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

**STATEMENT OF ACCOUNT** for Secondary Transmissions by

Cable Systems (Long Form)

General instructions are located in

the first tab of this workbook.

## SA3E Long Form

Return completed workbook by email to:

### coplicsoa@copyright.gov

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

LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM NEW KNOXVILLE TELEPHONE 407502023	Period       Instructions: Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate life of the subsidiary, not that of the parent corporation. List any other name or names under which the owner conducts the business of the cable system. If there were different owners during the accounting period. only the owner on the last day of the accounting period should submit a single statement of account and royally fee parent covering the entire accounting period.       407         Check here if this is the system's first filling. If not, enter the system's ID number assigned by the Licensing Division.       407         LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM NEW KNOXVILLE TELEPHONE       407502023 40750 2023/         301 WEST SOUTH ST. NEW KNOXVILLE, OH 45871       407502021 40750 2023/         C       INSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these names already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B.         1       Petrification or CABLE SYSTEM: (humber; street, rural routs, spatnet); (bit; truet, tasks, up code)         D       Instructions: For complete space D instructions, see page 1b. Identify only the first community served below and relist on page 1b with all communities. Community         First Community       Eelow is a sample for reporting communities if you report multiple channel line-ups in Space G. CITY OR TOWN (SAMPLE)       STATE       CH LINE UP       SUB GRP# Adda         Sample       Ada <td< th=""><th>Α</th><th>ACCOUNTING PERIOD COVERED BY T</th><th>HIS STATEMENT:</th><th></th><th></th><th></th></td<>	Α	ACCOUNTING PERIOD COVERED BY T	HIS STATEMENT:			
B Owner       Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corpo- rule tile of the subsidiary not that of the parent corporation (or the subsidiary not that of the parent corporation).       If there were different owners during the subsidiary not the subsidiary not the subsidiary not that of the parent corporation (or the lowner on the last day of the subsidiary not the subsidiary not the subsidiary not the subsidiary not that of the parent covering the entite accounting period should submit a single statement of account and royally for payment covering the entite accounting period of the subsidiary not the subsidiary not the subsidiary not parent for the subsidiary not the subsidiary not parent for the subsidiary not the subsidiary not parent parent overing the entite accounting period of the subsidiary not parent for the subsidiary not parent parent for the subsidiary not	Borner       Cive the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporation. The title of the subsidiary of the owner of the cable system. The owner is a subsidiary of another corporation, give the full corporation. The subsidiary of the cable system. The owner is a subsidiary of the cable system. The cable system. The owner is a subsidiary of the cable system. The cable system. The owner is a subsidiary of the cable system. The cable system is the subsidiary of the cable system. The cable system is the subsidiary of the cable system. The cable system is the subsidiary of another corporation, give the full corporation. The system subsidiary of another corporation, give the full corporation. The system subsidiary of another corporation. The system system is first fulling. If not, enter the system is first full system. The system is first full system subsidiary of another corporation. The system unless fuelds appear in space 10. In the 2, give the mailing address of the system, if different from the address given in space 10. In the 2, give the mailing address of the system, if different from the address given in space 10. In the 2,	•	2023/2				
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A07502023         301 WEST SOUTH ST. NEW KNOXVILLE, OH 45871         C         NSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these names already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B.         System       1         IDENTIFICATION OF CABLE SYSTEM:         2       Nulling Address of CABLE SYSTEM:         2       Number: street, rural route, apartment, of suite number)         (City, team; state, zup code)         D       Instructions: For complete space D instructions, see page 1b. Identify only the frst community served below and relist on page 1b with all communities.         Served       CITY OR TOWN         First       New Knoxxille         Genominity       Below is a sample for reporting communities if you report multiple channel line-ups in Space G.         CITY OR TOWN (SAMPLE)       STATE         Sample       Aida	A07502022         301 WEST SOUTH ST.         NEW KNOXVILLE, OH 45871         NEW KNOXVILE         NEW KNOXVILE         NEW KNOXVILE         NEW KNOXVILE         NEW KNOXVILE         NEW KNOXVILE         OH         Served         CITY OR TOWN (SAMPLE)         Served         Alda vana         Mallance         Alda vana         Alda vana         Mallance		LEGAL NAME OF OWNER/MAILING ADDRESS	OF CABLE SYSTEM			
40750       2023/2         301 WEST SOUTH ST. NEW KNOXVILLE, OH 45871         C       INSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these names already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B.         System       1       IPENTIFICATION OF CABLE SYSTEM: 2         2       MALING ADDRESS OF CABLE SYSTEM: 2       MALING ADDRESS OF CABLE SYSTEM: 2         2       Interfect runal route, spathment; or suite number)       Citty, tourn, state, zip code)         Chy tourne, state, zip code)       Instructions: For complete space D instructions, see page 1b. Identify only the frst community served below and relist on page 1b with all communities. Citty OR TOWN       STATE         First Communit       New Knoxville       OH       OH         Below is a sample for reporting communities if you report multiple channel line-ups in Space G. Citty OR TOWN (SAMPLE)       STATE         Sample       Adda       1	Autors       2023/         301 WEST SOUTH ST. NEW KNOXVILLE, OH 45871       301 WEST SOUTH ST. NEW KNOXVILLE, OH 45871         Image: already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B.         1       Image: already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B.         1       Image: already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B.         1       Image: already appear in space B.       Image: already appear in space B.         1       Image: already appear in space B.       Image: already appear in space B.         2       Number, street, rual route, spattiment, or suite number)       Image: already appear in space B.         2       Number, street, rual route, spattiment, or suite number)       Image: already appear in space B.         2       Number, street, rual route, spattiment, or suite number)       Image: already appear in space B.         2       Image: already appear in space B.       Image: already appear in space B.         3       CITY OR TOWN       STATE       Image: already appear in space B.         3       CITY OR TOWN (SAMPLE)       STATE       Image: already appear in space B.         3       Alda       MD       A       1         4       Alda <td></td> <td>NEW KNOXVILLE TELEPHONE</td> <td></td> <td></td> <td></td> <td></td>		NEW KNOXVILLE TELEPHONE				
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First Community     New Knoxville     OH       Below is a sample for reporting communities if you report multiple channel line-ups in Space G.     CITY OR TOWN (SAMPLE)       Sample     Alda     MD     A       Alliance     MD     B     2	First Community     New Knoxville     OH       Below is a sample for reporting communities if you report multiple channel line-ups in Space G.     Image: CITY OR TOWN (SAMPLE)     STATE     CH LINE UP     SUB GRP#       Alda     MD     A     1       Alliance     MD     B     2       Gering     MD     B     3			STATE			
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CITY OR TOWN (SAMPLE)         STATE         CH LINE UP         SUB GRP#           Alda         MD         A         1           Alliance         MD         B         2	Sample         CITY OR TOWN (SAMPLE)         STATE         CH LINE UP         SUB GRP#           Alda         MD         A         1           Alliance         MD         B         2           Gering         MD         B         3	Community	Below is a sample for reporting communities	if you report multiple channel line-ups in S	pace G.		
Alliance MD B 2	Sample       MD       B       2         Alliance       MD       B       2         Gering       MD       B       3         Privacy Act Notice:       Section 111 of title 17 of the United States Code authorizes the Copyright Offce to collect the personally identifying information (PII) requested on this					SUE	3 GRP#
Alliance MD B 2	Alliance     MD     B     2       Gering     MD     B     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	Samplo	Alda	MD	Α		1
Gering MD B 3	Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Offce to collect the personally identifying information (PII) requested on this	Sample	Alliance	MD	В		2
			Gering	MD	В		3

FOR COPYRIGHT OFFICE USE ONLY

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AMOUNT

ALLOCATION NUMBER

DATE RECEIVED

2-29-24

D

Area

Served

First

Community

See instructions for

on alphabetization.

additional information

Add rows as necessary.

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM 40750 **NEW KNOXVILLE TELEPHONE** Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC rules: "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single, discrete unincorporated areas." 47 C.F.R. §76.5(dd). The frst community that you list will serve as a form of system identifcation hereafter known as the "first community." Please use it as the first community on all future filings. Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified city or town. If all communities receive the same complement of television broadcast stations (i.e., one channel line-up for all), then either associate all communities with the channel line-up "A" in the appropriate column below or leave the column blank. If you report any stations on a partially distant or partially permitted basis in the DSE Schedule, associate each relevant community with a subscriber group, designated by a number (based on your reporting from Part 9). When reporting the carriage of television broadcast stations on a community-by-community basis, associate each community with a channel line-up designated by an alpha-letter(s) (based on your Space G reporting) and a subscriber group designated by a number (based on your reporting from Part 9 of the DSE Schedule) in the appropriate columns below. CITY OR TOWN STATE CH LINE UP SUB GRP# OH **New Knoxville** В 3 **Botkins** OH Α 1 OH Anna Α 1 **Jackson Center** OH Α 1 OH Α 2 **Fort Loramie** Α 2 Sidney OH OH Α 2 Russia OH Α Uninc. Mercer County 1 В 3 New Bremen OH Minster OH В 3

FORM SA3E. PAGE 1b.

# SYSTEM ID#

Name E	LEGAL NAME OF OWNER OF CABLE	= SYSTEM:					<u>ه</u>	YSTEM ID						
E	NEW KNOXVILLE TELER						J	4075						
Е														
	SECONDARY TRANSMISSION		-	-										
	In General: The information in s		-		-									
Secondary		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).												
Transmission														
Service: Sub-	Number of Subscribers: Both	•				•								
scribers and	down by categories of secondary													
Rates	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).													
	<b>Rate:</b> Give the standard rate c	harged for each c	ategory of service.	Include bo	oth the amount of	of the charg	ge and the							
	unit in which it is generally billed.	. (Example: "\$20/n	nth"). Summarize a	any standai										
	category, but do not include disc													
	Block 1: In the left-hand block systems most commonly provide													
	that applies to your system. Note													
	categories, that person or entity													
	subscriber who pays extra for ca				l in the count ur	der "Servi	ce to the							
	first set" and would be counted o				convice that are	difforant f	rom those							
	Block 2: If your cable system h	-												
		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.				-									
	BLC	DCK 1 NO. OF				BLOC								
	CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATE	EGORY OF SEI	RVICE	NO. OF SUBSCRIBERS	RATE						
	Residential:													
	<ul> <li>Service to first set</li> </ul>	3,4	18 \$ 51.95											
	<ul> <li>Service to additional set(s)</li> </ul>													
	• FM radio (if separate rate)													
	Motel, hotel													
	Commercial													
	Converter													
	<ul> <li>Residential</li> </ul>													
	Non-residential													
				<b></b>										
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Name

G

Primary

Transmitters:

Television

SYSTEM ID#

40750

### LEGAL NAME OF OWNER OF CABLE SYSTEM: NEW KNOXVILLE TELEPHONE

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 identifed. **Note:** If you are utilizing multiple channel line-ups, use a separate space G for each 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	
WDTN	50	N	NO		DAYTON, OH	
WHIO	41	N	NO		DAYTON, OH	See instructions for
WHIO-DT2	41.2	I-M	NO		DAYTON, OH	additional information
WKEF	18	N	NO		DAYTON, OH	on alphabetization.
WKEF-DT2	18.2	N-M	NO		DAYTON, OH	
WKEF-DT3	18.3	I-M	NO		DAYTON, OH	
WRGT	36	I	NO		DAYTON, OH	
WRGT-DT2	36.2	I-M	NO		DAYTON, OH	
WRGT-DT3	36.3	I-M	NO		DAYTON, OH	
WPTD	16	E	NO		DAYTON, OH	
WBGU	27	E	YES	0	BOWLING GREEN, OH	
WBGU-DT2	27.2	E-M	YES	0	BOWLING GREEN, OH	
WBGU-DT3	27.3	E-M	YES	0	BOWLING GREEN, OH	
WTLW	44	I	NO		LIMA, OH	
WLIO	8	N	NO		LIMA, OH	
WLIO-DT2	8.2	N-M	NO		LIMA, OH	
WPNM-LD	27	N	NO		LIMA, OH	
WAMS-LD	38	Ν	NO		MINSTER/NEW BREMEN, OH	

Name

G

Primary

Transmitters:

Television

SYSTEM ID#

40750

### LEGAL NAME OF OWNER OF CABLE SYSTEM: **NEW KNOXVILLE TELEPHONE**

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

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

		CHANN	EL LINE-UP	AA, CONT.	
1. CALL SIGN	2. B'CAST CHANNEL NUMBER		4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION
WBDT	26	I	NO		SPRINGFIELD, OH
WRGT	36	I	No		DAYTON, OH
		+			

Name

G

Primary

Transmitters:

Television

SYSTEM ID#

40750

### LEGAL NAME OF OWNER OF CABLE SYSTEM: **NEW KNOXVILLE TELEPHONE**

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 identifed. **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
WDTN	50	N	NO		DAYTON, OH
WHIO	41	N	NO		DAYTON, OH
WHIO-DT2	41.2	I-M	NO		DAYTON, OH
WKEF	18	N	NO		DAYTON, OH
WKEF-DT2	18.2	N-M	NO		DAYTON, OH
WKEF-DT3	18.3	I-M	NO		DAYTON, OH
WPTD	16	E	NO		DAYTON, OH
WBGU	27	E	NO		BOWLING GREEN, OH
WBGU-DT2	27.2	E-M	NO		BOWLING GREEN, OH
WBGU-DT3	27.3	E-M	NO		BOWLING GREEN, OH
WTLW	44	<u> </u>	NO		LIMA, OH
WLIO	8	N	NO		LIMA, OH
WLIO-DT2	8.2	N-M	NO		LIMA, OH
WPNM-LD	27	N	NO		LIMA, OH
WAMS-LD	38	N	NO		MINSTER/NEW BREMEN, OH
WBDT	26	1	NO		SPRINGFIELD, OH

H         PRIMARY TRANSMITTERS: RADIO           In General: List every radio station carried on a separate and discrete basis and list those FM stations carried on an all-band basis whose signals were "generally received at the system funding the accounting period.           Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations. an FM signal is generally received at the system is Manatend, and (2) it can be expected, on the basis of monitoring, bot exceeded at the system is Manatend, and (2) it can be expected, on the basis of monitoring. The received at the headend, with the system is Manatend, and (2) it can be expected.           Column 1: Identify the call sign of each station carried.         Column 1: Identify the call sign of each station carried.           Column 2: Bial whether the action is Add or FM.         Column 3: Bial whether the ref. Column 4: Give the station is Add or FM.           Column 3: Bial whether the call sign of each station is Add or FM.         Column 4: Give the station's Signal was electronically processed by the cable system as a separate and discrete signal. Indicate this by pacing a tech mark in the SiO" column.           Column 4: Give the station's Signal was electronically processed by the cable system as a separate and discrete display.         Column 4: Give the station's Add or FM.           Column 4: Give the station's fight was electronically processed by the cable system as a separate and discrete display.         Column 5: The radio station's fight was electronically processed by the cable system or an advected at the system or advected at the system system or advected at the system or advected at the	Name	LEGAL NAME OF C								SYSTEM ID# 40750		
<ul> <li>Column 2: State whether the station is AM or FM.</li> <li>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.</li> <li>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).</li> </ul>	<ul> <li>H</li> <li>In General: List every radio station carried on a separate and discrete basis and list those FM stations carried on a all-band basis whose signals were "generally receivable" by your cable system during the accounting period.</li> <li>Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is ge receivable if (1) it is carried by the system whenever it is received at the system's headend, and (2) it can be experient on the basis of monitoring, to be received at the headend, with the system's FM antenna, during certain stated interfor detailed information about the the Copyright Office regulations on this point, see page (vi) of the general instructions concerning and the paper SA3 form.</li> </ul>											
CALL SIGN         AM or FM         S/D         LOCATION OF STATION         CALL SIGN         AM or FM         S/D         LOCATION OF           Image: Sign of the state s		Column 2: S Column 3: If signal, indicate Column 4: G	State whether t the radio stati this by placing Give the station	he statio on's sigr a check a's locatio	n is AM or FM. nal was electronically process ( mark in the "S/D" column. on (the community to which th	he	station is licens	ed by the FC0				
CALL SIGN         AM or FM         S/D         LOCATION OF STATION         CALL SIGN         AM or FM         S/D         LOCATION C           Image: Sign Sign Sign Sign Sign Sign Sign Sign					·	п				·		
		CALL SIGN	AM or FM	S/D	LOCATION OF STATION	Н	CALL SIGN	AM or FM	S/D	LOCATION OF STATION		
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LEGAL NAME OF OWNER OF O	CABLE SYST	EM:			S	SYSTEM ID#	
NEW KNOXVILLE TELI	EPHONE					40750	Name
SUBSTITUTE CARRIAGE	: SPECIA		IT AND PROGRAM LOG				
							1
In General: In space I, identi							•
substitute basis during the ac explanation of the programmi							Substitute
1. SPECIAL STATEMENT				<b>3</b>			Carriage:
<ul> <li>During the accounting peri</li> </ul>	iod, did you	r cable system	carry, on a substitute basis	s, any nonnet	work television program		Special Statement and
broadcast by a distant stat						XNo	Program Log
Note: If your answer is "No"	, leave the	rest of this pag	e blank. If your answer is "	Yes," you mu	st complete the program	ı	
log in block 2. 2. LOG OF SUBSTITUTE		MS					
In General: List each subst	itute progra	m on a separa		vherever pos	sible, if their meaning is		
clear. If you need more space							
period, was broadcast by a			sion program (substitute pr ur cable system substituted			on	
under certain FCC rules, reg	gulations, o	r authorizations	s. See page (vi) of the gene	eral instructio	ns located in the paper		
SA3 form for futher informat titles, for example, "I Love L				"basketball".	List specific program		
Column 2: If the program	n was broad	lcast live, enter	" "Yes." Otherwise enter "Network"				
			sting the substitute prograr to community to which the s		nsed by the ECC or in		
the case of Mexican or Can							
		when your syst	em carried the substitute p	rogram. Use	numerals, with the mon	th	
first. Example: for May 7 giv Column 6: State the time		substitute pro	gram was carried by your c	able system.	List the times accurately	1	
to the nearest five minutes.							
stated as "6:00–6:30 p.m." Column 7: Enter the lette	er "R" if the	listed program	was substituted for program	nming that v	our system was required		
to delete under FCC rules a	nd regulation	ons in effect du	ring the accounting period;	enter the let	ter "P" if the listed pro		
gram was substituted for pro effect on October 19, 1976.		that your syste	m was permitted to delete	under FCC r	ules and regulations in		
				1			
					EN SUBSTITUTE	7. REASON	
	2. LIVE?	E PROGRAM 3. STATION'S		5. MONTH	6. TIMES	FOR DELETION	
1. TITLE OF PROGRAM	2. LIVE? Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM — TO	DELETION	
					_		
					_		
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						+	

FORM SA3E. PAGE 5.

## ACCOUNTING PERIOD: 2023/2

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Name	LEGAL NAME OF O								SY	STEM ID				
	NEW KNOXV		PHONE							40750				
J Part-Time Carriage Log	In General: This time carriage dur hours your syste Column 1 (Ca column 5 of spac Column 2 (Da curred during the Give the month "4/10." • State the startin television station "app." Example:	<ul> <li>State the starting and ending times of carriage to the nearest quarter hour. In any case where carriage ran to the end of the television station's broadcast day, you may give an approximate ending hour, followed by the abbreviation "app." Example: "12:30 a.m.– 3:15 a.m. app."</li> <li>You may group together any dates when the hours of carriage were the same. Example: "5/10-5/14, 6:00 p.m.–</li> </ul>												
			DATES	AND HOURS C	)F F	ART-TIME CAF	RIAGE							
		WHEN	I CARRIAGE OCCUF	RED			WHEN		OCCUR	RED				
	CALL SIGN		HOURS	6		CALL SIGN			HOURS					
		DATE	FROM	TO			DATE	FROM		TO				
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FORM	SA3E. PAGE 7.				
				SYSTEM ID#	Name
NE	W KNOXVILLE TELEPHONE			40750	
Inst all a (as pag	DSS RECEIPTS         ructions: The figure you give in this space determines the form you fle and the amount mounts (gross receipts) paid to your cable system by subscribers for the system's secondentifed in space E) during the accounting period. For a further explanation of how to core (vii) of the general instructions.         Gross receipts from subscribers for secondary transmission service(s)         during the accounting period.         ORTANT: You must complete a statement in space P concerning gross receipts.	idary trans ompute thi	smissio s amou	n service	<b>K</b> Gross Receipts
<ul> <li>Instru</li> <li>Con</li> <li>Con</li> <li>If you fee</li> <li>If you account</li> </ul>	<b>'RIGHT ROYALTY FEE</b> ctions: Use the blocks in this space L to determine the royalty fee you owe: nplete block 1, showing your minimum fee. nplete block 2, showing whether your system carried any distant television stations. nur system did not carry any distant television stations, leave block 3 blank. Enter the am from block 1 on line 1 of block 4, and calculate the total royalty fee. nur system did carry any distant television stations, you must complete the applicable par pompanying this form and attach the schedule to your statement of account.	ts of the [	DSE Sc	hedule	L Copyright Royalty Fee
	rt 8 or part 9, block A, of the DSE schedule was completed, the base rate fee should be k 3 below.	entered o	on line 1	of	
	art 6 of the DSE schedule was completed, the amount from line 7 of block C should be e	ntered on	line 2 ir	n block	
▶ If pa	elow. Int 7 or part 9, block B, of the DSE schedule was completed, the surcharge amount shou block 4 below.	ld be ente	ered on	line	
Block 1	<b>MINIMUM FEE:</b> All cable systems with semiannual gross receipts of \$527,600 or more least the minimum fee, regardless of whether they carried any distant stations. This fee system's gross receipts for the accounting period.				
	Line 1. Enter the amount of gross receipts from space K Line 2. Multiply the amount in line 1 by 0.01064		5	984,452.50	
	Enter the result here. This is your minimum fee.	\$		10,474.57	
Block 2	DISTANT TELEVISION STATIONS CARRIED: Your answer here must agree with the is 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 perio         x       Yes—Complete the DSE schedule.	n 4, you m d?	nust che	eck	
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	_!	\$	2,220.36	
5	Line 2. <b>3.75 Fee:</b> Enter the total fee from line 7, block C, part 6 of the DSE schedule. If none, enter zero			0.00	
	Line 3. Add lines 1 and 2 and enter here	\$		2,220.36	
Block 4	Line 1. <b>BASE RATE FEE/3.75 FEE or MINIMUM FEE:</b> 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	4	5	10,474.57	Cable systems
	Line 2. SYNDICATED EXCLUSIVITY SURCHARGE: Enter the fee from either part 7 (block D, section 3 or 4) or part 9 (block B) of the DSE schedule. If none, enter			0.00	submitting additional
	zero. Line 3. Line 3. INTEREST CHARGE: Enter the amount from line 4, space Q, page 9 (Interest Worksheet)			0.00	deposits under Section 111(d)(7) should contact
	Line 4. FILING FEE	9	6	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	\$		11,199.57	appropriate form for submitting the
	EFT Trace # or TRANSACTION ID #				additional fees.
	Remit this amount via <i>electronic payment</i> payable to Register of Copyrights. (S general instructions located in the paper SA3 form and the Excel instructions ta				

ACCOUNTING PERIO	OD: 2023/2 FORM SA3E. PAG
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:     SYSTEM       NEW KNOXVILLE TELEPHONE     407
M Channels	CHANNELS         Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations to its subscribers and (2) the cable system's total number of activated channels, during the accounting period.         1. Enter the total number of channels on which the cable system carried television broadcast stations       20         2. Enter the total number of activated channels on which the cable system carried television broadcast stations       150+
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 Cara Baumeister Telephone 240-420-3660
	Address 1000 Willow Circle (Number, street, rural route, apartment, or suite number)
	Hagerstown, MD 21740 (City, town, state, zip)
	Email     cbaumeister@schurz.com     Fax (optional)
о	CERTIFICATION (This statement of account must be certifed and signed in accordance with Copyright Office regulations.)
Certifcation	<ul> <li>I, the undersigned, hereby certify that (Check one, <i>but only one</i>, of the boxes.)</li> <li>(Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or</li> </ul>
	(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.
	<ul> <li>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.</li> <li>[18 U.S.C., Section 1001(1986)]</li> </ul>
	X /s/ Preston Meyer
	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: Preston Meyer
	Title: General Manager (Title of official position held in corporation or partnership)
	Date: February 23, 2024

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

LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	Name
NEW KNOXVILLE TELEPHONE	40750	Name
<ul> <li>SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCL The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), o lowing sentence: "In determining the total number of subscribers and the gross amounts pa service of providing secondary transmissions of primary broadcast transm scribers and amounts collected from subscribers receiving secondary transformation on when to exclude these amounts, see the note on page (paper SA3 form.</li> <li>During the accounting period did the cable system exclude any amounts of gross made by satellite carriers to satellite dish owners?</li> <li>X NO</li> <li>YES. Enter the total here and list the satellite carrier(s) below.</li> </ul>	f the Copyright Act by adding the fol- id to the cable system for the basic itters, the system shall not include sub- smissions pursuant to section 119." vii) of the general instructions in the receipts for secondary transmissions	P Special Statement Concerning Gross Receipts Exclusion
Name Name		
Mailing Address Mailing Address		
You must complete this worksheet for those royalty payments submitted as a result of a second		Q
Line 1 Enter the amount of late payment or underpayment		Interest
	×	Assessment
Line 2 Multiply line 1 by the interest rate* and enter the sum here	·········	
	days	
Line 3 Multiply line 2 by the number of days late and enter the sum here		
	x 0.00274	
Line 4 Multiply line 3 by 0.00274** enter here and on line 3, block 4,		
space L, (page 7)	<b>\$</b> - (interest charge)	
* To view the interest rate chart click on www.copyright.gov/licensing/interest-	( °,	
contact the Licensing Division at (202) 707-8150 or licensing@copyright.go		
** This is the decimal equivalent of 1/365, which is the interest assessment fo	r one day late.	
NOTE: If you are filing this worksheet covering a statement of account already su please list below the owner, address, first community served, accounting period, 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 sufficiency of the fling, a determination that would be made by a court of law.

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

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

### FORMULAS FOR COMPUTING A STATION'S DSE

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

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

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

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

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

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

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

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

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

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

### TOTAL OF DSEs

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

#### THE ROYALTY FEE

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

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

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

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

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

to June 25, 1981, pursuant to the former FCC rules. 2) A station first carried after June 24, 1981, which could have been carried under FCC rules in effect on June 24, 1981, if such carriage would not have exceeded the market quota imposed for the importation of distant stations under those rules.

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

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

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

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

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

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

- Determine which distant stations were carried by the system pursuant to former FCC rules in effect on June 24, 1981.
- Identify any station carried prior to June 25, 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.

### DSE SCHEDULE. PAGE 11.

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

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

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

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

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

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

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

Rounding Off DSEs. In computing DSEs on the DSE schedule, you may round off to no less than the third decimal point. If you round off a DSE in any case, you must round off DSEs throughout the schedule as follows: • When the fourth decimal point is 1, 2, 3, or 4, the third decimal remains

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

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

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

		Distant Stations Carried		Identification of	of Subscriber G	Groups			
In most cases	under current FCC	STATION	DSE	CITY	OUTSIDE LO	CAL	GRO	SS RECEIPTS	
rules, all of Fa	airvale would be within	A (independent)	1.0		SERVICE AR	EA OF	FROM S	UBSCRIBERS	
the local servic	e area of both stations	B (independent)	1.0	Santa Rosa	Stations A, B,	C, D ,E		\$310,000.00	
A and C and al	I of Rapid City and Bo-	C (part-time)	0.083	Rapid City	Stations A an	d C		100,000.00	
dega Bay wou	ld be within the local	D (part-time)	0.139	Bodega Bay	Stations A an	d C		70,000.00	
service areas o	of stations B, D, and E.	E (network)	0.25	Fairvale	Stations B, D,	and E		120,000.00	
		TOTAL DSEs	2.472		TOTAL GROS	SS RECEIPTS		\$600,000.00	
	1 / <b>-</b> \	Minimum Fee Total Gross	Receipts		\$600,000.00				
Santa Rosa	Stations A and C	x .01064							
	35 mile zone				\$6,384.00				
		First Subscriber Group		Second Subsc	riber Group		Third Subscriber Group		
	· · ´	(Santa Rosa)		(Rapid City and	Bodega Bay)		(Fairvale)		
	Fairvale	Gross receipts	\$310,000.00	Gross receipts		\$170,000.00	Gross receipts	\$120,000.00	
Rapid City		DSEs	2.472	DSEs		. ,	DSEs	1.389	
hapia enty		Base rate fee	\$6,497.20	Base rate fee			Base rate fee	\$1,604.03	
	Dedees	\$310,000 x .01064 x 1.0 =	3,298.40	\$170,000 x .010	64 x 1.0 =	1,808.80	\$120,000 x .01064 x 1.0 =	1,276.80	
_	Bodega Bay	\$310,000 x .00701 x 1.472 =	3,198.80	\$170,000 x .007	01 x .083 =	98.91	\$120,000 x .00701 x .389 =	327.23	
	Day	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)

and F 35 mile zone

## DSE SCHEDULE. PAGE 11. (CONTINUED)

1	LEGAL NAME OF OWNER OF CABLE	SYSTEM:			S	YSTEM ID#					
Ĩ	NEW KNOXVILLE TELEPHONE 4075										
	SUM OF DSEs OF CATEGOR • Add the DSEs of each station Enter the sum here and in line	1.			0.75						
2	Instructions: In the column headed "Call S	Sign": list the ca	Il signs of all distant stations	identified by t	he letter "O" in column 5						
Computation of DSEs for	of space G (page 3). In the column headed "DSE": for each independent station, give the DSE as "1.0"; for each network or noncom- mercial educational station, give the DSE as ".25."										
Category "O"	CATEGORY "O" STATIONS: DSEs										
Stations	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE					
	WBGU	0.250	WBGU-DT2	0.250	WBGU-DT3	0.250					
Add rows as											
necessary.											
, Remember to copy all											
formula into new											
rows.											

		OWNER OF CABLE SYSTEM:							JLE. PAGE 12
Name		VILLE TELEPHONE						2	¥STEM ID# 40750
<b>3</b> Computation of DSEs for Stations Carried Part Time Due to Lack of Activated Channel	Column 2 figure should Column 3 be carried out Column 4 give the type- Column 6	<b>CAPACITY</b> st the call sign of all dista <b>2:</b> For each station, give t correspond with the inform <b>3:</b> For each station, give t <b>4:</b> Divide the figure in colu t at least to the third decirn <b>5:</b> For each independent s value as ".25." <b>5:</b> Multiply the figure in co point. This is the station's	he number of h mation given in he total numbe umn 2 by the fig nal point. This station, give the lumn 4 by the f	ours your cable system space J. Calculate only or of hours that the station gure in column 3, and giv is the "basis of carriage e "type-value" as "1.0." F gure in column 5, and g	carried the statio one DSE for eac n broadcast over re the result in de value" for the sta or each network	n during the a ch station. the air during ecimals in colu- tion. or noncomme column 6. Rou	the accountin umn 4. This fig ercial educatio and to no less	ng period. jure must nal station, than the	
Capacity			CATEGOR	Y LAC STATIONS:	COMPUTATI	ION OF DS	Es		
	1. CALL SIGN	2. NUMBE OF HO CARRII SYSTE	URS ED BY	3. NUMBER OF HOURS STATION ON AIR	4. BASIS OF CARRIAG VALUE		5. TYPE VALUE	6. DS	E
								=	
				:					
			÷		=	x		=	
<b>4</b> Computation of DSEs for Substitute- Basis Stations	Was carried tions in effe Broadcast of space I). Column 2: at your option. Column 3: Column 4:	e the call sign of each sta d by your system in substi- ect on October 19, 1976 ( one or more live, nonnetwo For each station give the This figure should corres Enter the number of days Divide the figure in colum This is the station's DSE	itution for a pro as shown by th ork programs du number of live spond with the s in the calenda on 2 by the figu	gram that your system w le letter "P" in column 7 o uring that optional carriag , nonnetwork programs o information in space I. ar year: 365, except in a re in column 3, and give	vas permitted to o of space I); and ge (as shown by th carried in substitu leap year. the result in colu	delete <sup>°</sup> under F he word "Yes" i ution for progr umn 4. Round	FCC rules and in column 2 of ams that were to no less tha	e deleted n the third	
		S	UBSTITUT	E-BASIS STATION	S: COMPUTA	ATION OF I	DSEs		
	1. CALL SIGN	2. NUMBER OF PROGRAMS	3. NUMB OF DA IN YEA	YS	1. CALL SIGN	2. NUN OF PRO	IBER IGRAMS	3. NUMBER OF DAYS IN YEAR	4. DSE
			+ +				+		=
			÷	=			÷		=
			*	=			÷		-
			÷	=			÷		
	Add the DSEs	of each station. um here and in line 3 of pa					0.00		
5		ER OF DSEs: Give the an sapplicable to your syster		boxes in parts 2, 3, and 4	1 of this schedule	and add them	to provide the	e total	
Total Number	1. Number	of DSEs from part 2●				<u>۰</u>		0.75	
of DSEs		of DSEs from part 3● of DSEs from part 4●				► ►		<u>0.00</u> 0.00	
	o. radinber								1
	TOTAL NUMBE	ER OF DSEs					<b>&gt;</b>		0.75

DSE SCHEDULE. P.									G PERIOD: 2023
	WNER OF CABLE S						S	YSTEM ID#	Name
								40750	
nstructions: Bloc n block A:	k A must be comp	leted.							
If your answer if "	Yes," leave the ren	mainder of pa	art 6 and part 7	of the DSE schedu	le blank and	complete part 8	3, (page 16) of the		6
chedule. If your answer if "	No," complete blo	cks B and C	below.						
	BLOCK A: TELEVISION MARKETS								
		tside of all m	ajor and smalle	er markets as defin	ed under sect	ion 76.5 of FC	C rules and regula	tions in	3.75 Fee
effect on June 24,		nahadula D		_ETE THE REMAII					
	lete blocks B and (				NDER OF FA	RTUAND /.			
		o below.							
		BLO	CK B: CARR	AGE OF PERM	<b>/ITTED DS</b>	Es			
Column 1: CALL SIGN	FCC rules and re	gulations prio	or to June 25, 1 dule. (Note: The	part 2, 3, and 4 of th 981. For further ex e letter M below ref act of 2010.)	planation of p	ermitted station	ns, see the	-	
Column 2: BASIS OF PERMITTED CARRIAGE	<ul> <li>(Note the FCC ru A Stations carrie 76.61(b)(c)]</li> <li>B Specialty static</li> <li>C Noncommerica</li> <li>D Grandfathered instructions fo</li> <li>E Carried pursua *F A station prev</li> </ul>	les and regul ed pursuant to an as defined al educationa station (76.6 r DSE sched ant to individu viously carrie HF station w	ations cited be o the FCC mark I in 76.5(kk) (76 Il station [76.59 S5) (see paragra lue). Ial waiver of FC d on a part-time ithin grade-B co	e or substitute basi ontour, [76.59(d)(5)	e in effect on 5 57, 76.59(b), (1), 76.63(a) r 8(a) referring t stitution of gra s prior to June	June 24, 1981. 76.61(b)(c), 76 referring to 76.1 o 76.61(d)] ndfathered star e 25, 1981	.63(a) referring to 61(e)(1) tions in the		
Column 3:		stations ide	ntified by the le	parts 2, 3, and 4 of tter "F" in column 2 2. PERMITTED			ksheet on page 14	of 3. DSE	
SIGN	BASIS	J. DOL	SIGN	BASIS	0. DOL	SIGN	BASIS	5. DOL	
WBGU	С	0.25	WBGU-DT	С	0.25	WBGU-DT	C C	0.25	
								0.75	
		E	BLOCK C: CC	MPUTATION OF	3.75 FEE				
ine 1: Enter the	total number of	DSEs from	part 5 of this s	schedule					
ine 2: Enter the	sum of permittee	d DSEs fror	n block B abo	ve					
				of DSEs subject 7 of this schedule		ate.			
ine 4: Enter gro	ss receipts from	space K (pa	age 7)				x 0.03	375	Do any of th DSEs represe partially
ine 5: Multiply li	ne 4 by 0.0375 a	ind enter su	m here				X		permited/ partially nonpermitte
ine 6: Enter tota	al number of DSE	Es from line	3						carriage? If yes, see pa 9 instruction
ine 7: Multiply li	ne 6 by line 5 an	d enter here	e and on line 2	2, block 3, space	L (page 7)			0.00	

### ACCOUNTING PERIOD: 2023/2

Name	LEGAL NAME OF OWNE		l:					U		STEM ID# 40750	
Worksheet for Computating the DSE Schedule for Permitted Part-Time and Substitute Carriage	<ul> <li>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.)</li> <li>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.</li> <li>Column 2: Indicate the DSE for this station for a single accounting period, occurring between January 1, 1978 and June 30, 1981.</li> <li>Column 3: Indicate the accounting period and year in which the carriage and DSE occurred (e.g., 1981/1).</li> <li>Column 4: Indicate the basis of carriage on which the station was carried by listing one of the following letters: <ul> <li>(Note that the FCC rules and regulations cited below pertain to those in effect on June 24, 1981.)</li> <li>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)).</li> </ul> </li> <li>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)).</li> <li>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.</li> <li>Column 5: Indicate the SIE for the current accounting period as computed in parts 2, 3, and 4 of this schedule.</li> <li>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.</li> </ul>										
		PERMITTED DS	E FOR STA	TIONS CARRIE	D C	ON A PART-TIME AN	D SUBSTIT	UTE BASIS			
	1. CALL SIGN	2. PRIOR DSE		COUNTING ERIOD		4. BASIS OF CARRIAGE		RESENT DSE		RMITTED DSE	
					······						
<b>7</b> Computation of the Syndicated Exclusivity Surcharge	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. BLOCK A: MAJOR TELEVISION MARKET • Is any portion of the cable system within a top 100 major television market as defined by section 76.5 of FCC rules in effect June 24, 1981?										
	Yes—Complete	blocks D and C .				X No—Proceed to	parto				
	BLOCK B: Ca	arriage of VHF/Grade	B Contour S	Stations		BLOCH	K C: Compu	utation of Exempt	DSEs		
	Is any station listed in block B of part 6 the primary stream of a commercial VHF station that places a grade B contour, in whole or in part, over the cable system? Yes—List each station below with its appropriate permitted DSE					Was any station listed in block B of part 7 carried in any commu- nity served by the cable system prior to March 31, 1972? (refer to former FCC rule 76.159) Yes—List each station below with its appropriate permitted DSE					
	X       No—Enter zero and proceed to part 8.             X       No—Enter zero and proceed to part 8.							o part 8.			
	CALL SIGN	DSE C/	LL SIGN	DSE		CALL SIGN	DSE	CALL SIGN		DSE	
TOTAL DSEs 0.00 TOTAL I									s	0.00	

LEGAL NA	ME OF OWNER OF CABLE SYSTEM: SYSTEM: SYSTEM 40	I ID# 750	Name
	BLOCK D: COMPUTATION OF THE SYNDICATED EXCLUSIVITY SURCHARGE		
Section 1	Enter the amount of gross receipts from space K (page 7) 984,452	2.50	7
Section 2	A. Enter the total DSEs from block B of part 7	0.00	Computation
	B. Enter the total number of exempt DSEs from block C of part 7	0.00	of the Syndicated Exclusivity
	C. Subtract line B from line A and enter here. This is the total number of DSEs subject to the surcharge computation. If zero, proceed to part 8	0.00	Surcharge
• Is an	y portion of the cable system within a top 50 television market as defned by the FCC? Yes—Complete section 3 below. X No—Complete section 4 below.		
	SECTION 3: TOP 50 TELEVISION MARKET		
Section 3a	Did your cable system retransmit the signals of any partially distant television stations during the accounting period?     X Yes—Complete part 9 of this schedule.     No—Complete the applicable section below.		
	If the figure in section 2, line C is 4.000 or less, compute your surcharge here and leave section 3b blank. NOTE: If the DSE is 1.0 or less, multiply the gross receipts by .00599 by the DSE. Enter the result on line A below.		
	A. Enter 0.00599 of gross receipts (the amount in section1)		
	B. Enter 0.00377 of gross receipts (the amount in section 1)		
	C. Subtract 1.000 from total permitted DSEs (the figure on line C in section 2) and enter here		
	D. Multiply line B by line C and enter here		
	E. Add lines A and D. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7) Syndicated Exclusivity Surcharge		
Section 3b	If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 3a blank.		
	A. Enter 0.00599 of gross receipts (the amount in section 1)		
	B. Enter 0.00377 of gross receipts (the amount in section 1)		
	C. Multiply line B by 3.000 and enter here		
	D. Enter 0.00178 of gross receipts (the amount in section 1)		
	E. Subtract 4.000 from total DSEs (the fgure on line C in section 2) and enter here		
	F. Multiply line D by line E and enter here		
	G. Add lines A, C, and F. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7) Syndicated Exclusivity Surcharge		
	SECTION 4: SECOND 50 TELEVISION MARKET		
	Did your cable system retransmit the signals of any partially distant television stations during the accounting period?		
Section 4a	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		

### ACCOUNTING PERIOD: 2023/2

Name			50LE. PAGE 16. SYSTEM ID# 40750
<b>7</b> Computation of the Syndicated Exclusivity Surcharge	Section 4b	If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 4a blank.  A. Enter 0.00300 of gross receipts (the amount in section 1).  B. Enter 0.00189 of gross receipts (the amount in section 1).  C. Multiply line B by 3.000 and enter here.  C. Multiply line B by 3.000 and enter here.  D. Enter 0.00089 of gross receipts (the amount in section 1).  S  D. Enter 0.00089 of gross receipts (the amount in section 1).  F. Multiply line D by line E and enter here.  A. Enter here and on line 2, block 4, space L (page 7)  Syndicated Exclusivity Surcharge.	
<b>8</b> Computation of Base Rate Fee	6 was d • In blo • If you • If you blank What i were lo	ctions: ust complete this part of the DSE schedule for the SUM OF PERMITTED DSEs in part 6, block B; however, if block A of part checked "Yes," use the total number of DSEs from part 5. wck A, indicate, by checking "Yes" or "No," whether your system carried any partially distant stations. Ir answer is "No," compute your system's base rate fee in block B. Leave part 9 blank. Ir answer is "Yes" (that is, if you carried one or more partially distant stations), you must complete part 9. Leave block B below	
		BLOCK A: CARRIAGE OF PARTIALLY DISTANT STATIONS         our cable system retransmit the signals of any partially distant television stations during the accounting period?         X       Yes—Complete part 9 of this schedule.         No—Complete the following sections.         BLOCK B: NO PARTIALLY DISTANT STATIONS—COMPUTATION OF BASE RATE FEE         Enter the amount of gross receipts from space K (page 7).	
	Section 2 Section 3	Enter the total number of permitted DSEs from block B, part 6 of this schedule. (If block A of part 6 was checked "Yes," use the total number of DSEs from part 5.)	

### DSE SCHEDULE. PAGE 17.

LEGAL N	AME OF OWNER OF CABLE SYSTEM: S	YSTEM ID#	
NEW	KNOXVILLE TELEPHONE	40750	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. Enter 0.01064 of gross receipts		8
	(the amount in section 1)	-	
	B. Enter 0.00701 of gross receipts		Computation
	(the amount in section 1) <b>S</b>		of Base Rate Fee
	C. Multiply line B by 3.000 and enter here	-	
	D. Enter 0.00330 of gross receipts		
	(the amount in section 1)		
	E. Subtract 4.000 from total DSEs		
	(the figure in section 2) and enter here►		
	F. Multiply line D by line E and enter here ▶ \$		
	G. Add lines A, C, and F. This is your base rate fee.		
	Enter here and in block 3, line 1, space L (page 7) Base Rate Fee \$	0.00	
	<b>TANT:</b> It is no longer necessary to report television signals on a system-wide basis. Carriage of television broadcast be reported on a community-by-community basis (subscriber groups) if the cable system reported multiple channel G.		9
In Gen	eral: If any of the stations you carried were partially distant, the statute allows you, in computing your base rate fee, t s from subscribers located within the station's local service area, from your system's total gross receipts. To take adv		Computation
•	on, you must:	antage of this	of Base Rate Fee
First: [	Divide all of your subscribers into subscriber groups, each group consisting entirely of subscribers that are distant to t	he same	and
	or the same group of stations. Next: Treat each subscriber group as if it were a separate cable system. Determine th and the portion of your system's gross receipts attributable to that group, and calculate a separate base rate fee for e		Syndicated Exclusivity
	: Add up the separate base rate fees for each subscriber group. That total is the base rate fee for your system.	uon group.	Surcharge for
also co	If any portion of your cable system is located within the top 100 television market and the station is not exempt in pa mpute a Syndicated Exclusivity Surcharge for each subscriber group. In this case, complete both block A and B belo cable system is wholly located outside all major television markets, complete block A only.		Partially Distant Stations, and
	Identify a Subscriber Group for Partially Distant Stations		for Partially Permitted
	: For each community served, determine the local service area of each wholly distant and each partially distant statio to that community.	n you	Stations
outside	For each wholly distant and each partially distant station you carried, determine which of your subscribers were loca the station's local service area. A subscriber located outside the local service area of a station is distant to that station the token, the station is distant to the subscriber.)		
	: Divide your subscribers into subscriber groups according to the complement of stations to which they are distant. E	ach	
	ber group must consist entirely of subscribers who are distant to exactly the same complement of stations. Note that will have only one subscriber group when the distant stations it carried have local service areas that coincide.	a cable	
<b>Compu</b> groups	uting the base rate fee for each subscriber group: Block A contains separate sections, one for each of your system	n's subscriber	
	i section: fy the communities/areas represented by each subscriber group.		
	the call sign for each of the stations in the subscriber group's complement—that is, each station that is distant to all c	f the	
subscri • If:	bers in the group.		
1) your	system is located wholly outside all major and smaller television markets, give each station's DSE as you gave it in s schedule; or,	parts 2, 3, 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 blo 6 of this schedule.	ck B,	
•	ne DSEs for each station. This gives you the total DSEs for the particular subscriber group.		
	late gross receipts for the subscriber group. For further explanation of gross receipts see page (vii) of the general ins paper SA3 form.	tructions	
page.	oute a base rate fee for each subscriber group using the formula outline in block B of part 8 of this schedule on the pr In making this computation, use the DSE and gross receipts figure applicable to the particular subscriber group (that or that group's complement of stations and total gross receipts from the subscribers in that group). You do not need	is, the total	

actual calculations on the form.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: SYS	STEM
Name	NEW KNOXVILLE TELEPHONE	40
	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.	

Nomo

SYSTEM ID#

FORM SA3E.	PAGE	19.
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## LEGAL NAME OF OWNER OF CABLE SYSTEM:

		00140117471011			0110000		
				TE FEES FOR EACH			ID
COMMUNITY/ AREA Mercer and Shelby Counties				OND SUBSCRIBER GROUP			
OWIMONIT IT AREA	WIEICEI	and Sheiby Cou	iiiies	COMMONIT I/ AREA	Sheiby C	Jounty	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
				WBGU	0.25		
				WBGU-DT2	0.25		
				WBGU-DT3	0.25		
	•••						
	•••						
	•••						
tal DSEs			0.00	Total DSEs			0.75
oss Receipts First G	roup	\$ 19	90,375.31	Gross Receipts Second Group		\$ 278,240.82	
		· · · · ·			а 0.0 ар	- <u>-</u>	
se Rate Fee First G	roup	\$	0.00	Base Rate Fee Second	d Group	\$	2,220.36
			•				
		SUBSCRIBER GRO	UP		FOURTH	SUBSCRIBER GRO	JP
MMUNITY/ AREA	Auglaiz	e County		COMMUNITY/ AREA			0
ALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
	···						
	•••				·		
	•••						
	<mark>.</mark>						
			0.00				0.00
			0.00	Total DSEs	-		0.00
	Group	\$ <u>5</u> ′	0.00	Total DSEs Gross Receipts Fourth	Group	\$	0.00
otal DSEs ross Receipts Third (			15,836.37	Gross Receipts Fourth			0.00
		<u>\$</u> 5′				\$	
oss Receipts Third (			15,836.37	Gross Receipts Fourth			0.00
ss Receipts Third ( e Rate Fee Third (	Group ne <b>base rat</b> i	\$ e fees for each subso	0.00	Gross Receipts Fourth	Group		0.00

### FORM SA3E. PAGE 19.

## Nonpermitted 3.75 Stations

LEGAL NAME OF OWNER OF CABLE SYSTEM:     SYSTEM ID#       NEW KNOXVILLE TELEPHONE     40750					Name			
				ATE FEES FOR EACH				
	FIRST SUBSCRIBER GROUP					SUBSCRIBER GROU	JP	9
COMMUNITY/ AREA	Mercer	and Shelby Cour	nties	COMMUNITY/ AREA	EA Shelby County			Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
								Syndicated
					<b></b>			Exclusivity Surcharge
								for
								Partially
								Distant
					<mark></mark>			Stations
					<b>.</b>			
		L				<u> </u>		
					<mark></mark>			
			•		<mark></mark>			
Total DSEs			0.00			11	0.00	
					Total DSEs 0.00			
Gross Receipts First G	roup	<u>\$</u> 190	,375.31	Gross Receipts Secon	d Group	\$ 2	278,240.82	
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Secon	d Group	\$	0.00	
	THIRD	SUBSCRIBER GROU	JP		FOURTH	SUBSCRIBER GROU	JP	
COMMUNITY/ AREA	Auglaiz	ze County		COMMUNITY/ AREA 0				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
					<b>.</b>			
			•		·			
					<mark></mark>			
		++						
					<mark></mark>			
Total DSEs	_ <b> </b>	11	0.00	Total DSEs	1	11	0.00	
Gross Receipts Third Group \$ 515,836.37		Gross Receipts Fourth	Group	\$	0.00			
	Г					·		
Base Rate Fee Third Group \$ 0.00		0.00	Base Rate Fee Fourth	Group	\$	0.00		
				••				
	Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.         Inter here and in block 3, line 1, space L (page 7)         \$				0.00			

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: NEW KNOXVILLE TELEPHONE	SYSTEM ID# 40750					
	BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP						
9	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					
Base Rate Fee	INSTRUCTIONS:						
and Syndicated Exclusivity	<ul> <li>Step 1: In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block A, part 9 of this schedule.</li> <li>Step 2: In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were classified as</li> </ul>						
Surcharge for Partially Distant Stations	Surcharge forExempt 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.Partially DistantStep 4:Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 schedule. In making this computation, use gross receipts figures applicable to the particular group. You						
	FIRST SUBSCRIBER GROUP	SECOND SUBSCRIBER GROUP					
	Line 1: Enter the VHF DSEs	Line 1: Enter the V/HE DSEs					
	Line 2: Enter the Exempt DSEs	Line 1: Enter the VHF DSEs           Line 2: Enter the Exempt DSEs					
	Line 2: Enter the Exchipt DOL3	Line 2: Line the Exempt DoLs Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation					
	SYNDICATED EXCLUSIVITY SURCHARGE First Group	SYNDICATED EXCLUSIVITY SURCHARGE Second Group					
	THIRD SUBSCRIBER GROUP	FOURTH SUBSCRIBER GROUP					
	Line 1: Enter the VHF DSEs	Line 1: Enter the VHF DSEs					
	Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation	Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation					
	SYNDICATED EXCLUSIVITY SURCHARGE Third Group	SYNDICATED EXCLUSIVITY SURCHARGE Fourth Group					
	SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for ea in the boxes above. Enter here and in block 4, line 2 of space L (page 7						

C	Cable Worksheet		Total amount of remittance	Number of SAs re	c'd Initials		
			Date of remittance	Check EFT	FILING FEES		
Cable ID #					Amount Initials		
Examined by		Reviewed by	Date examination completed	Allocation number			
Space A Accounting			(enter four digit year and	   /1 (for Jan-Jun period) or /2 (for J	ul-Dec period) No spaces)		
Period	Lette	er sent	[	Information received			
		epted	[	Phone call/Date/Contact			
Space B Owner							
	Letter sent			Information received			
	Accepted Phone call/Date/Contact						
Space D Area Served							
	Lette	er sent	[	Information received			
		epted	[	Phone call/Date/Contact			
Space E Secondary Transission							
Service Subscribers:	Letter sent     Information received						
and Rates		Accepted Phone call/Date/Contact					
Space G Primary Transmitters:							
Television	Lette	er sent	[	Information received			
		epted	[	Phone call/Date/Contact			
Space H Primary Transmitters:							
Radio		epted	[	Phone call/Date/Contact			

Space I
Substitute
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	