgh, PA
WPNT-HD	22.1	I	No		Pittsburgh, PA
WPXI	48	N	No		Pittsburgh, PA
WPXI-DT2	48.2	I-M	No		Pittsburgh, PA
WPXI-DT3	48.3	I-M	No		Pittsburgh, PA
WPXI-HD	48.1	N	No		Pittsburgh, PA
WQED	13	E	No		Pittburgh, PA
WQED-DT2	13.2	E-M	No		Pittburgh, PA
WQED-DT3	13.3	E-M	No		Pittburgh, PA
WQED-DT4	13.4	E-M	No		Pittburgh, PA
WQED-DT5	13.5	E-M	No		Pittburgh, PA
WQED-HD	13.1	E	No		Pittburgh, PA
WTAE	51	N	No		Pittsburgh, PA
WTAE-DT2	51.2	I-M	No		Pittsburgh, PA
WTAE-DT3	51.3	I-M	No		Pittsburgh, PA
WTAE-HD	51.1	N	No		Pittsburgh, PA

G

Primary
Transmitters:
Television

LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	Mana
Armstrong Utilities, Inc.	34166	Name

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

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

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

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

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

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

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

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

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

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

		CHANN	EL LINE-UP	AJ	
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION
WBNX	55	I	No		Akron, OH
WBNX-DT2	55.2	I-M	No		Akron, OH
WBNX-DT3	55.3	I-M	No		Akron, OH
WBNX-DT4	55.4	I-M	No		Akron, OH
WBNX-DT5	55.5	I-M	No		Akron, OH
WBNX-HD	55.1	I	No		Akron, OH
WDLI	17	I	No		Canton, OH
WEWS	5	N	No		Cleveland, OH
WEWS-DT2	5.2	I-M	No		Cleveland, OH
WEWS-DT3	5.3	I-M	No		Cleveland, OH
WEWS-DT4	5.4	I-M	No		Cleveland, OH
WEWS-HD	5.1	N	No		Cleveland, OH
MJM	8	I	No		Cleveland, OH
WJW-DT2	8.2	I-M	No		Cleveland, OH
WJW-DT3	8.3	I-M	No		Cleveland, OH
WJW-DT4	8.4	I-M	No		Cleveland, OH
WJW-HD	8.1	ı	No		Cleveland, OH
WKYC	17	N	No		Cleveland, OH

G

Primary
Transmitters:
Television

LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	Nama
Armstrong Utilities, Inc.	34166	Name

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

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

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

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

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

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

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

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

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

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

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

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		CHANN	EL LINE-UP	AJ	
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION
WKYC-DT2	17.2	I-M	No		Cleveland, OH
WKYC-DT3	17.3	I-M	No		Cleveland, OH
WKYC-DT4	17.4	I-M	No		Cleveland, OH
WKYC-HD	17.1	N	No		Cleveland, OH
WNEO	45	E	No		Alliance OH
WOIO	10	N	No		Shaker Heights, OH
WOIO-DT2	10.2	I-M	No		Shaker Heights, OH
WOIO-DT3	10.3	I-M	No		Shaker Heights, OH
WOIO-HD	10.1	N	No		Shaker Heights, OH
WRLM	47	I	No		Canton, OH
WUAB	43	I	No		Lorain, OH
WUAB-HD	43.1	I	No		Lorain, OH
WVIZ	25	E	No		Cleveland, OH
WVIZ-DT2	25.2	E-M	No		Cleveland, OH
WVIZ-DT3	25.3	E-M	No		Cleveland, OH
WVIZ-DT4	25.4	E-M	No		Cleveland, OH
WVIZ-DT5	25.5	E-M	No		Cleveland, OH
WVIZ-HD	25.1	E	No		Cleveland, OH

G

Primary Transmitters: Television

LEGAL NAME OF OWN	ER OF CABLE SY	STEM:			SYSTEM ID#				
Armstrong Utili		o			34166	Namo			
PRIMARY TRANSMITTE		N							
In General: In space Courried by your cable services and regulations.	G, identify every ystem during th ons in effect on	television sta le accounting June 24, 198	period, except (31, permitting the	stations carried carriage of certa	and low power television stations) d only on a part-time basis under iin network programs [sections	G			
substitute program bas	sis, as explaine	d in the next p	oaragraph.	. , , , , , , , , , , ,	nd (2) certain stations carried on a able system on a substitute program	Primary Transmitters: Television			
basis under specifc FCC rules, regulations, or authorizations: • Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the									
station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located									
each multicast stream	h station's call : associated with	a station acc	cording to its over	er-the-air designat	s such as HBO, ESPN, etc. Identify ion. For example, report multi-				
WETA-simulcast).				·	stream separately; for example on for broadcasting over-the-air in				
on which your cable sy	stem carried th	e station.			may be different from the channel pendent station, or a noncommercial				
(for independent multic For the meaning of the	cast), "E" (for no see terms, see p ation is outside	oncommercial page (v) of the the local serv	educational), or e general instruc rice area, (i.e. "d	"E-M" (for noncol tions located in th istant"), enter "Ye	s". If not, enter "No". For an ex-				
cable system carried the carried the distant stating For the retransmiss of a written agreement	ne distant statio ion on a part-tin ion of a distant entered into or	n during the ane basis becanulticast stre	accounting perionuse of lack of action that is not some 30, 2009, bet	d. Indicate by ente ctivated channel c ubject to a royalty ween a cable sys	payment because it is the subject tem or an association representing				
tion "E" (exempt). For sexplanation of these the Column 6: Give the FCC. For Mexican or C	simulcasts, also ree categories, e location of ead Canadian station	enter "E". If y see page (v) ch station. Fon ns, if any, give	you carried the coordinate of the general in the ge	hannel on any otherstructions located st the community e community with	y transmitter, enter the designa- ner basis, enter "O." For a further d in the paper SA3 form. to which the station is licensed by the which the station is identifed.				
Note: If you are utilizin	g multiple chan		·		channel line-up.	 -			
	1	CHANN	EL LINE-UP	AJ		- -			
1. CALL SIGN									
WVPX	23	l	No		Akron, OH				
WVPX-HD	23.1	l	No		Akron, OH				

LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	Mana
Armstrong Utilities, Inc.	34166	Name

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

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

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

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

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

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

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

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

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

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

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

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CHANNEL LINE-UP AK								
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION			
WBNX	55	I	No		Akron, OH			
WBNX-DT2	55.2	I-M	No		Akron, OH			
WBNX-DT3	55.3	I-M	No		Akron, OH			
WBNX-DT4	55.4	I-M	No		Akron, OH			
WBNX-DT5	55.5	I-M	No		Akron, OH			
WBNX-HD	55.1	I	No		Akron, OH			
WDLI	17	I	No		Canton, OH			
WEWS	5	N	No		Cleveland, OH			
WEWS-DT2	5.2	I-M	No		Cleveland, OH			
WEWS-DT3	5.3	I-M	No		Cleveland, OH			
WEWS-DT4	5.4	I-M	No		Cleveland, OH			
WEWS-HD	5.1	N	No		Cleveland, OH			
WJW	8	ı	No		Cleveland, OH			
WJW-DT2	8.2	I-M	No		Cleveland, OH			
WJW-DT3	8.3	I-M	No		Cleveland, OH			
WJW-DT4	8.4	I-M	No		Cleveland, OH			
WJW-HD	8.1	ı	No		Cleveland, OH			
WKYC	17	N	No		Cleveland, OH			

G

Primary Transmitters: Television

LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	
Armstrong Utilities, Inc.	34166	Name
	1	

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

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

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

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

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

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

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

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

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

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

CHANNEL LINE-UP AK								
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION			
WKYC-DT2	17.2	I-M	No		Cleveland, OH			
WKYC-DT3	17.3	I-M	No		Cleveland, OH			
WKYC-DT4	17.4	I-M	No		Cleveland, OH			
WKYC-HD	17.1	N	No		Cleveland, OH			
WNEO	45	E	No		Alliance OH			
WOIO	10	N	No		Shaker Heights, OH			
WOIO-DT2	10.2	I-M	No		Shaker Heights, OH			
WOIO-HD	10.1	N	No		Shaker Heights, OH			
WRLM	47	I	No		Canton, OH			
WUAB	43	ı	No		Lorain, OH			
WUAB-HD	43.1	I	No		Lorain, OH			
WVIZ	25	Е	No		Cleveland, OH			
WVIZ-DT2	25.2	E-M	No		Cleveland, OH			
WVIZ-DT3	25.3	E-M	No		Cleveland, OH			
WVIZ-DT4	25.4	E-M	No		Cleveland, OH			
WVIZ-DT5	25.5	E-M	No		Cleveland, OH			
WVIZ-HD	25.1	E	No		Cleveland, OH			
WVPX	23	ı	No		Akron, OH			

G

Primary
Transmitters:
Television

LEGAL NAME OF OWN	IER OF CABLE SY	STEM:			SYSTEM ID#				
Armstrong Utili	ities, Inc.				34166	Name			
PRIMARY TRANSMITTE	RS: TELEVISIO	N							
carried by your cable s	system during th	ne accounting	period, except	(1) stations carried	and low power television stations) d only on a part-time basis under ain network programs [sections	G			
substitute program bas	sis, as explaine	d in the next p	oaragraph.	. , , , , , , , , , , , , , , , , , , ,	nd (2) certain stations carried on a able system on a substitute program	Primary Transmitters: Television			
basis under specifc FCC rules, regulations, or authorizations: • Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the									
station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form.									
Column 1: List eac each multicast stream	h station's call associated with	n a station acc	cording to its over	er-the-air designat	s such as HBO, ESPN, etc. Identify tion. For example, report multi- n stream separately; for example				
WETA-simulcast).			·	•	on for broadcasting over-the-air in				
its community of licens	•		annel 4 in Wash	ington, D.C. This i	may be different from the channel				
Column 3: Indicate	in each case v	hether the st			pendent station, or a noncommercial				
(for independent multion	cast), "E" (for no	oncommercial	educational), o	r "E-M" (for nonco	ast), "I" (for independent), "I-M" mmercial educational multicast).				
	ation is outside	the local serv	rice area, (i.e. "d	listant"), enter "Ye	s". If not, enter "No". For an ex-				
planation of local servi Column 5: If you ha					paper SA3 form. tating the basis on which your				
cable system carried the carried the distant state		•	٠.	•	ering "LAC" if your cable system capacity.				
					payment because it is the subject tem or an association representing				
the cable system and a	a primary transr	mitter or an as	sociation repres	senting the primar	y transmitter, enter the designa- ner basis, enter "O." For a further				
explanation of these th	ree categories,	see page (v)	of the general i	nstructions located	d in the paper SA3 form.				
FCC. For Mexican or C	Canadian statio	ns, if any, give	e the name of th	e community with	to which the station is licensed by the which the station is identifed.				
Note: If you are utilizin	g multiple char	nel line-ups,	use a separate s	space G for each o	channel line-up.				
	T	CHANN	EL LINE-UP	AK					
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)					
WVPX-HD	23.1	I	No		Akron, OH				
						•			
						1			

LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	Mana
Armstrong Utilities, Inc.	34166	Name

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

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

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

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

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

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

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

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

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

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

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

CHANNEL LINE-UP AL									
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION				
KDKA	25	N	No		Pittsburgh, PA				
KDKA-DT2	25.2	I-M	No		Pittsburgh, PA				
KDKA-HD	25.1	N	No		Pittsburgh, PA				
WINP	38	I	No		Pittburgh, PA				
WINP-DT2	38.2	I-M	No		Pittsburgh, PA				
WINP-HD	38.1	I	No		Pittsburgh, PA				
WPCB	50	I	No		Jeanette, PA				
WPCB-DT2	50.2	I-M	No		Jeanette, PA				
WPCB-HD	50.1	I	No		Jeanette, PA				
WPGH	53	I	No		Pittsburgh, PA				
WPGH-DT2	53.2	I-M	No		Pittsburgh, PA				
WPGH-DT3	53.3	I-M	No		Pittsburgh, PA				
WPGH-HD	53.1	I	No		Pittsburgh, PA				
WPKD	19	I	No		Pittsburgh, PA				
WPKD-HD	19.1	I	No		Pittsburgh, PA				
WPNT	22	I	No		Pittsburgh, PA				
WPNT-DT2	22.2	I-M	No		Pittsburgh, PA				
WPNT-DT3	22.3	I-M	No		Pittsburgh, PA				

G

Primary
Transmitters:
Television

LEGAL NAME OF OWNER OF CABLE SYSTEM:

Armstrong Utilities, Inc.

SYSTEM ID#
Name

PRIMARY TRANSMITTERS: TELEVISION

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

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

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

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

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

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

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

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

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

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

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

CHANNEL LINE-UP AL								
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION			
WPNT-DT4	22.4	I-M	No		Pittsburgh, PA			
WPNT-HD	22.1	I	No		Pittsburgh, PA			
WPXI	48	N	No		Pittsburgh, PA			
WPXI-DT2	48.2	I-M	No		Pittsburgh, PA			
WPXI-DT3	48.3	I-M	No		Pittsburgh, PA			
WPXI-HD	48.1	N	No		Pittsburgh, PA			
WQED	13	E	No		Pittburgh, PA			
WQED-DT2	13.2	E-M	No		Pittburgh, PA			
WQED-DT3	13.3	E-M	No		Pittburgh, PA			
WQED-DT4	13.4	E-M	No		Pittburgh, PA			
WQED-DT5	13.5	E-M	No		Pittburgh, PA			
WQED-HD	13.1	E	No		Pittburgh, PA			
WTAE	51	N	No		Pittsburgh, PA			
WTAE-DT2	51.2	I-M	No		Pittsburgh, PA			
WTAE-DT3	51.3	I-M	No		Pittsburgh, PA			
WTAE-HD	51.1	N	No		Pittsburgh, PA			

G

Primary Transmitters: Television

LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	
Armstrong Utilities, Inc.	34166	Name

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

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

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

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

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

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

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

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

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

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

		CHANN	EL LINE-UP	AM	
	0. 510407		1		0.1.00471011.05.0747:011
1. CALL	2. B'CAST	3. TYPE	4. DISTANT?	5. BASIS OF	6. LOCATION OF STATION
SIGN	CHANNEL	OF	(Yes or No)	CARRIAGE	
	NUMBER	STATION		(If Distant)	
WCHS	8.1	N	No		Charleston, WV
WCHS-DT2	8.2	N	No		Charleston, WV
WCHS-DT2-HD	8.2	N	No		Charleston, WV
WCHS-DT3	8.3	I-M	No		Charleston, WV
WCHS-HD	8.1	N	No		Charleston, WV
WKAS	26	E	No		Ashland, KY
WKAS-DT2-HD	26.2	E	No		Ashland, KY
WKAS-KET	26.1	E-M	No		Ashland, KY
WKAS-KET-HD	26.1	E	No		Ashland, KY
WKAS-KIDS	26.4	E-M	No		Ashland, KY
WLPX	39	I	No		Charleston, WV
WLPX-DT2	39.2	I	No		Charleston, WV
WLPX-HD	39.1	I	No		Charleston, WV
WOWK	13	N	No		Huntington, WV
WOWK-DT2	13.2	I-M	No		Huntington, WV
WOWK-DT3	13.3	I-M	No		Huntington, WV
WOWK-DT4	13.4	I-M	No		Huntington, WV
WOWK-HD	13.1	N	No		Huntington, WV

G

Primary
Transmitters:
Television

LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	Mana
Armstrong Utilities, Inc.	34166	Name

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

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

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

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

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

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

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

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

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

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

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

		CHANN	EL LINE-UP	AM	
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION
WQCW	17	I-M	No		Portsmouth, OH
WQCW-DT2	30.2	I-M	No		Portsmouth, OH
WQCW-DT3	30.3	I-M	No		Portsmouth, OH
WQCW-DT4	30.4	I-M	No		Portsmouth, OH
WQCW-DT5	30.5	I-M	No		Portsmouth, OH
WQCW-HD	30.1	I	No		Portsmouth, OH
WSAZ	3	N	No		Huntington, WV
WSAZ-DT2	3.2	I-M	No		Huntington, WV
WSAZ-DT4	3.4	I-M	No		Huntington, WV
WSAZ-DT5	3.5	I-M	No		Huntington, WV
WSAZ-HD	3.1	N	No		Huntington, WV
WTSF	44	ı	No		Ashland, KY
WTSF-HD	44.1	I	No		Ashland, KY
WVAH-DT1	11	I	No		Charleston, WV
WVAH-DT2	11.2	I-M	No		Charleston, WV
WVAH-DT3	11.3	I-M	No		Charleston, WV
WVAH-DT4	11.4	I-M	No		Charleston, WV
WVAH-DT5	11.5	I-M	No		Charleston, WV

G

Primary Transmitters: Television

FORM SA3E. PAGE 3.									
LEGAL NAME OF OWN	IER OF CABLE SY	STEM:			SYSTEM ID#	Name			
Armstrong Utili	Armstrong Utilities, Inc. 34166								
PRIMARY TRANSMITTE	ERS: TELEVISIO	N							
carried by your cable s	system during th	ne accounting	period, except (1) stations carried	and low power television stations) d only on a part-time basis under	G			
76.59(d)(2) and (4), 76	FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph.								
. •	•		• .	carried by your ca	able system on a substitute program	Transmitters: Television			
basis under specifc FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the									
	and also in spa formation conc	ce I, if the sta			ute basis and also on some other f the general instructions located				
Column 1: List eac	h station's call				s such as HBO, ESPN, etc. Identify				
					ion. For example, report multi- n stream separately; for example				
					on for broadcasting over-the-air in				
on which your cable sy	stem carried th	e station.			may be different from the channel pendent station, or a noncommercial				
					ast), "I" (for independent), "I-M"				
(for independent multid	cast), "E" (for no	oncommercial	l educational), or	"E-M" (for nonco	mmercial educational multicast).				
For the meaning of the Column 4: If the sta	•		-		e paper SA3 form. s". If not, enter "No". For an ex-				
planation of local servi			,	•					
-			•	· ·	tating the basis on which your				
cable system carried the carried the carried the distant state		-		•	ering "LAC" if your cable system				
	-				payment because it is the subject				
_				-	tem or an association representing				
•				•	y transmitter, enter the designa- ner basis, enter "O." For a further				
` ' '			•	•	d in the paper SA3 form.				
				-	to which the station is licensed by the				
Note: If you are utilizing				-	which the station is identifed. channel line-up.				
,		CHANN	IEL LINE-UP	AM	<u> </u>				
4 0 0 1 1	O D'CACT				C LOCATION OF STATION				
1. CALL SIGN	2. B'CAST CHANNEL	3. TYPE OF	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE	6. LOCATION OF STATION				
OIOIV	NUMBER	STATION	,	(If Distant)					
WVPB	34	E	No		Huntington, WV				
WVPB-DT2	34.2	Е	No		Huntington, WV				
WVPB-HD	34.1	E	No		Huntington, WV				
						1			
					<u> </u>				
		<u> </u>							
					-				

LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	Nama
Armstrong Utilities, Inc.	34166	Name
	_	

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

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

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

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

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

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

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

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

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

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

,	0 1		•	•	•
		CHANN	EL LINE-UP	AN	
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION
WBNX	55	I	No		Akron, OH
WBNX-DT2	55.2	I-M	No		Akron, OH
WBNX-DT3	55.3	I-M	No		Akron, OH
WBNX-DT4	55.4	I-M	No		Akron, OH
WBNX-DT5	55.5	I-M	No		Akron, OH
WBNX-HD	55.1	I	No		Akron, OH
WDLI	17	I	No		Canton, OH
WEWS	5	N	No		Cleveland, OH
WEWS-DT2	5.2	I-M	No		Cleveland, OH
WEWS-DT3	5.3	I-M	No		Cleveland, OH
WEWS-DT4	5.4	I-M	No		Cleveland, OH
WEWS-HD	5.1	N	No		Cleveland, OH
WJW	8	ı	No		Cleveland, OH
WJW-DT2	8.2	I-M	No		Cleveland, OH
WJW-DT3	8.3	I-M	No		Cleveland, OH
WJW-DT4	8.4	I-M	No		Cleveland, OH
WJW-HD	8.1	ı	No		Cleveland, OH
WKYC	17	N	No		Cleveland, OH

G

Primary Transmitters: Television

LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	Nama
Armstrong Utilities, Inc.	34166	Name

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

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

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

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

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

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

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

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

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

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

		CHANN	EL LINE-UP	AN	
		J.I.A.			
1. CALL	2. B'CAST	3. TYPE	4. DISTANT?	5. BASIS OF	6. LOCATION OF STATION
SIGN	CHANNEL	OF	(Yes or No)	CARRIAGE	
	NUMBER	STATION		(If Distant)	
WKYC-DT2	17.2	I-M	No		Cleveland, OH
WKYC-DT3	17.3	I-M	No		Cleveland, OH
WKYC-DT4	17.4	I-M	No		Cleveland, OH
WKYC-HD	17.1	N	No		Cleveland, OH
WMFD	12	I	No		Mansfield, OH
WMFD-HD	68.1	I	No		Mansfield, OH
WNEO	45	E	No		Alliance OH
WOIO	10	N	No		Shaker Heights, OH
WOIO-DT2	10.2	I-M	No		Shaker Heights, OH
WOIO-DT3	10.3	I-M	No		Shaker Heights, OH
WOIO-HD	10.1	N	No		Shaker Heights, OH
WRLM	47	I	No		Canton, OH
WUAB	43	I	No		Lorain, OH
WUAB-HD	43.1	I	No		Lorain, OH
WVIZ	25	E	No		Cleveland, OH
WVIZ-DT2	25.2	E-M	No		Cleveland, OH
WVIZ-DT3	25.3	E-M	No		Cleveland, OH
WVIZ-DT4	25.4	E-M	No		Cleveland, OH

G

Primary
Transmitters:
Television

FORM SA3E. PAGE 3.									
LEGAL NAME OF OWN	ER OF CABLE SY	STEM:			SYSTEM ID#	Name			
Armstrong Utili	ties, Inc.				34166				
PRIMARY TRANSMITTE	RS: TELEVISIO	N							
carried by your cable s	In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections								
76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a									
substitute program bas Substitute Basis S			• .	carried by your ca	ble system on a substitute program	Transmitters: Television			
basis under specifc FCC rules, regulations, or authorizations: • Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the									
station was carried I ist the station here			tion was carried	both on a substitu	ite basis and also on some other				
basis. For further in in the paper SA3 for	formation conc rm.	erning substit	ute basis station	s, see page (v) of	the general instructions located				
		-			such as HBO, ESPN, etc. Identify on. For example, report multi-				
cast stream as "WETA WETA-simulcast).	-2". Simulcast s	streams must	be reported in c	olumn 1 (list each	stream separately; for example				
			-		on for broadcasting over-the-air in nay be different from the channel				
on which your cable sy Column 3: Indicate	stem carried the	e station. whether the sta	ation is a networ	k station, an inder	pendent station, or a noncommercial				
(for independent multic	east), "E" (for no	oncommercial	educational), or	"E-M" (for noncor	st), "I" (for independent), "I-M" nmercial educational multicast).				
For the meaning of the Column 4: If the sta		- , ,	-		s". If not, enter "No". For an ex-				
planation of local servi					paper SA3 form. tating the basis on which your				
cable system carried th	ne distant statio	n during the a	accounting perio	d. Indicate by ente	ering "LAC" if your cable system				
carried the distant stati For the retransmiss	-				apacity. payment because it is the subject				
of a written agreement	entered into or	or before Jui	ne 30, 2009, bet	ween a cable syst	em or an association representing				
					transmitter, enter the designa- er basis, enter "O." For a further				
	-		-		I in the paper SA3 form. to which the station is licensed by the				
				-	which the station is identifed.				
Note: If you are utilizin	g multiple chan	nel line-ups, ı	use a separate s	space G for each o	channel line-up.				
		CHANN	EL LINE-UP	AN					
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)					
WVIZ-DT5	25.5	E-M	No	(II Distant)	Cleveland, OH				
WVIZ-D13	23.3	L-141	No						
WVPX-HD	23.1	<u> </u>			Akron, OH				
WVFX-ND	23.1	<u>.</u>	No		Akron, OH				
					-				
									

LEGAL NAME OF OWNER OF CABLE SYSTEM:

Armstrong Utilities, Inc.

SYSTEM ID#
Name

PRIMARY TRANSMITTERS: TELEVISION

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

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

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

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

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

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

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

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

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

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

		CHANN	EL LINE-UP	AO	
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION
KDKA	25	N	Yes	0	Pittsburgh, PA
KDKA-HD	25.1	N	Yes	E	Pittsburgh, PA
WFXP	66	I	Yes	0	Erie, PA
WFXP-DT2	66.2	I-M	Yes	E	Erie, PA
WFXP-DT3	66.3	I-M	Yes	Е	Erie, PA
WFXP-HD	66.1	I	Yes	Е	Erie, PA
WICU	12	N	No		Erie, PA
WICU-DT2	12.2	I-M	No		Erie, PA
WICU-DT4	12.4	I-M	No		Erie, PA
WICU-HD	12.1	N	No		Erie, PA
WJET	24	N	No		Erie, PA
WJET-DT2	24.2	I-M	No		Erie, PA
WJET-DT3	24.3	I-M	No		Erie, PA
WJET-DT4	24.4	I-M	No		Erie, PA
WJET-HD	24.1	N	No		Erie, PA
WQLN	50	E	No		Erie, PA
WQLN-HD	50.1	Е	No		Erie, PA
WSEE	16	N	No		Erie, PA

G

Primary Transmitters: Television

FORM SA3E. PAGE 3.						-			
LEGAL NAME OF OWN	ER OF CABLE SY	STEM:			SYSTEM ID#	Name			
Armstrong Utili	ties, Inc.				34166				
PRIMARY TRANSMITTE	RS: TELEVISIO	N							
In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a									
substitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program									
basis under specifc FCC rules, regulations, or authorizations: • Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis.									
List the station here, a	and also in spa formation conc	ce I, if the sta			ite basis and also on some other the general instructions located				
		sign. Do not r	eport origination	program services	such as HBO, ESPN, etc. Identify				
cast stream as "WETA			-	_	on. For example, report multi- stream separately; for example				
WETA-simulcast). Column 2: Give the	channel numb	er the FCC h	as assigned to tl	he television statio	on for broadcasting over-the-air in				
its community of licens	e. For example	, WRC is Cha	-		nay be different from the channel				
	in each case w	hether the st			pendent station, or a noncommercial				
					st), "I" (for independent), "I-M" nmercial educational multicast).				
For the meaning of the	se terms, see p	page (v) of the	e general instruc	tions located in the	•				
planation of local servi	ce area, see pa	ge (v) of the	general instruction	ons located in the	paper SA3 form.				
			-	•	tating the basis on which your ering "LAC" if your cable system				
carried the distant stati	on on a part-tin	ne basis beca	use of lack of a	ctivated channel c	• •				
~				•	em or an association representing				
					transmitter, enter the designa- er basis, enter "O." For a further				
•	-		-		I in the paper SA3 form. to which the station is licensed by the				
				-	which the station is identifed.				
Note: If you are utilizing	g multiple chan	nel line-ups,	use a separate s	space G for each o	channel line-up.				
		CHANN	EL LINE-UP	AO					
1. CALL	2. B'CAST	3. TYPE	4. DISTANT?	5. BASIS OF	6. LOCATION OF STATION				
SIGN	CHANNEL	OF	(Yes or No)	CARRIAGE					
	NUMBER	STATION		(If Distant)					
WSEE-DT2	35.2	I-M	No		Erie, PA				
WSEE-DT3	35.3	I-M	No		Erie, PA				
WSEE-HD	35.1	N	No		Erie, PA				
	1	1		1					

LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	
Armstrong Utilities, Inc.	34166	Name

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

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

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

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

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

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

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

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

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

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

		CHANN	EL LINE-UP	AP	
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION
WFMJ	20	N	No		Youngstown, OH
WFMJ-DT2	20.2	I	No		Youngstown, OH
WFMJ-DT2-HD	20.2	I	No		Youngstown, OH
WFMJ-DT3	20.3	I	No		Youngstown, OH
WFMJ-HD	20.1	N	No		Youngstown, OH
WKBN	27	N	No		Youngstown, OH
WKBN-HD	27.1	N	No		Youngstown, OH
WNEO	45	Е	No		Alliance OH
WNEO-DT2	45.2	Е	No		Alliance OH
WNEO-DT3	45.3	Е	No		Alliance OH
WNEO-HD	45.1	Е	No		Alliance OH
WQED	13	Е	No		Pittburgh, PA
WVFX	10	I	No		Clarksburg, WV
WYFX-DT2	19.2	I-M	No		Youngstown, OH
WYFX-DT3	19.3	I-M	No		Youngstown, OH
WYFX-HD	41.2	I	No		Youngstown, OH
WYFX-LD3	19.5	I-M	No		Youngstown, OH
WYTV	36	N	No		Youngstown, OH

G

Primary
Transmitters:
Television

LEGAL NAME OF OWN	IER OF CABLE SY	STEM.			SYSTEM ID#				
Armstrong Utili		OTEWI.			34166	Name			
PRIMARY TRANSMITTE	RS: TELEVISIO	N							
In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph.									
Substitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, is encouraged the distant station of a distant multicast stream that is not subject to a royalty payment because it									
		CHANN	EL LINE-UP	AP					
1. CALL SIGN	CALL 2. B'CAST 3. TYPE 4. DISTANT? 5. BASIS OF 6. LOCATION OF STATION								
WYTV-DT2	36.2	I-M	No		Youngstown, OH				
WYTV-HD	36.1	N	No		Youngstown, OH				

LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	Nama
Armstrong Utilities, Inc.	34166	Name

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

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

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

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

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

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

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

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

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

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

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		CHANN	EL LINE-UP	AQ	
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION
KDKA	25	N	No		Pittsburgh, PA
KDKA-DT2	25.2	I-M	No		Pittsburgh, PA
KDKA-HD	25.1	N	No		Pittsburgh, PA
WINP	38	I	No		Pittburgh, PA
WINP-DT2	38.2	I-M	No		Pittsburgh, PA
WINP-HD	38.1	I	No		Pittsburgh, PA
WNEO	45	E	Yes	0	Alliance OH
WPCB	50	I	No		Jeanette, PA
WPCB-DT2	50.2	I-M	No		Jeanette, PA
WPCB-HD	50.1	I	No		Jeanette, PA
WPGH	53	I	No		Pittsburgh, PA
WPGH-DT2	53.2	I-M	No		Pittsburgh, PA
WPGH-DT3	53.3	I-M	No		Pittsburgh, PA
WPGH-HD	53.1	I	No		Pittsburgh, PA
WPKD	19	I	No		Pittsburgh, PA
WPKD-HD	19.1	I	No		Pittsburgh, PA
WPNT	22	I	No		Pittsburgh, PA
WPNT-DT2	22.2	I-M	No		Pittsburgh, PA

G

Primary
Transmitters:
Television

LEGAL NAME OF OWNER OF CABLE SYSTEM:

Armstrong Utilities, Inc.

SYSTEM ID#
Name

PRIMARY TRANSMITTERS: TELEVISION

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

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

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

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

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

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

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

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

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

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

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		CHANN	EL LINE-UP	AQ	
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION
WPNT-DT3	22.3	I-M	No		Pittsburgh, PA
WPNT-DT4	22.4	I-M	No		Pittsburgh, PA
WPNT-HD	22.1	I	No		Pittsburgh, PA
WPXI	48	N	No		Pittsburgh, PA
WPXI-DT2	48.2	I-M	No		Pittsburgh, PA
WPXI-DT3	48.3	I-M	No		Pittsburgh, PA
WPXI-HD	48.1	N	No		Pittsburgh, PA
WQED	13	E	No		Pittburgh, PA
WQED-DT2	13.2	E-M	No		Pittburgh, PA
WQED-DT3	13.3	E-M	No		Pittburgh, PA
WQED-DT4	13.4	E-M	No		Pittburgh, PA
WQED-DT5	13.5	E-M	No		Pittburgh, PA
WQED-HD	13.1	E	No		Pittburgh, PA
WTAE	51	N	No		Pittsburgh, PA
WTAE-DT2	51.2	I-M	No		Pittsburgh, PA
WTAE-DT3	51.3	I-M	No		Pittsburgh, PA
WTAE-HD	51.1	N	No		Pittsburgh, PA

G

Primary Transmitters: Television

LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	
Armstrong Utilities, Inc.	34166	Name
	1	

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

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

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

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

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

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

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

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

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

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

		CHANN	AR		
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION
KDKA	25	N	No		Pittsburgh, PA
KDKA-HD	25.1	N	No		Pittsburgh, PA
WFMJ	20	N	No		Youngstown, OH
WFMJ-DT2	20.2	I	No		Youngstown, OH
WFMJ-DT2-HD	20.2	I	No		Youngstown, OH
WFMJ-DT3	20.3	I	No		Youngstown, OH
WFMJ-HD	20.1	N	No		Youngstown, OH
WKBN	27	N	No		Youngstown, OH
WKBN-HD	27.1	N	No		Youngstown, OH
WNEO	45	E	Yes	0	Alliance OH
WPCB	50	I	Yes	0	Jeanette, PA
WPCB-DT2	50.2	I-M	Yes	0	Jeanette, PA
WPCB-HD	50.1	I	Yes	Е	Jeanette, PA
WQED	13	Е	Yes	0	Pittburgh, PA
WQED-DT2	13.2	E-M	Yes	E	Pittburgh, PA
WQED-DT3	13.3	E-M	Yes	E	Pittburgh, PA
WQED-DT4	13.4	E-M	Yes	E	Pittburgh, PA
WQED-DT5	13.5	E-M	Yes	E	Pittburgh, PA

G

Primary Transmitters: Television

LEGAL NAME OF OWNER OF CABLE SYSTEM:

Armstrong Utilities, Inc.

SYSTEM ID#
Name

PRIMARY TRANSMITTERS: TELEVISION

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

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

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

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

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

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

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

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

		CHANN	EL LINE-UP	AR	
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION
WQED-HD	13.1	E	Yes	E	Pittburgh, PA
WYFX	19	I	No		Youngstown, OH
WYFX-DT2	19.2	I-M	No		Youngstown, OH
WYFX-DT3	19.3	I-M	No		Youngstown, OH
WYFX-HD	41.2	ı	No		Youngstown, OH
WYFX-LD3	19.5	I-M	No		Youngstown, OH
WYTV	36	N	No		Youngstown, OH
WYTV-DT2	36.2	I-M	No		Youngstown, OH
WYTV-HD	36.1	N	No		Youngstown, OH

G

Primary Transmitters: Television

LEGAL NAME OF OWNER OF CABLE SYSTEM:

Armstrong Utilities, Inc.

SYSTEM ID#
Name

PRIMARY TRANSMITTERS: TELEVISION

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

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

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

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

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

		CHANN	EL LINE-UP	AS		
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION	
KDKA	25	N	Yes	0	Pittsburgh, PA	
KDKA-HD	25.1	N	Yes	E	Pittsburgh, PA	
WFXP	66	I	Yes	0	Erie, PA	
WFXP-DT2	66.2	I-M	Yes	E	Erie, PA	
WFXP-DT3	66.3	I-M	Yes	E	Erie, PA	
WFXP-HD	66.1	I	Yes	E	Erie, PA	
WICU	12	N	Yes	0	Erie, PA	
WICU-DT2	12.2	I-M	Yes	0	Erie, PA	
WICU-DT4	12.4	I-M	Yes	0	Erie, PA	
WICU-HD	12.1	N	Yes	0	Erie, PA	
WJET	24	N	Yes	0	Erie, PA	
WJET-DT2	24.2	I-M	Yes	E	Erie, PA	
WJET-DT3	24.3	I-M	Yes	E	Erie, PA	
WJET-DT4	24.4	I-M	Yes	E	Erie, PA	
WJET-HD	24.1	N	Yes	E	Erie, PA	
WQLN	50	E	Yes	0	Erie, PA	
WQLN-DT2	50.2	E-M	Yes	E	Erie, PA	
WQLN-DT3	50.3	E-M	Yes	Е	Erie, PA	

G

Primary Transmitters: Television

FORM SA3E. PAGE 3.					0./2====	1
LEGAL NAME OF OWN		STEM:			SYSTEM ID:	Name
Armstrong Utili	ties, inc.				34166	0
PRIMARY TRANSMITTE	RS: TELEVISIO	N				
In General: In space C carried by your cable s FCC rules and regulati 76.59(d)(2) and (4), 76 substitute program bas Substitute Basis S basis under specifc FC Do not list the station station was carried List the station here, basis. For further in in the paper SA3 fo Column 1: List eac each multicast stream cast stream as "WETA WETA-simulcast). Column 2: Give the its community of licens on which your cable sy Column 3: Indicate educational station, by (for independent multic For the meaning of the Column 4: If the sta planation of local servi Column 5: If you ha cable system carried th carried the distant stat For the retransmiss of a written agreement the cable system and a tion "E" (exempt). For s	G, identify every ystem during the ons in effect or .61(e)(2) and (4 sis, as explaine stations: With records and also in spate formation concern. A station's call associated with2". Simulcast as channel numbers are channel numbers the cast), "E" (for not see terms, see pation is outside ce area, see pation on a part-tirion of a distant entered into or a primary transis simulcasts, also	r television started accounting and June 24, 1984, or 76.63 (red in the next prespect to any attions, or auth G—but do list attitute basis. In the started accounting substitute basis. In a station account of the station. In the station account of the station. In the station account of the station. In the station account of the station account of the station. In the station account of the	period, except in period, except in permitting the eferring to 76.61 paragraph. In distant stations orizations: It it in space I (the effect of the effect o	(1) stations carried e carriage of certa (e)(2) and (4))]; a carried by your carried by your carried by your carried by the special Statement of t	s". If not, enter "No". For an expaper SA3 form. tating the basis on which your ering "LAC" if your cable system capacity. payment because it is the subject tem or an association representing y transmitter, enter the designancer basis, enter "O." For a further	Primary Transmitters: Television
	-		-		d in the paper SA3 form. to which the station is licensed by the	
				-	which the station is identifed.	
Note: If you are utilizin	g multiple char	nel line-ups,	use a separate s	space G for each	channel line-up.	
		CHANN	EL LINE-UP	AS		
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION	
WSEE	16	N	Yes	O O	Erie, PA	
WSEE-DT2	35.2	I-M	Yes	E	Erie, PA	
WSEE-DT3	35.3	I-M	Yes	E	Erie, PA	
WSEE-HD						
M2EE-UD	35.1	N	Yes	E	Erie, PA	
					-	
					-	

LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	Nama
Armstrong Utilities, Inc.	34166	Name

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

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

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

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

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

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

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

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		CHANN	EL LINE-UP	AT	
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION
KDKA	25	N			Pittsburgh, PA
KDKA-HD	25.1	N			Pittsburgh, PA
WFXP	66	ı			Erie, PA
WFXP-DT2	66.2	I-M			Erie, PA
WFXP-DT3	66.3	I-M			Erie, PA
WFXP-HD	66.1	I			Erie, PA
WICU	12	N			Erie, PA
WICU-DT2	12.2	I-M			Erie, PA
WICU-DT4	12.4	I-M			Erie, PA
WICU-HD	12.1	N			Erie, PA
WJET	24	N			Erie, PA
WJET-DT2	24.2	I-M			Erie, PA
WJET-DT3	24.3	I-M			Erie, PA
WJET-DT4	24.4	I-M			Erie, PA
WJET-HD	24.1	N			Erie, PA
WQLN	50	E			Erie, PA
WQLN-DT2	50.2	E-M			Erie, PA
WQLN-DT3	50.3	E-M			Erie, PA

G

Primary Transmitters: Television

	ACCOUNT	NG PERIOD: 2023/2
FORM SA3E. PAGE 3.		
LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	N
Armstrong Utilities, Inc.	34166	Name
PRIMARY TRANSMITTERS: TELEVISION		
In General: In space G, identify every television station (including translator stations and low power television s carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis	,	G
FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sect	ions	
76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carri	ed on a	Primary
substitute program basis, as explained in the next paragraph.		Transmitters:
Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute	program	Television

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

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

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

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

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

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

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

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

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

		CHANN	EL LINE-UP	AT	
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION
WSEE	16	N			Erie, PA
WSEE-HD	35.1	N			Erie, PA
WSEE-DT2	35.2	I-M			Erie, PA
WSEE-DT3	35.3	I-M			Erie, PA
					

LEGAL NAME OF OWNER OF CABLE SYSTEM:

Armstrong Utilities, Inc.

SYSTEM ID#
Name

PRIMARY TRANSMITTERS: TELEVISION

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

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

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

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

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

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

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

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

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

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

		CHANN	EL LINE-UP	AV	
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION
WBNS	10	N		,	Columbus, OH
WBNS-HD	10.1	N			Columbus, OH
WBNS-DT2	10.2	N			Columbus, OH
WBNS-DT3	10.3	N			Columbus, OH
WCMH	4	N			Columbus, OH
WCMH-HD	4.1	N			Columbus, OH
WCMH-DT2	4.2	I-M			Columbus, OH
WCMH-DT4	4.4	I-M			Columbus, OH
wosu	34	E			Columbus, OH
WOSU-HD	34.1	E			Columbus, OH
WOSU-DT2	34.2	E-M			Columbus, OH
WOSU-DT3	34.3	E-M			Columbus, OH
WOSU-DT4	34.4	E-M			Columbus, OH
WSYX	6.1	N			Columbus, OH
WSYX-HD	6.1	N			Columbus, OH
WSYX-DT2	6.2	I-M			Columbus, OH
WSYX-DT3	6.3	N			Columbus, OH
WSYX-DT3-HD	6.3	N			Columbus, OH

G

Primary Transmitters: Television

FURINI SAJE. PAGE 3.					0.40==14.15.1/			
Armstrong Utili		STEM:			SYSTEM ID# 34166	Name		
PRIMARY TRANSMITTE		N			04100			
In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph.								
substitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific PCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "I" (for noncommercial educational) or "E-M" (for noncommercial educational multicast). Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station								
		CHANN	EL LINE-UP	AV				
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION			
WSYX-DT4	6.4	I-M			Columbus, OH			
WTTE-DT2	28.2	I-M			Columbus, OH			
WTTE-DT3	#N/A	#N/A			#N/A			

ACCOUNTING PERIOD: 2023/2 FORM SA3E, PAGE 4. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 34166 Armstrong Utilities, Inc. PRIMARY TRANSMITTERS: RADIO Н In General: List every radio station carried on a separate and discrete basis and list those FM stations carried on an all-band basis whose signals were "generally receivable" by your cable system during the accounting period. Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally **Primary** Transmitters: receivable if (1) it is carried by the system whenever it is received at the system's headend, and (2) it can be expected, Radio on the basis of monitoring, to be received at the headend, with the system's FM antenna, during certain stated intervals. For detailed information about the the Copyright Office regulations on this point, see page (vi) of the general instructions located in the paper SA3 form. Column 1: Identify the call sign of each station carried. Column 2: State whether the station is AM or FM. Column 3: If the radio station's signal was electronically processed by the cable system as a separate and discrete signal, indicate this by placing a check mark in the "S/D" column. Column 4: Give the station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified). CALL SIGN LOCATION OF STATION LOCATION OF STATION AM or FM S/D CALL SIGN AM or FM S/D

FORM SA3E. PAGE 5.						ACCOUNTING	PERIOD: 2023/2	
LEGAL NAME OF OWNER OF		EM:			5	SYSTEM ID#	Name	
Armstrong Utilities, Inc	C.					34166	Name	
SUBSTITUTE CARRIAGE	E: SPECIA	L STATEME	NT AND PROGRAM LOC	;			ı	
In General: In space I, identify every nonnetwork television program broadcast by a distant station that your cable system carried on a substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a further explanation of the programming that must be included in this log, see page (v) of the general instructions located in the paper SA3 form.								
1. SPECIAL STATEMENT					•	•	Carriage: Special	
• During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program								
Note: If your answer is "No' log in block 2.	', leave the	rest of this pag	ge blank. If your answer is	"Yes," you mu	•	•	Program Log	
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 progran Column 3: Give the call column 4: Give the broathe case of Mexican or Can Column 5: Give the mon first. Example: for May 7 give Column 6: State the time to the nearest five minutes. stated as "6:00–6:30 p.m."	itute prograce, please of every no distant stat gulations, of tion. Do no ucy" or "NE n was broad sign of the siddcast static th and day re "5/7." es when the Example: a er "R" if the and regulatiogramming	am on a separa attach addition nnetwork televion and that your authorization of use general of a Basketball: dcast live, ente station broadca on's location (thous, if any, the when your system of a program carrillisted program carrillisted program ons in effect di	al pages. ision program (substitute pur cable system substitute s. See page (vi) of the gereategories like "movies", o 76ers vs. Bulls." r "Yes." Otherwise enter "Nasting the substitute programe community to which the community with which the tem carried the substitute gram was carried by your ed by a system from 6:01: was substituted for programing the accounting period	rogram) that, d for the progreral instruction is lice station is lice station is ider program. Use cable system. 15 p.m. to 6:2 amming that y l; enter the le	during the accounting pramming of another state on slocated in the paper. List specific program ensed by the FCC or, in nitified). List the times accurated the second period of the second period period of the second period of the second period of the second period pe	tion ith y		
Terrect off October 19, 1970.				WHE	EN SUBSTITUTE	7. REASON	İ	
1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	6. TIMES	FOR DELETION	İ	
	Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM — TO		l	
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ACCOUNTING PERIOD: 2023/2 FORM SA3E. PAGE 6.

	LEGAL NAME OF C	OWNER OF CABLE	SYSTEM:						SYS	STEM ID#		
Name	Armstrong L	Jtilities, Inc.								34166		
	DADT TIME CA	PDIAGE LOC										
J Part-Timo	PART-TIME CARRIAGE LOG In General: This space ties in with column 5 of space G. If you listed a station's basis of carriage as "LAC" for part-time carriage due to lack of activated channel capacity, you are required to complete this log giving the total dates and hours your system carried that station. If you need more space, please attach additional pages. Column 1 (Call sign): Give the call sign of every distant station whose basis of carriage you identified by "LAC" in											
Part-Time Carriage Log	Column 5 of space G. Column 2 (Dates and hours of carriage): For each station, list the dates and hours when part-time carriage occurred during the accounting period. Give the month and day when the carriage occurred. Use numerals, with the month first. Example: for April 10 give											
	 "4/10." State the starting and ending times of carriage to the nearest quarter hour. In any case where carriage ran to the end of the television station's broadcast day, you may give an approximate ending hour, followed by the abbreviation "app." Example: "12:30 a.m.— 3:15 a.m. app." You may group together any dates when the hours of carriage were the same. Example: "5/10-5/14, 6:00 p.m.— 12:00 p.m." 											
			DAT	TES AND HOURS	OF F	PART-TIME CAR	RIAGE					
	CALL SIGN	WHEN	N CARRIAGE OC	CURRED		CALL SIGN	WHE	N CARRIAGE OC	CURR	ED		
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LEGA	AL NAME OF OWNER OF CABLE SYSTEM: nstrong Utilities, Inc.		SYSTEM ID# 34166	Name
Inst all a (as	OSS RECEIPTS Tructions: The figure you give in this space determines the form you fle and the amount you mounts (gross receipts) paid to your cable system by subscribers for the system's second identifed in space E) during the accounting period. For a further explanation of how to cone (vii) of the general instructions. Gross receipts from subscribers for secondary transmission service(s)	dary transmission servi	ce	K Gross Receipts
IMP	during the accounting period. **PORTANT: You must complete a statement in space P concerning gross receipts.	\$ 33,1 (Amount of gross r	115,668.99 receipts)	
• Con • Con • If you fee: • If you accompany	(RIGHT ROYALTY FEE Inctions: Use the blocks in this space L to determine the royalty fee you owe: Inplete block 1, showing your minimum fee. Inplete block 2, showing whether your system carried any distant television stations. In system did not carry any distant television stations, leave block 3 blank. Enter the amount from block 1 on line 1 of block 4, and calculate the total royalty fee. In system did carry any distant television stations, you must complete the applicable parts from panying this form and attach the schedule to your statement of account.	s of the DSE Schedule		L Copyright Royalty Fee
bloc	sk 3 below. art 6 of the DSE schedule was completed, the amount from line 7 of block C should be ent			
3 be	elow. art 7 or part 9, block B, of the DSE schedule was completed, the surcharge amount should			
	MINIMUM FEE: All cable systems with semiannual gross receipts of \$527,600 or more a least the minimum fee, regardless of whether they carried any distant stations. This fee is 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	s 1.064 percent of the	115,668.99	
	Enter the result here. This is your minimum fee.	\$ 3	352,350.72	
Block 2	DISTANT TELEVISION STATIONS CARRIED: Your answer here must agree with the in space G. If, in space G, you identifed any stations as "distant" by stating "Yes" in column "Yes" in this block. • Did your cable system carry any distant television stations during the accounting period X Yes—Complete the DSE schedule. No—Leave block 3 below blank and columns.	4, you must check ?		
Block 3	Line 1. BASE RATE FEE: Enter the base rate fee from either part 8, section 3 or 4, or part 9, block A of the DSE schedule. If none, enter zero	\$	32,821.30	
	Line 2. 3.75 Fee: Enter the total fee from line 7, block C, part 6 of the DSE schedule. If none, enter zero		0.00	
	Line 3. Add lines 1 and 2 and enter here	\$	32,821.30	
Block 4	Line 1. BASE RATE FEE/3.75 FEE or MINIMUM FEE: Enter either the minimum fee from block 1 or the sum of the base rate fee / 3.75 fee from block 3, line 3, whichever is larger Line 2. SYNDICATED EXCLUSIVITY SURCHARGE: Enter the fee from either part 7	\$ 3	352,350.72	Cable systems submitting
	(block D, section 3 or 4) or part 9 (block B) of the DSE schedule. If none, enter zero. Line 3. Line 3. INTEREST CHARGE: Enter the amount from line 4, space Q, page 9 (Interest Worksheet)		0.00	additional deposits under Section 111(d)(7) should contact
	Line 4. FILING FEE	\$	725.00	the Licensing 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	\$ 3	353,075.72	appropriate form for submitting the additional fees.
	EFT Trace # or TRANSACTION ID #			auditional lees.
	Remit this amount via <i>electronic payment</i> payable to Register of Copyrights. (Se general instructions located in the paper SA3 form and the Excel instructions tab	,		

ACCOUNTING PERIOD: 2023/2
FORM SA3E PAGE 8

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	M ID#
		4100
M Channels	CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations to its subscribers and (2) the cable system's total number of activated channels, during the accounting period.	
	Enter the total number of channels on which the cable system carried television broadcast stations	
	2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services	
N Individual to	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED: (Identify an individual we can contact about this statement of account.)	
Be Contacted for Further Information	Name Ken Proudfoot Telephone (724) 283-0925	
	Address One Armstrong Place (Number, street, rural route, apartment, or suite number)	
	Butler, PA 16001 (City, town, state, zip)	
	Email kproudfoot@agoc.com Fax (optional	
0	CERTIFICATION (This statement of account must be certifed and signed in accordance with Copyright Office regulations.)	
Certifcation	• I, the undersigned, hereby certify that (Check one, but only one, of the boxes.)	
	(Owner other than corporation or partnership) I am the owner of the cable system as identifed in line 1 of space B; or	
	(Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as identified in line 1 of space B and that the owner is not a corporation or partnership; or	
	(Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identifed as owner of the cable system in line 1 of space B.	
	I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith. [18 U.S.C., Section 1001(1986)]	
	X /s/ Diane Potochny	
	Enter an electronic signature on the line above using an "/s/" signature to certify this statement. (e.g., /s/ John Smith). Before entering the first forward slash of the /s/ signature, place your cursor in the box and press the "F2" button, then type /s/ and your name. Pressing the "F" button will avoid enabling Excel's Lotus compatibility settings.	
	Typed or printed name: Diane Potochny	
	Title: Chief Financial Officer (Title of official position held in corporation or partnership)	
	Date: February 20, 2023	

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

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM II	
Armstrong Utilities, Inc. 3416	Name Name
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." For more information on when to exclude these amounts, see the note on page (vii) of the general instructions in the paper SA3 form. During the accounting period did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners? X NO YES. Enter the total here and list the satellite carrier(s) below	P Special Statement Concerning Gross Receipts Exclusion
Name Mailing Address Mailing Address Mailing Address	
INTEREST ASSESSMENTS	
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment.	Q
For an explanation of interest assessment, see page (viii) of the general instructions in the paper SA3 form.	
Line 1 Enter the amount of late payment or underpayment	Interest Assessment
Line 2 Multiply line 1 by the interest rate* and enter the sum here	
Line 3 Multiply line 2 by the number of days late and enter the sum here	_
Line 4 Multiply line 3 by 0.00274** enter here and on line 3, block 4,	
space L, (page 7)	_
* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@copyright.gov.	
** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.	
NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Offce, please list below the owner, address, first community served, accounting period, and ID number as given in the original filing.	
Owner	
Address	
First community served	
Accounting period	
ID number	

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

ACCOUNTING PERIOD: 2023/2

DSE SCHEDULE. PAGE 10.

INSTRUCTIONS FOR DSE SCHEDULE WHAT IS A "DSE"

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

FORMULAS FOR COMPUTING A STATION'S DSE

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

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

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

Independent: its type-value is	1.00
Network: its type-value is	0.25
Noncommercial educational: its type-value is	0.25
N	

Note that local stations are not counted at all in computing DSEs.

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

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

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

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

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

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

TOTAL OF DSEs

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

THE ROYALTY FEE

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

 1.064% of gross receipts

 Each of the second, third, and fourth DSEs

 0.701% of gross receipts

 The fifth and each additional DSE
 0.330% of gross receipts

PARTIALLY DISTANT STATIONS—PART 9 OF THE DSE SCHEDULE

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

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

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

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

- Calculate a separate base rate fee for each subscriber group, using (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:

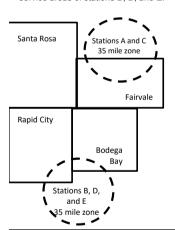
- When the fourth decimal point is 1, 2, 3, or 4, the third decimal remains unchanged (example: .34647 is rounded to .346).
- When the fourth decimal point is 5, 6, 7, 8, or 9, the third decimal is rounded up (example: .34651 is rounded to .347).

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:

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

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



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

 Minimum Fee Total Gross Receipts
 \$600,000.00

 x .01064
 \$6.384.00

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

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

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

ACCOUNTING PERIOD: 2023/2

1	LEGAL NAME OF OWNER OF CABLE	S'	YSTEM ID#							
•	Armstrong Utilities, Inc.		34166							
	SUM OF DSEs OF CATEGOR	Y "O" STATION	S:							
	 Add the DSEs of each station 									
	Enter the sum here and in line	1 of part 5 of this	schedule.		3.75					
	Instructions:			•		•				
2	In the column headed "Call S	ign": list the call	signs of all distant stations i	dentified by the	e letter "O" in column 5					
0	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-									
Computation of DSEs for	mercial educational station, give			as 1.0 , 101 ea	acti fietwork of floricom-					
Category "O"	moroidi oddodionai oldion, giv	0 tilo DOL do	CATEGORY "O" STATION	S: DSEs						
Stations	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE				
	WPCB	1.000								
	WQED	0.250			•••••••••••••••••••••••••••••••••••••••					
	KDKA	0.250								
	WFXP	1.000								
	WNEO	0.250								
Add rows as	WICU	0.250		4						
necessary.	WJET	0.250		4						
Remember to copy all formula into new	WQLN	0.250								
rows.	WSEE	0.250								
10W3.										

y	,	p	 	

	LEGAL NAME OF C	OWNER OF CABLE SYSTEM:						S	YSTEM ID#		
Name	Armstrong U	Itilities, Inc.							34166		
Computation of DSEs for Stations Carried Part Time Due to Lack of Activated Channel Capacity	Column 4: Divide the figure in column 2 by the figure in column 3, and give the result in decimals in column 4. This figure must be carried out at least to the third decimal point. This is the "basis of carriage value" for the station. Column 5: For each independent station, give the "type-value" as "1.0." For each network or noncommercial educational station, give the type-value as ".25." Column 6: Multiply the figure in column 4 by the figure in column 5, and give the result in column 6. Round to no less than the third decimal point. This is the station's DSE. (For more information on rounding, see page (viii) of the general instructions in the paper SA3 form. CATEGORY LAC STATIONS: COMPUTATION OF DSEs 1. CALL 2. NUMBER 3. NUMBER 4. BASIS OF 5. TYPE 6. DSE										
	1. CALL SIGN	2. NUMBE OF HOU CARRIE SYSTE	URS ED BY	3. NUMBER OF HOURS STATION ON AIR	4. BASIS OI CARRIAC VALUE		. TYPE VALUE	6. DS	E		
		3.3.2	÷		=	x		=			
			÷		=	x		=			
			÷		=	x		=			
			÷		=	x		=			
			÷		=	x		=			
			÷		=	x		=			
			÷		=	x		=			
			÷		=	х		=			
	Add the DSEs	is OF CATEGORY LAC S of each station. Irm here and in line 2 of p		hedule,			0.00				
Computation of DSEs for Substitute-Basis Stations	Was carried tions in effer Broadcast of space I). Column 2: at your option. Column 3: Column 4: I	e the call sign of each stated in your system in substant on October 19, 1976 (one or more live, nonnetwork). This figure should correst the number of days Divide the figure in column of the station's DSE	itution for a pro as shown by the ork programs de number of live spond with the s in the calenda in 2 by the figu (For more info	ogram that your system he letter "P" in column 7 uring that optional carries, nonnetwork programs information in space I. ar year: 365, except in a ure in column 3, and givermation on rounding, se	was permitted to or space I); and age (as shown by the carried in substitute I); a leap year. The the result in column of the page (viii) of the carried in substitute I); a leap year.	o delete under FC the word "Yes" in contitution for progran lumn 4. Round to the general instruc	C rules and olumn 2 of ns that were no less than the partitions in the partitions and the results are results are results and the results are results are results are results are results are results are results and the results are resu	deleted	ı.		
		SI	UBSTITUTE	E-BASIS STATION	IS: COMPUTA	ATION OF DS	Es				
	1. CALL SIGN	2. NUMBER OF PROGRAMS	3. NUMB OF DA' IN YEA	YS	1. CALL SIGN	2. NUMBE OF PROGR		3. NUMBER OF DAYS IN YEAR	4. DSE		
			÷	=			÷		=		
			÷	=			÷		=		
			÷	=			÷		=		
			÷	=			÷		=		
			÷	=			÷		=		
	Add the DSEs	OF SUBSTITUTE-BASI			▶		0.00		=		
5		ER OF DSEs: Give the ams applicable to your system		boxes in parts 2, 3, and	4 of this schedule	and add them to p	provide the to	otal			
Total Number	1. Number	of DSEs from part 2 ●				•	;	3.75			
of DSEs		of DSEs from part 3 ●				•		0.00			
		of DSEs from part 4 ●						0.00			
	J. Number	o. DoE3 from part 4 ♥									
	TOTAL NUMBE	TOTAL NUMBER OF DSEs									

DSE SCHEDULE. PAGE 13. ACCOUNTING PERIOD: 2023/2

LEGAL NAME OF O		SYSTEM:					S	YSTEM ID# 34166	Name
schedule.		mainder of pa		of the DSE schedul	le blank and c	complete part	8, (page 16) of the	3	6
			BLOCK A:	TELEVISION MA	RKETS				Computation of
effect on June 24, Yes—Com	1981?	schedule—D C below.	OO NOT COMP	er markets as define	NDER OF PAF	RT 6 AND 7.	C rules and regula	itions in	3.75 Fee
		BLO	CK B: CARF	RIAGE OF PERM	IITTED DSF	Es			
Column 1: CALL SIGN	under FCC rules	and regulations e DSE Sche	ons prior to Jun dule. (Note: Th	part 2, 3, and 4 of th te 25, 1981. For furth te letter M below refe Act of 2010.)	ner explanatio	n of permitted	stations, see the		
Column 2: BASIS OF PERMITTED CARRIAGE	(Note the FCC ru A Stations carrie 76.61(b)(c)] B Specialty static C Noncommerica D Grandfathered instructions fo E Carried pursua *F A station prev	eles and regued pursuant to a sefined all educational station (76.6 r DSE sched ant to individuationally carries).	lations cited be to the FCC mard in 76.5(kk) (76 al station [76.59 65) (see paragrible), all waiver of FC ad on a part-tim rithin grade-B c	ne or substitute basis contour, [76.59(d)(5),	in effect on Ju 57, 76.59(b), 7 (1), 76.63(a) re (a) referring to titution of gran	une 24, 1981 76.61(b)(c), 7 eferring to 76 5 76.61(d)] adfathered sta	6.63(a) referring to 61(e)(1) titions in the		
Column 3:		e stations ide	ntified by the le	parts 2, 3, and 4 of etter "F" in column 2,			rksheet on page 1	4 of	
1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	
WPCB	Α	1.00	WJET	D	0.25				
WQED	С	0.25	WQLN	С	0.25				
KDKA	D	0.25	WSEE	D	0.25				
WFXP	D	1.00							
WNEO	С	0.25							
WICU	D	0.25							
			.1		U	<u> </u>		3.75	
								••	•
			BLOCK C: CC	OMPUTATION OF	3.75 FEE				
Line 1: Enter the									
				of DSEs subject to 7 of this schedule)		ite.			
Line 4: Enter gro	ss receipts from	space K (pa	age 7)				x 0.03	375	Do any of the DSEs represent partially
Line 5: Multiply li	ne 4 by 0.0375 a	nd enter su	m here				x		permited/ partially nonpermitted carriage?
Line 6: Enter tota	al number of DSE	s from line	3						If yes, see part 9 instructions.
Line 7: Multiply li	ne 6 by line 5 an	d enter here	e and on line	2, block 3, space L	_ (page 7)			0.00	

EGAL NAME OF Armstrong Ut	OWNER OF CABLE S	SYSTEM:					S	YSTEM ID# 34166	
		BLOCK	A: TELEVIS	SION MARKETS	S (CONTINU	JED)			_
1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	6
	57.10.10			57.6.6		5.5.1	2,1010		Computation of 3.75 Fee
						-			

ACCOUNTING PERIOD: 2023/2

Name	Armstrong Utili		SYSTEM:					SYSTEM ID# 34166			
Worksheet for Computating the DSE Schedule for Permitted Part-Time and Substitute Carriage	stations carried prio Column 1: List the co Column 2: Indicate to Column 3: Indicate to Column 4: Indicate to (Note that the FC A—Part-time spentific prior B—Late-night prior S—Substitute case Column 5: Indicate to Column 6: Compare in b	Instructions: You must complete this worksheet for those stations identifed by the letter "F" in column 2 of block B, part 6 (i.e., those stations carried prior to June 25, 1981, under former FCC rules governing part-time and substitute carriage.) Column 1: List the call sign for each distant station identifed by the letter "F" in column 2 of part 6 of the DSE schedule. Column 2: Indicate the DSE for this station for a single accounting period, occurring between January 1, 1978 and June 30, 1981. Column 3: Indicate the accounting period and year in which the carriage and DSE occurred (e.g., 1981/1). Column 4: Indicate the basis of carriage on which the station was carried by listing one of the following letters: (Note that the FCC rules and regulations cited below pertain to those in effect on June 24, 1981.) A—Part-time specialty programming: Carriage, on a part-time basis, of specialty programming under FCC rules, sections 76.59(d)(1),76.61(e)(1), or 76.63 (referring to 76.61(e)(1)). B—Late-night programming: Carriage under FCC rules, sections 76.59(d)(3), 76.61(e)(3), or 76.63 (referring to 76.61(e)(3)). S—Substitute carriage under certain FCC rules, regulations, or authorizations. For further explanation, see page (vi) of the general instructions in the paper SA3 form. Column 5: Indicate the station's DSE for the current accounting period as computed in parts 2, 3, and 4 of this schedule. Column 6: Compare the DSE figures listed in columns 2 and 5 and list the smaller of the two figures here. This figure should be entered in block B, column 3 of part 6 for this station.									
		PERMIT	TED DSE FOR STA	TIONS CARRIE	D ON A PART-TIME AN	ID SUBSTIT	TITE BASIS				
	1. CALL SIGN	2. PRIC	OR 3. ACC	COUNTING ERIOD	4. BASIS OF CARRIAGE	5. PF	RESENT DSE	6. PERMITTED DSE			
7 Computation of the	Instructions: Block A must be completed. In block A: If your answer is "Yes," complete blocks B and C, below. If your answer is "No," leave blocks B and C blank and complete part 8 of the DSE schedule.										
Syndicated	BLOCK A: MAJOR TELEVISION MARKET										
Exclusivity Surcharge	Is any portion of the c X Yes—Complete	•	, ,	television marke	t as defned by section 76. No—Proceed to		es in effect June	24, 1981?			
	BLOCK B: C	arriage of VHF	-/Grade B Contour	Stations	BLOC	K C: Compu	itation of Exemp	ıt DSFs			
	Is any station listed in commercial VHF statio or in part, over the cal	block B of par on that places	t 6 the primary strea	am of a	Was any station listed nity served by the cabl to former FCC rule 76.	in block B c	of part 7 carried i	in any commu-			
	Yes—List each st X No—Enter zero a		n its appropriate perm art 8.	itted DSE	Yes—List each st			permitted DSE			
	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	N DSE			
				<u> </u>							
				<u></u>							
		<u> </u>	TOTAL DSEs	0.00			TOTAL DSE	es 0.00			

LEGAL NA	Armstrong Utilities, Inc. SYSTEM ID# 34166	Name
	BLOCK D: COMPUTATION OF THE SYNDICATED EXCLUSIVITY SURCHARGE	
Section 1	Enter the amount of gross receipts from space K (page 7)	7
Section 2	A. Enter the total DSEs from block B of part 7	Computation of the
	B. Enter the total number of exempt DSEs from block C of part 7	Syndicated Exclusivity
	C. Subtract line B from line A and enter here. This is the total number of DSEs subject to the surcharge computation. If zero, proceed to part 8	Surcharge
• Is an	y portion of the cable system within a top 50 television market as defned by the FCC? X Yes—Complete section 3 below.	
	SECTION 3: TOP 50 TELEVISION MARKET	
Section 3a	Did your cable system retransmit the signals of any partially distant television stations during the accounting period? X Yes—Complete part 9 of this schedule. No—Complete the applicable section below. If the figure in section 2, line C is 4.000 or less, compute your surcharge here and leave section 3b blank. NOTE: If the DSE	
	is 1.0 or less, multiply the gross receipts by .00599 by the DSE. Enter the result on line A below.	
	A. Enter 0.00599 of gross receipts (the amount in section1)	
	B. Enter 0.00377 of gross receipts (the amount in section 1)	
	C. Subtract 1.000 from total permitted DSEs (the figure on line C in section 2) and enter here	
	D. Multiply line B by line C and enter here	
	E. Add lines A and D. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7) Syndicated Exclusivity Surcharge.	
Section 3b	If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 3a blank.	
	A. Enter 0.00599 of gross receipts (the amount in section 1)	
	B. Enter 0.00377 of gross receipts (the amount in section 1)	
	C. Multiply line B by 3.000 and enter here	
	D. Enter 0.00178 of gross receipts (the amount in section 1)	
	E. Subtract 4.000 from total DSEs (the fgure on line C in section 2) and enter here	
	F. Multiply line D by line E and enter here	
	G. Add lines A, C, and F. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7) Syndicated Exclusivity Surcharge	
	SECTION 4: SECOND 50 TELEVISION MARKET	•
	Did your cable system retransmit the signals of any partially distant television stations during the accounting period?	
Section 4a	X Yes—Complete part 9 of this schedule. No—Complete the applicable section below.	
	If the figure in section 2, line C is 4.000 or less, compute your surcharge here and leave section 4b blank. NOTE: If the DSE is 1.0 or less, multiply the gross receipts by 0.003 by the DSE. Enter the result on line A below. A. Enter 0.00300 of gross receipts (the amount in section 1)	
	B. Enter 0.00189 of gross receipts (the amount in section 1)	
	C.Subtract 1.000 from total permitted DSEs (the fgure on line C in section 2) and enter here	
	D. Multiply line B by line C and enter here	
	E. Add lines A and D. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7) Syndicated Exclusivity Surcharge	

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:										
Hamo	,	Armstrong Utilities, Inc.	34166								
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		B. Enter 0.00189 of gross receipts (the amount in section 1) ▶ \$									
Exclusivity 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	ctions:									
8		nust 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. pck A, indicate, by checking "Yes" or "No," whether your system carried any partially distant stations.									
Computation		ur answer is "No," compute your system's base rate fee in block B. Leave part 9 blank.									
of	• If you	ur answer is "Yes" (that is, if you carried one or more partially distant stations), you must complete part 9. Leave block B below									
Base Rate Fee	blank										
		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?									
		X Yes—Complete part 9 of this schedule. No—Complete the following sections.									
	0 "	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 4.000 or less , compute your base rate fee here and leave section 4 blank. NOTE: If the DSE is 1.0 or less, multiply the gross receipts by 0.01064 by the DSE. Enter the result on line A below.									
		A. Enter 0.01064 of gross receipts (the amount in section 1)	_								
		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)	0.00								
	Base Rate Fee										

DSE SCHEDULE. PAGE 17. ACCOUNTING PERIOD: 2023/2

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEI	
Armstrong Utilities, Inc.	4166 Name
Section If the figure in section 2 is more than 4.000, compute your base rate fee here and leave section 3 blank.	
4 A Feter 0.04064 of group receipts	8
A. Enter 0.01064 of gross receipts (the amount in section 1) ▶ \$	
B. Enter 0.00701 of gross receipts (the amount in section 1) \$\blacksymbol{\subset}\$\$	Computation
	Base Rate Fe
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
Base Rate Fee ▶\$ 0.	
IMPORTANT: It is no longer necessary to report television signals on a system-wide basis. Carriage of television broadcast signals s	shall
instead be reported on a community-by-community basis (subscriber groups) if the cable system reported multiple channel line-ups i	
Space G.	
In General: If any of the stations you carried were partially distant, the statute allows you, in computing your base rate fee, to exclude receipts from subscribers located within the station's local service area, from your system's total gross receipts. To take advantage of	of this Computation
exclusion, you must:	of Base Rate Fe
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	
DSEs and the portion of your system's gross receipts attributable to that group, and calculate a separate base rate fee for each group. Finally: Add up the separate base rate fees for each subscriber group. That total is the base rate fee for your system.	Surcharge
NOTE: If any portion of your cable system is located within the top 100 television market and the station is not exempt in part 7, you	for Partially
also compute a Syndicated Exclusivity Surcharge for each subscriber group. In this case, complete both block A and B below. Howe	ever, if Distant
your cable system is wholly located outside all major television markets, complete block A only.	Stations, and for Partially
How to Identify a Subscriber Group for Partially Distant Stations	Permitted
Step 1: For each community served, determine the local service area of each wholly distant and each partially distant station you carried to that community.	Stations
Step 2: For each wholly distant and each partially distant station you carried, determine which of your subscribers were located outside the station's local service area. A subscriber located outside the local service area of a station is distant to that station (and, I same token, the station is distant to the subscriber.)	by the
Step 3: Divide your subscribers into subscriber groups according to the complement of stations to which they are distant. Each	
subscriber group must consist entirely of subscribers who are distant to exactly the same complement of stations. Note that a cable s will have only one subscriber group when the distant stations it carried have local service areas that coincide.	system
Computing the base rate fee for each subscriber group: Block A contains separate sections, one for each of your system's subsgroups.	criber
In each section:	
Identify the communities/areas represented by each subscriber group.	
• Give the call sign for each of the stations in the subscriber group's complement—that is, each station that is distant to all of the subscribers in the group.	
• If:	
1) your system is located wholly outside all major and smaller television markets, give each station's DSE as you gave it in parts 2, 3 4 of this schedule; or,	i, and
2) any portion of your system is located in a major or smaller televison market, give each station's DSE as you gave it in block B, part 6 of this schedule.	
Add the DSEs for each station. This gives you the total DSEs for the particular subscriber group.	
Calculate gross receipts for the subscriber group. For further explanation of gross receipts see page (vii) of the general instructions in the paper SA3 form.	;
Compute a base rate fee for each subscriber group using the formula outline in block B of part 8 of this schedule on the preceding	
page. In making this computation, use the DSE and gross receipts figure applicable to the particular subscriber group (that is, the to DSEs for that group's complement of stations and total gross receipts from the subscribers in that group). You do not need to show actual calculations on the form.	

	LEGAL NAME OF OWNER OF CABLE SYSTEM:	STEM ID#
Name	Armstrong Utilities, Inc.	34166
	Guidance for Computing the Royalty Fee for Partially Permitted/Partially NonPermitted Signals	
	Step 1: Use part 9, block A, of the DSE Schedule to establish subscriber groups to compute the base rate fee for wholly and partially permitted distant signals. Write "Permitted Signals" at the top of the page. Note: One or more permitted signals in these	
	subscriber groups may be partially distant.	
	Step 2: Use a separate part 9, block A, to compute the 3.75 percent fee for wholly nonpermitted and partially nonpermitted distant	
	signals. Write "Nonpermitted 3.75 stations" at the top of this page. Multiply the subscriber group gross receipts by total DSEs by	
	.0375 and enter the grand total 3.75 percent fees on line 2, block 3, of space L. Important: The sum of the gross receipts reported	
	for each part 9 used in steps 1 and 2 must equal the amount reported in space K. Step 3: Use part 9, block B, to compute a syndicated exclusivity surcharge for any wholly or partially permitted distant	
	signals from step 1 that is subject to this surcharge.	
	Guidance for Computing the Royalty Fee for Carriage of Distant and Partially Distant Multicast Streams Step 1: Use part 9, Block A, of the DSE Schedule to report each distant multicast stream of programming that is transmitted from	
	a primary television broadcast signal. Only the base rate fee should be computed for each multicast stream. The 3.75 Percent Rate	
	and Syndicated Exclusivity Surcharge are not applicable to the secondary transmission of a multicast stream.	
	You must report but not assign a DSE value for the retransmission of a multicast stream that is the subject of a written agreement	
	entered into on or before June 30, 2009 between a cable system or an association representing the cable system and a primary	
	transmitter or an association representing the primary transmitter.	
		1

LEGAL NAME OF OWNER Armstrong Utilities		E SYSTEM:				S	34166	Name
	BLOCK A:	COMPUTATION OF	BASE RA	TE FEES FOR EACH	H SUBSCRIE	BER GROUP		
	FIRST	SUBSCRIBER GROUP	>		SECOND	SUBSCRIBER GROU	JP	^
COMMUNITY/ AREA	Greenu	p, WV		COMMUNITY/ AREA	Sandy L	ake, PA		9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
				WPCB	1.00			Base Rate Fee
				WQED	0.25			and
					•••••			Syndicated
					••••			Exclusivity
					••••			Surcharge
					••••			for
					••••		····	Partially
					••••			Distant
					•••••		····	Stations
					•••••		····	Gtationo
			 	-				
	<u></u>		ļ					
	<u></u>							
							····	
T. / LD05			0.00	T		Ш	4.05	
Total DSEs 0.00				Total DSEs			1.25	
Gross Receipts First Gr	roup	\$ 158	,908.22	Gross Receipts Seco	nd Group	\$ 1	28,849.75	
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Seco	nd Group	\$	1,596.77	
	THIRD	SUBSCRIBER GROUP)		FOURTH	SUBSCRIBER GROU	JP	
COMMUNITY/ AREA	Somers	et, PA		COMMUNITY/ AREA North Clarion, PA				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
WPCB	1.00							
					••••			
					•••••			
					•••••			
					•••••			
					••••			
					•••••			
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			·····					
	···							
Total DSEs			1.00	Total DSEs			0.00	
Gross Receipts Third G	iroup	s 377	,097.65	Gross Receipts Fourt	th Group	s 3	349,296.11	
			7		5.34 p	<u>-</u>		
Base Rate Fee Third Group \$ 4,012.32		,012.32	Base Rate Fee Fourt	th Group	\$	0.00		
				••				
Base Rate Fee: Add th Enter here and in block			per group a	s shown in the boxes at	bove.	\$	32,821.30	
or nore and in block	J, 1, 5						-2,021.00	

9		DED CDOUD						
9	ATE FEES FOR EACH SUBSCRIBER GROUP SIXTH SUBSCRIBER GROUP					COMPUTATION OF SUBSCRIBER GROU		E
9 Computation		r, OH	Andove	COMMUNITY/ AREA		ın, OH	Kinsma	COMMUNITY/ AREA
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate F								
Syndicated								
Exclusivity Surcharge								
for								
Partially Distant								
Stations								
-	0.00			Total DSEs	0.00			Total DSEs
-	75,522.40	\$	d Group	Gross Receipts Second	,203.20	\$ 58	oup	Gross Receipts First G
	0.00	\$	d Group	Base Rate Fee Second	0.00	\$	oup	Base Rate Fee First Gi
	JP	SUBSCRIBER GROU	EIGHTH		IP	SUBSCRIBER GROU	SEVENTH	
		WV	COMMUNITY/ AREA		ille, WV	Harrisvi	COMMUNITY/ AREA	
<u>. </u>	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
_	0.00			Total DSEs	0.00			Total DSEs
-	193,774.91	\$ 4	Group	Gross Receipts Fourth	,195.75	Gross Receipts Third Group \$ 219,195.75		
	0.00	\$	Group	Base Rate Fee Fourth	0.00	\$	roup	Base Rate Fee Third G

LEGAL NAME OF OWNER Armstrong Utilities		E SYSTEM:				SY	STEM ID# 34166	Name
E	BLOCK A:	COMPUTATION OF	BASE RA	TE FEES FOR EACH	SUBSCRI	BER GROUP		
	NINTH	SUBSCRIBER GROU	Р		TENTH	SUBSCRIBER GROUP)	•
COMMUNITY/ AREA	Connell	Isville, PA		COMMUNITY/ AREA	Medina,	OH		9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
								Syndicated
								Exclusivity
								Surcharge
								for
								Partially
								Distant
	.		ļ		_		 	Stations
	<mark>-</mark>		ļ		_		ļ	
	 		ļ		<u> </u>		ļ	
	<u>-</u>		ļ		ļ		ļ	
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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Group \$ 3,487,131.61			131.61	Gross Receipts Second	d Group	\$ 1,98	7,427.08	
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Second	d Group	\$	0.00	
E	LEVENTH	SUBSCRIBER GROU	Р		TWELVTH	SUBSCRIBER GROUP)	
COMMUNITY/ AREA	Orrville	, OH		COMMUNITY/ AREA	COMMUNITY/ AREA Butler/Zelie, PA			
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
	-							
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					*			
Total DSEs			0.00	Total DSEs		_	0.00	
Gross Receipts Third G	roup	\$ 588	735.68	Gross Receipts Fourth	Group	\$ 10,86	9,688.36	
Base Rate Fee Third G	Base Rate Fee Third Group \$ 0.00		0.00	Base Rate Fee Fourth Group \$ 0.00		0.00		
Rasa Pata Fas: Add th	a hasa rata	a face for each subscri	her aroun a	as shown in the boxes ab	ove			
Enter here and in block			ou gioup a	S SHOWN III THE DOVES AD		\$		

LEGAL NAME OF OWNER Armstrong Utilities		SYSTEM:				S	YSTEM ID# 34166	Name
				ATE FEES FOR EACH				
COMMUNITY/ AREA		Point, OH	P	COMMUNITY/ AREA		OH SUBSCRIBER GROU	P	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
		1						Syndicated
					.			Exclusivity Surcharge
					-			for
								Partially
								Distant
								Stations
					.			
			l		-			
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Group \$ 1,858,294.55			294.55	Gross Receipts Second	d Group	\$ 1,78	83,159.89	
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Second	d Group	\$	0.00	
FI	FTEENTH	SUBSCRIBER GROU	Р	S	IXTEENTH	SUBSCRIBER GROU	Р	
COMMUNITY/ AREA	Venang	o & Forest Count	ies, PA	COMMUNITY/ AREA	Warren a	& Crawford Count	ies, PA	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
WFXP	1.00			KDKA	0.25			
	<u> </u>						<u> </u>	
					<u> </u>			
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			<u> </u>					
Total DSEs	<u> </u>		1.00	Total DSEs	<u> </u>		0.25	
Gross Receipts Third Group \$ 210,058.84		Gross Receipts Fourth	Group	\$ 38	88,573.29			
	2 10,030.04		300,373.2		 			
Base Rate Fee Third G	Base Rate Fee Third Group \$ 2,235.03		235.03	Base Rate Fee Fourth Group \$ 1,033.60			1,033.60	
Base Rate Fee: Add the	e base rate	e fees for each subscri	ber group a	as shown in the boxes abo	ove.			
Enter here and in block						\$		

LEGAL NAME OF OWNER Armstrong Utilities		E SYSTEM:				S	YSTEM ID# 34166	Name
	BLOCK A:	COMPUTATION OF	BASE RA	ATE FEES FOR EACH	SUBSCRIE	BER GROUP		
		SUBSCRIBER GROU		TI .		SUBSCRIBER GROU	IP	_
COMMUNITY/ AREA	Eastern	Mahoning Count	у, ОН	COMMUNITY/ AREA	W. Maho	oning & Trumbull	County, OI	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
				WQED	0.25			Base Rate Fee
								and
				·				Syndicated
						H	····	Exclusivity
						L	····	Surcharge
							·····	for
							·····	Partially
						L	····	Distant
							·····	Stations
						<u> </u>	·····	Otations
	····			-	<u> </u>			
	-							
				-			····	
			ļ					
Total DSEs			0.00	Total DSEs			0.25	
Gross Receipts First Gr	oup	\$ 3,404	914.72	Gross Receipts Secon	nd Group	\$ 2,2	37,891.66	
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Secon	nd Group	\$	5,952.79	
NII	NTEENTH	SUBSCRIBER GROU	Р	7	TWENTIETH	SUBSCRIBER GROU	IP	
COMMUNITY/ AREA	Butler 8	& Lawrence Count	ies, PA	COMMUNITY/ AREA	Venango	Counties, PA		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
				WNEO	0.25			
	<u>-</u>		ļ	-				
	<u>-</u>		l					
			 					
			 					
	-				<u></u>			
				-				
				-				
			l	-				
Total DSEs			0.00	Total DSEs			0.25	
Gross Receipts Third G	roup	\$ 530	868.83	Gross Receipts Fourth	n Group	\$	99,425.55	
.							224.45	
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourth	n Group	\$	264.47	
Base Rate Fee: Add the	e base rat e	e fees for each subscri	ber group a	as shown in the boxes al	bove.			
Enter here and in block	3, line 1, s	pace L (page 7)				\$		

LEGAL NAME OF OWNE Armstrong Utilitie		E SYSTEM:					34166	Name
	BLOCK A:	COMPUTATION OF	BASE RA	ATE FEES FOR EAC	CH SUBSCRIE	BER GROUP		
TWEN	NTY-FIRST	SUBSCRIBER GROU	IP	TWE	NTY-SECOND	SUBSCRIBER GRO	UP	•
COMMUNITY/ AREA	North C	entral Mercer Co	unty, PA	COMMUNITY/ ARE	A Southern	n Mercer County	, PA	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
WPCB	1.00			WPCB	1.00			Base Rate Fee
WQED	0.25							and
								Syndicated
	···							Exclusivity
	···							Surcharge
								for
								Partially
	···							Distant
							······	Stations
							······	Gtations
	<u></u>		†					
			1					
	 							
								
Total DSEs			1.25	Total DSEs			1.00	
Gross Receipts First G	roup	\$ 99	,509.18	Gross Receipts Sec	cond Group	\$	945,575.08	
Base Rate Fee First G		\$ 1	, 233.17	Base Rate Fee Sec		\$ SUBSCRIBER GRO	10,060.92	
COMMUNITY/ AREA	Crawfo	rd & Erie Countie	s, PA	COMMUNITY/ ARE	A Mercer C	County, PA		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
KDKA	0.25			WFXP	1.00			
				WICU	0.25			
				WJET	0.25			
				WQLN	0.25			
				WSEE	0.25			
	<u> </u>							
	<u> </u>							
	<u> </u>							
Total DSEs			0.25	Total DSEs			2.00	
Gross Receipts Third 0	Group	\$ 2,109	,137.55	Gross Receipts Fou	ırth Group	\$	40,909.17	
Base Rate Fee Third C	Group		,610.31	Base Rate Fee Fou	ırth Group	\$	722.05	
Base Rate Fee: Add the Enter here and in block			iber group a	as shown in the boxes	above.	\$		

LEGAL NAME OF OWNE Armstrong Utilities		E SYSTEM:				S	YSTEM ID# 34166	Name
	BLOCK A:	COMPUTATION OF	BASE RA	ATE FEES FOR EACH	SUBSCRI	BER GROUP		
TWEN	ITY-FIFTH	SUBSCRIBER GROU	IP	TWE	NTY-SIXTH	SUBSCRIBER GROU	Р	•
COMMUNITY/ AREA	French	Creek Township,	PA	COMMUNITY/ AREA	Venang	o County, PA		9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
WFXP	1.00							Base Rate Fee
								and
								Syndicated
								Exclusivity
								Surcharge
								for
			ļ			H		Partially
								Distant
			<u> </u>			H		Stations
					 			
					 	-		
					†	H		
	<u> </u>				*			
					*			
Total DSEs			1.00	Total DSEs			0.00	
Gross Receipts First G	roup	\$ 9	,387.08	Gross Receipts Secon	d Group	\$	51,044.55	
-								
Base Rate Fee First G	roup	\$	99.88	Base Rate Fee Second	d Group	\$	0.00	
TWENTY-	SEVENTH	SUBSCRIBER GROU	IP	TWEN	ΓΥ-EIGHTH	SUBSCRIBER GROU	Р	
COMMUNITY/ AREA	Westeri	n Erie & North Ce	ntral Cra	COMMUNITY/ AREA	Morrow	County, OH		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
			<u> </u>					
				-				
			<u> </u>		<u>-</u>	H		
	<u></u>							
	<mark></mark>		<u> </u>		<u> </u>			
	<mark></mark>		<u> </u>		<u> </u>	-		
	<u>-</u>			-	ļ	-		
			 	-	 	+		
			1	-	 			
Total DSEs	1		0.00	Total DSEs	ı		0.00	
Gross Receipts Third G	Group	s 469	,556.90	Gross Receipts Fourth	Group	\$	83,531.45	
	'		,		r	· · · · · · · · · · · · · · · · · · ·		
Base Rate Fee Third G	Group	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
Base Rate Fee: Add th	e base rate	e fees for each subscr	iber group a	as shown in the boxes ab	ove.			
Enter here and in block						\$		

LEGAL NAME OF OWNE Armstrong Utilitie		E SYSTEM:	-			\$	34166	Name
		COMPUTATION C		TE FEES FOR EACH		IBER GROUP SUBSCRIBER GROI	UP	•
COMMUNITY/ AREA	Greenu	ıp, WV		COMMUNITY/ AREA	Sandy	Lake, PA		9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee and
								Syndicated
								Exclusivity Surcharge
								for
								Partially
								Distant Stations
								
					<u> </u>			
Total DSEs	•		0.00	Total DSEs	•		0.00	
Gross Receipts First G	roup	\$ 15	8,908.22	Gross Receipts Secon	d Group	\$	128,849.75	
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Secon	d Group	\$	0.00	
		SUBSCRIBER GRO	UP			SUBSCRIBER GROU	UP	
COMMUNITY/ AREA	Somers	set, PA		COMMUNITY/ AREA	North C	Clarion, PA		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third C	Group	\$ 37	7,097.65	Gross Receipts Fourth	Group	\$ 3	349,296.11	
Base Rate Fee Third C	Group	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
Base Rate Fee: Add th	ne base rat	e fees for each subsc	criber group a	s shown in the boxes ab	ove.			
Enter here and in block	3, line 1, s	pace L (page 7)				\$	0.00	

Nonpermitted 3.75 Stations

LEGAL NAME OF OWNE Armstrong Utilities		E SYSTEM:				5	34166	Name
I		COMPUTATION C		TE FEES FOR EACH		BER GROUP SUBSCRIBER GROU	JP	•
COMMUNITY/ AREA	Kinsma	an, OH		COMMUNITY/ AREA	Andove	r, OH		9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
	<u></u>							and Syndicated
								Exclusivity
						.		Surcharge for
								Partially
								Distant Stations
								Glationo
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	roup	\$ 50	8,203.20	Gross Receipts Second	d Group	\$	75,522.40	
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Second	d Group	\$	0.00	
		SUBSCRIBER GRO	JP			SUBSCRIBER GROU	JP	
COMMUNITY/ AREA	Harrisv	ille, WV		COMMUNITY/ AREA	Hamlin	WV		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	Group	\$ 219	9,195.75	Gross Receipts Fourth	Group	\$ 4	193,774.91	
Base Rate Fee Third G	Group	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
Base Rate Fee: Add th Enter here and in block			riber group a	s shown in the boxes ab	ove.	\$		

Nonpermitted 3.75 Stations

LEGAL NAME OF OWNE	R OF CABLE	SYSTEM:				S'	YSTEM ID#	
Armstrong Utilitie	s, Inc.						34166	Name
	BLOCK A	COMPUTATION OF	BASE RA	TE FEES FOR EACH	SUBSCRII	BER GROUP		
		SUBSCRIBER GROU				SUBSCRIBER GROU	Р	_
COMMUNITY/ AREA	Connel	lsville, PA		COMMUNITY/ AREA	Medina,	ОН		9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
								Syndicated
								Exclusivity
								Surcharge
								for
								Partially
								Distant
			ļ					Stations
								
	<mark></mark>				<u> </u>			
			 		1		<u> </u>	
								
	···				<u> </u>		···	
Total DSEs	-		0.00	Total DSEs		<u> </u>	0.00	
Gross Receipts First G	roun	\$ 3,487	,131.61	Gross Receipts Second	d Group	\$ 1,98	37,427.08	
Cross rescipto rilot C	Оцр	<u> </u>	,	Cross resolpts essent	а оточр		71,121.100	
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Second	d Group	\$	0.00	
Е	LEVENTH	SUBSCRIBER GROU	Р		TWELVTH	SUBSCRIBER GROU	Р	
COMMUNITY/ AREA	Orrville	, OH		COMMUNITY/ AREA	Butler/Z	elie, PA		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
	<u></u>							
								
			†					
			•					
Total DSEs			0.00	Total DSEs	_		0.00	
Gross Receipts Third G	Froup	\$ 588	,735.68	Gross Receipts Fourth	Group	\$ 10,86	69,688.36	
Base Rate Fee Third G	iroup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
Base Rate Fee: Add th Enter here and in block			iber group a	s shown in the boxes ab	ove.	\$		

LEGAL NAME OF OWNE Armstrong Utilitie		E SYSTEM:	-			S	YSTEM ID# 34166	Name
		COMPUTATION OF		TE FEES FOR EACH		IBER GROUP I SUBSCRIBER GROU	IP.	•
COMMUNITY/ AREA	South F	Point, OH		COMMUNITY/ AREA	Ashlan	d OH		9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee and
								Syndicated
								Exclusivity Surcharge
								for
								Partially Distant
								Stations
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	roup	\$ 1,858	,294.55	Gross Receipts Secon	d Group	\$ 1,7	83,159.89	
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Secon	d Group	\$	0.00	
		SUBSCRIBER GROU		i i		SUBSCRIBER GROU		
COMMUNITY/ AREA	venang	jo & Forest Count	iles, PA	COMMUNITY/ AREA	vvarren	& Crawford Count	iles, PA	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	Group	\$ 210	,058.84	Gross Receipts Fourth	Group	\$ 3	88,573.29	
Base Rate Fee Third G	Group	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
Base Rate Fee: Add th Enter here and in block			iber group a	s shown in the boxes ab	ove.	\$		

LEGAL NAME OF OWNE Armstrong Utilitie		SYSTEM:	_			S	YSTEM ID# 34166	Name
				ATE FEES FOR EACH				
SEVE COMMUNITY/ AREA		SUBSCRIBER GROU		t e		SUBSCRIBER GROU		9
COMMUNITY/ AREA	Easterr	Mahoning Coun	ıy, Un	COMMUNITY/ AREA	vv. Iviaii	oning & Trumbun	County, Or	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and Syndicated
			<u> </u>					Exclusivity
								Surcharge
								for
							<u></u>	Partially Distant
								Stations
					<u>.</u>	<u> </u>		
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	roup	\$ 3,404	,914.72	Gross Receipts Secon	d Group	\$ 2,2	37,891.66	
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Second	d Group	\$	0.00	
NI		SUBSCRIBER GROU		Т'		SUBSCRIBER GROU	Р	
COMMUNITY/ AREA	Butler &	& Lawrence Coun	ties, PA	COMMUNITY/ AREA	Venang	o Counties, PA		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
			<u> </u>					
					ļ			
			<u> </u>					
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	Group	\$ 530	,868.83	Gross Receipts Fourth	Group	\$	99,425.55	
Base Rate Fee Third G	Group	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
Base Rate Fee: Add th			iber group a	as shown in the boxes ab	ove.	\$		

Name	34166							LEGAL NAME OF OWNER Armstrong Utilities
				TE FEES FOR EACH				
9		SUBSCRIBER GROU				SUBSCRIBER GROU		
Computation	PA	rn Mercer County,	Souther	COMMUNITY/ AREA	unty, PA	entral Mercer Co	North C	COMMUNITY/ AREA
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate F								
and						-		
Syndicate								
Exclusivit Surcharg							-	
for			<u>-</u>					
Partially								
Distant								
Stations								
			<u>.</u>				<u></u>	
			-					
	0.00			Total DSEs	0.00			Total DSEs
	45,575.08	s 9	d Group	Gross Receipts Second	,509.18	s 99	oup	Gross Receipts First Gr
							•	•
	0.00	\$	d Group	Base Rate Fee Second	0.00	\$	oup	Base Rate Fee First Gr
	<u>'</u>	\$ SUBSCRIBER GROU			1	SUBSCRIBER GROU		
	<u>'</u>	SUBSCRIBER GROU	Y-FOURTH		IP		TY-THIRD	TWEN
	<u>'</u>	SUBSCRIBER GROU	Y-FOURTH	TWENT	IP	SUBSCRIBER GROU	TY-THIRD	TWEN
	JP	SUBSCRIBER GROU	Y-FOURTH	TWENT COMMUNITY/ AREA	s, PA	SUBSCRIBER GROU	TY-THIRD Crawfor	TWEN
	JP	SUBSCRIBER GROU	Y-FOURTH	TWENT COMMUNITY/ AREA	s, PA	SUBSCRIBER GROU	TY-THIRD Crawfor	TWEN
	JP	SUBSCRIBER GROU	Y-FOURTH	TWENT COMMUNITY/ AREA	s, PA	SUBSCRIBER GROU	TY-THIRD Crawfor	TWEN
	JP	SUBSCRIBER GROU	Y-FOURTH	TWENT COMMUNITY/ AREA	s, PA	SUBSCRIBER GROU	TY-THIRD Crawfor	TWEN
	JP	SUBSCRIBER GROU	Y-FOURTH	TWENT COMMUNITY/ AREA	s, PA	SUBSCRIBER GROU	TY-THIRD Crawfor	TWEN
	JP	SUBSCRIBER GROU	Y-FOURTH	TWENT COMMUNITY/ AREA	s, PA	SUBSCRIBER GROU	TY-THIRD Crawfor	TWEN
	JP	SUBSCRIBER GROU	Y-FOURTH	TWENT COMMUNITY/ AREA	s, PA	SUBSCRIBER GROU	TY-THIRD Crawfor	TWEN
	JP	SUBSCRIBER GROU	Y-FOURTH	TWENT COMMUNITY/ AREA	s, PA	SUBSCRIBER GROU	TY-THIRD Crawfor	TWEN
	JP	SUBSCRIBER GROU	Y-FOURTH	TWENT COMMUNITY/ AREA	s, PA	SUBSCRIBER GROU	TY-THIRD Crawfor	TWEN
	JP	SUBSCRIBER GROU	Y-FOURTH	TWENT COMMUNITY/ AREA	s, PA	SUBSCRIBER GROU	TY-THIRD Crawfor	TWEN
	JP	SUBSCRIBER GROU	Y-FOURTH	TWENT COMMUNITY/ AREA	s, PA	SUBSCRIBER GROU	TY-THIRD Crawfor	COMMUNITY/ AREA
	JP	SUBSCRIBER GROU	Y-FOURTH	TWENT COMMUNITY/ AREA	s, PA	SUBSCRIBER GROU	TY-THIRD Crawfor	TWEN COMMUNITY/ AREA
	DSE DSE	SUBSCRIBER GROU	Y-FOURTH	TWENT COMMUNITY/ AREA CALL SIGN	DSE	SUBSCRIBER GROU	TY-THIRD Crawfor	TWEN COMMUNITY/ AREA CALL SIGN
	DSE O.00	County, PA CALL SIGN	y-FOURTH Mercer (TWENT COMMUNITY/ AREA CALL SIGN Total DSEs	DSE DSE DSE DSE DSE DSE DSE DSE DSE DSE	SUBSCRIBER GROU rd & Erie Counties CALL SIGN	DSE	TWEN COMMUNITY/ AREA CALL SIGN Total DSEs
	DSE DSE	County, PA CALL SIGN	y-FOURTH Mercer (TWENT COMMUNITY/ AREA CALL SIGN	DSE	SUBSCRIBER GROU rd & Erie Counties CALL SIGN	DSE	TWEN COMMUNITY/ AREA CALL SIGN

Nonpermitted 3.75 Stations

LEGAL NAME OF OWNE		SYSTEM:				S	YSTEM ID#	Nama
Armstrong Utilitie	s, Inc.						34166	Name
I	BLOCK A:	COMPUTATION OF	BASE RA	TE FEES FOR EACH	SUBSCRIE	BER GROUP		
		SUBSCRIBER GROU				SUBSCRIBER GROU	Р	
COMMUNITY/ AREA	French	Creek Township,	PA	COMMUNITY/ AREA	Venango	County, PA		9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
31.22.313.1								Base Rate Fee
								and
								Syndicated
								Exclusivity
								Surcharge
								for
					.			Partially
								Distant
								Stations
	<u></u>		ļ				<u></u>	
					 		_	
								
	<u></u>							
Total DSEs	_		0.00	Total DSEs	ļ.		0.00	
Gross Receipts First G	roun	s 9	,387.08	Gross Receipts Second	d Group	\$	51,044.55	
oroso resorpto i not or	очр			Cross resolpts essent	. Croup		1	
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Second	d Group	\$	0.00	
TWENTY-	SEVENTH	SUBSCRIBER GROU	Р	TWENT	Y-EIGHTH	SUBSCRIBER GROU	Р	
COMMUNITY/ AREA	Wester	n Erie & North Ce	ntral Cra	COMMUNITY/ AREA	Morrow	County, OH		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
					.			
						 		
	 		 		†			
					†		<u> </u>	
			†		†		<u> </u>	
	<u> </u>		†		†			
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	Group	<u>\$ 469</u>	,556.90	Gross Receipts Fourth	Group	\$	83,531.45	
Base Rate Fee Third G	Group	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
Base Rate Fee: Add th Enter here and in block			iber group a	II shown in the boxes abo	ove.	\$		

ACCOUNTING PERIOD: 2023/2 FORM SA3E. PAGE 20. EGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name Armstrong Utilities, Inc. 34166 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 INSTRUCTIONS: Base Rate Fee Step 1: In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block A, part 9 of and Syndicated this schedule. Step 2: In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were classified as **Exclusivity** Surcharge Exempt DSEs in block C, part 7 of this schedule. If none enter zero. Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge. for Partially Step 4: Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this Distant schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show Stations your actual calculations on this form. FIRST SUBSCRIBER GROUP SECOND SUBSCRIBER GROUP Line 1: Enter the VHF DSEs Line 1: Enter the VHF DSEs Line 2: Enter the Exempt DSEs Line 2: Enter the Exempt DSEs Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation computation SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY **SURCHARGE** SURCHARGE First Group 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 2: Enter the Exempt DSEs. . Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation computation SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown

ACCOUNTING PERIOD: 2023/2 FORM SA3E. PAGE 20. EGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name Armstrong Utilities, Inc. 34166 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 INSTRUCTIONS: Base Rate Fee Step 1: In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block A, part 9 of and Syndicated this schedule. Step 2: In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were classified as **Exclusivity** Surcharge Exempt DSEs in block C, part 7 of this schedule. If none enter zero. Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge. for Partially Step 4: Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this Distant schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show Stations your actual calculations on this form. 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 2: Enter the Exempt DSEs Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation computation SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY **SURCHARGE** SURCHARGE First Group Second Group SEVENTH SUBSCRIBER GROUP EIGHTH SUBSCRIBER GROUP Line 1: Enter the VHF DSEs Line 1: Enter the VHF DSEs Line 2: Enter the Exempt DSEs. . Line 2: Enter the Exempt DSEs. . Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation computation SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown

FORM SA3E. PAGE 20. EGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name Armstrong Utilities, Inc. 34166 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 INSTRUCTIONS: Base Rate Fee Step 1: In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block A, part 9 of and Syndicated this schedule. Step 2: In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were classified as **Exclusivity** Surcharge Exempt DSEs in block C, part 7 of this schedule. If none enter zero. Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge. for Partially Step 4: Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this Distant schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show Stations your actual calculations on this form. 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 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation computation SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY **SURCHARGE** SURCHARGE First Group 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 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation computation SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown

ACCOUNTING PERIOD: 2023/2 FORM SA3E. PAGE 20. EGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name Armstrong Utilities, Inc. 34166 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 INSTRUCTIONS: Base Rate Fee Step 1: In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block A, part 9 of and Syndicated this schedule. Step 2: In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were classified as **Exclusivity** Surcharge Exempt DSEs in block C, part 7 of this schedule. If none enter zero. Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge. for Partially Step 4: Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this Distant schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show Stations your actual calculations on this form. THIRTEENTH SUBSCRIBER GROUP FOURTEENTH SUBSCRIBER GROUP Line 1: Enter the VHF DSEs Line 1: Enter the VHF DSEs Line 2: Enter the Exempt DSEs Line 2: Enter the Exempt DSEs Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation computation SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY **SURCHARGE** SURCHARGE First Group Second Group SIXTEENTH SUBSCRIBER GROUP FIFTEENTH SUBSCRIBER GROUP Line 1: Enter the VHF DSEs Line 1: Enter the VHF DSEs

Line 2: Enter the Exempt DSEs. . Line 2: Enter the Exempt DSEs. . Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation computation SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE

LEGAL NAME OF OWNER OF CABLE SYSTEM:

Armstrong Utilities, Inc.

SYSTEM ID#

34166

BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP

9

Name

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:

☐ First 50 major television market ☐ Second 50 major television market

INSTRUCTIONS:

- Step 1: In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block A, part 9 of this schedule.
- Step 2: In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were classified as Exempt DSEs in block C, part 7 of this schedule. If none enter zero.
- Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge.
- Step 4: Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show your actual calculations on this form.

SEVENTEENTH SUBSCRIBER GROUP	EIGHTEENTH SUBSCRIBER GROUP
Line 1: Enter the VHF DSEs Line 2: Enter the Exempt 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 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
NINEENTH SUBSCRIBER GROUP	TWENTYTH SUBSCRIBER GROUP
Line 1: Enter the VHF DSEs Line 2: Enter the Exempt 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 2. Either the Exempt DSEs. Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation
SYNDICATED EXCLUSIVITY SURCHARGE Third Group	SYNDICATED EXCLUSIVITY SURCHARGE Fourth Group

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

FORM SA3E. PAGE 20. EGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name Armstrong Utilities, Inc. 34166 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 INSTRUCTIONS: Base Rate Fee Step 1: In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block A, part 9 of and Syndicated this schedule. Step 2: In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were classified as **Exclusivity** Surcharge Exempt DSEs in block C, part 7 of this schedule. If none enter zero. Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge. for Partially Step 4: Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this Distant schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show Stations your actual calculations on this form. TWENTY-FIRST SUBSCRIBER GROUP TWENTY-SECOND SUBSCRIBER GROUP Line 1: Enter the VHF DSEs Line 1: Enter the VHF DSEs Line 2: Enter the Exempt DSEs Line 2: Enter the Exempt DSEs Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation computation SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY **SURCHARGE** SURCHARGE First Group Second Group TWENTY-THIRD SUBSCRIBER GROUP TWENTY-FOURTH SUBSCRIBER GROUP Line 1: Enter the VHF DSEs Line 1: Enter the VHF DSEs Line 2: Enter the Exempt DSEs. . Line 2: Enter the Exempt DSEs. . Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation computation SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown

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EGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name Armstrong Utilities, Inc. 34166 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 INSTRUCTIONS: Base Rate Fee Step 1: In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block A, part 9 of and Syndicated this schedule. Step 2: In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were classified as **Exclusivity** Surcharge Exempt DSEs in block C, part 7 of this schedule. If none enter zero. Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge. for Partially Step 4: Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this Distant schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show Stations your actual calculations on this form. TWENTY-FIFTH SUBSCRIBER GROUP TWENTY-SIXTH SUBSCRIBER GROUP Line 1: Enter the VHF DSEs Line 1: Enter the VHF DSEs Line 2: Enter the Exempt DSEs Line 2: Enter the Exempt DSEs Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation computation SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY **SURCHARGE** SURCHARGE First Group Second Group TWENTY-SEVENTH SUBSCRIBER GROUP TWENTY-EIGHTH SUBSCRIBER GROUP Line 1: Enter the VHF DSEs Line 1: Enter the VHF DSEs Line 2: Enter the Exempt DSEs. . Line 2: Enter the Exempt DSEs. . Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation computation SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown

C	Cable Worksheet		Total amount of remittance	Num	ber of SAs rec'd		nitials
			Date of remittance	Check	□ EFT	☐ FILING	G FEES
Cable ID #						Amount	Initials
Examined by		Reviewed by	Date examination completed	Allocation	n number		
Space A Accounting Period							
	☐ Janua	ary 1 - June 30, 2017] July 1 - Decemb	er 31, 2017		
	☐ Letter	rsent		Information rece	eived		
	☐ Accep	oted	С	Phone call/Date	/Contact		
Space B Owner							
	□ Letter	r sent		Information rece	eived		
	☐ Accep	oted	С	Phone call/Date	/Contact		
Space D Area Served							
	☐ Letter	r sent		Information rece	eived		
	☐ Accep	oted		Phone call/Date	/Contact		
Space E Secondary Transission							
Service Subscribers:	☐ Letter	r sent	С	Information rece	eived		
and Rates	☐ Accep	oted		Phone call/Date	/Contact		
Space G Primary Transmitters:							
Television	☐ Letter	r sent	С	Information rec	eived		
	☐ Accep	oted		Phone call/Date	/Contact		
Space H Primary Transmitters:							
Radio	☐ Accep	oted		Phone call/Date	/Contact	·	

		Space I Substitute Carriage
		Carriage
☐ Letter sent	☐ Information received	
☐ Accepted	☐ Phone call/Date/Contact	
		Space J Part-time Carriage Log
☑ Letter sent	☐ Information received	(SA3 only)
☐ Accepted	☐ Phone call/Date/Contact	
		Space K Gross Receipts
☐ Letter sent	☐ Information received	
☐ Letter sent	☐ Phone call/Date/Contact	
		Space L Copyright Filing and Royalty Fees
☐ Royalty Fee should be	☐ Refund request to fiscal	
☐ Letter sent	☐ Information received	
☐ Accepted	☐ Phoe call/Date/Contact	
		Space M Channels
☐ Letter sent	☐ Information received	
☐ Accepted	☐ Phone call/Date/Contact	
		Space O Certification
☐ Letter sent	☐ Information received	
☐ Accepted	☐ Phone call/Date/Contact	
		Space P Statement of Gross Receipts
☐ Letter sent	☐ Information received	
☐ Accepted	☐ Phone call/Date/Contact	
		Space Q Interest Assessment
☐ Letter sent	☐ Info/add'l fee received	
☐ Accepted	☐ Phone call/Date/Contact	