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 COPYRIGHT OFFICE USE

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					
02/19/2024	\$ 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	AC	COUNTING PERIOD COVERED BY THIS STATEMENT:			
Accounting		2023-02			
Period	<u> </u>				
B Owner	rate	Give the full legal name of the owner of the cable system. If the owner is a 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 ngle statement of account and royalty fee payment covering the entire accound. Check here if this is the system's first filing. If not, enter the system's ID GEAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM	ss of the cable syste on the last day of th unting period.	em. ne accounting period should su	•
		Northwest Iowa Telephone Co			
					61026202302
					61026 2023-02
		PO Box 38			
		Sergeant Bluff, IA 51054			
С		STRUCTIONS: In line 1, give any business or trade names used to in the already appear in space B. In line 2, give the mailing address o			
System	1	IDENTIFICATION OF CABLE SYSTEM:			
		MAILING ADDRESS OF CABLE SYSTEM:			
	2	(Number, street, rural route, apartment, or suite number)			
		(City, town, state, zip code)			
D	Ins	tructions: For complete space D instructions, see page 1b. Identify	only the frst com	munity served below and re	elist on page 1b
Area	with	n all communities.			
Served		CITY OR TOWN	STATE		
First		Salix	IA		
Community	В	elow is a sample for reporting communities if you report multiple ch	· · · · · · · · · · · · · · · · · · ·		
		CITY OR TOWN (SAMPLE)	STATE	CH LINE UP	SUB GRP#
Sample	Ald	a ance	MD MD	A B	1 2
	Ger		MD	В	3
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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.

ACCOUNTING PERIOD: 2023-02 FORM SA3E. PAGE 1b. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: 61026 Northwest Iowa Telephone Co Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined D in FCC rules: "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single, discrete unincorporated areas." 47 C.F.R. §76.5(dd). The frst community that you list will serve as a form Area of system identification hereafter known as the "first community." Please use it as the first community on all future fillings. Served Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified city or town. If all communities receive the same complement of television broadcast stations (i.e., one channel line-up for all), then either associate all communities with the channel line-up "A" in the appropriate column below or leave the column blank. If you report any stations on a partially distant or partially permitted basis in the DSE Schedule, associate each relevant community with a subscriber group, designated by a number (based on your reporting from Part 9). When reporting the carriage of television broadcast stations on a community-by-community basis, associate each community with a channel line-up designated by an alpha-letter(s) (based on your Space G reporting) and a subscriber group designated by a number (based on your reporting from Part 9 of the DSE Schedule) in the appropriate columns below. CITY OR TOWN CH LINE UP SUB GRP# STATE Salix IA AA **First** Sloan IA AA 1 Community Anthon IA AA Correctionville IA AA IA Danbury AA Whiting IA AA See instructions for 1 Holstein IA AA additional information on alphabetization. **Ida Grove** IA AA Soldier IA AA Ute IA AA 1 AA Mapleton IA Add rows as necessary. Onawa IA AA **Blencoe** AA IA Moorhead IA AA Sergeant Bluff IA AA 1 Jefferson SD **AB Dakota Dunes** SD 2 AB **North Sioux City** SD AB 2 IΑ AΒ Storm Lake 2 South Sioux City NE AB 3 Missouri Valley IA AC IA AC 3 Logan 4 Woodbine IA AC AC 4 Magnolia IA AD **Orange City** IA

Name
Legal Name of OWNER OF CABLE SYSTEM:

Northwest Iowa Telephone Co

SYSTEM ID#
61026

Ε

Secondary Transmission Service: Subscribers and Rates

SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

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

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

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

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

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

BL	OCK 1		BLOCK 2					
	NO. OF				NO. OF			
CATEGORY OF SERVICE	SUBSCRIBERS		RATE	CATEGORY OF SERVICE	SUBSCRIBERS		RATE	
Residential:								
 Service to first set 	3,561	\$	136.95	Broadcast Starter	3,671	\$	24.95	
 Service to additional set(s) 	743	\$	15.00	Basic Plus	3,460	\$	112.00	
 FM radio (if separate rate) 				Bulk	60	\$	320.42	
Motel, hotel			180-3000					
Commercial	156							
Converter								
 Residential 	Boxes 1478	\$	6.95					
Non-residential	DVR 938	\$	16.95					
		1				î		

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			
Continuing Services:		Installation: Non-residential			
Pay cable		Motel, hotel	\$	29.95	
Pay cable—add'l channel		Commercial			
Fire protection		• Pay cable			
•Burglar protection		Pay cable-add'l channel			
Installation: Residential		Fire protection			
• First set	\$ 29.95	Burglar protection			
Additional set(s)		Other services:			
• FM radio (if separate rate)		Reconnect	\$	29.95	***************************************
Converter		Disconnect			
		Outlet relocation			
		Move to new address			

Northwest lowa					SYSTEM ID# 61026	Name
PRIMARY TRANSMITTE	ERS: TELEVISION	ON				
carried by your cable s FCC rules and regulati 76.59(d)(2) and (4), 76 substitute program bas	system during to ions in effect of 6.61(e)(2) and of sis, as explaine	he accountin n June 24, 19 (4), or 76.63 (ed in the next	g period except 981, permitting t (referring to 76.6 paragraph	(1) stations carrie the carriage of cer 61(e)(2) and (4))];	s and low power television stations) ed only on a part-time basis under tain network programs [sections and (2) certain stations carried on a cable system on a substitute program	Primary Transmitters: Television
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 the carried the distant stati	here in space only on a subsand also in spaformation condrm. the station's call associated with the cast of the ca	G—but do listitute basis ace I, if the storming substorming substo	ati it in space I (ti ation was carrie itute basis station report origination coording to its over at be reported in thas assigned to thannel 4 in Was station is a netwo that the station is a network, "N-M" all educational), the general instruction 4, you must con a 4, you must con accounting per trause of lack of	ed both on a substans, see page (v) on program service ver-the-air design column 1 (list each the television state) of the television state in the television, D.C. This ork station, an incomplete column 1 (for network multiple or "E-M" (for not located in the distant"), enter "Yestions located in the implete column 5, iod. Indicate by eleactivated channel	es". If not, enter "No". For an ex ne paper SA3 form , stating the basis on which you ntering "LAC" if your cable syster	
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LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	
Northwest Iowa Telephone Co	61026	Name
PRIMARY TRANSMITTERS: TELEVISION		
In General: In space G, identify every television station (including translator stations and low power television carried by your cable system during the accounting period except (1) stations carried only on a part-time basis FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sec	under	G
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 car		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	te progran	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 savind only on a substitute had a	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 som	ne othe	
basis. For further information concerning substitute basis stations, see page (v) of the general instructions in the paper SA3 form.		
Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc.	c. Identify	
each multicast stream associated with a station according to its over-the-air designation. For example, report n	nulti	
cast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for ex	cample	
WETA-simulcast).		
Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-t		
its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the 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 nonc		
educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent),		
(for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational mul For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form	ticast)	
Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For a	an ex	
planation 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	you	
cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable s	syster	
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	,	
of a written agreement entered into on or before June 30, 2009, between a cable system or an association rep		
the cable system and a primary transmitter or an association representing the primary transmitter, enter the de	•	

the cable system and a primary transmitter or an association representing the primary transmitter, enter the designa tion "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a furthe 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

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.

		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
KTIV-NBC	65.1	N			Sioux City, Ia
KTIV-D2 CW	65.2	N			Sioux City, la
KTIV-D3 MeTV	65.3	I-M			Sioux City, la
KTIV-D4 Court TV	68.3	I-M			Sioux City, la
KPTH CBS	67.1	N			Sioux City, Ia
КРТН ГОХ	66.1	N			Sioux City, Ia
KPTH MyTV	49.3	I-M			Sioux City, Ia
KCAU ABC	66.2	N			Sioux City, Ia
KCAU-Laff	66.7	I-M			Sioux City, Ia
KCAU-Bounce	67.6	I-M			Sioux City, Ia
KCAU-Escape	0	I-M			Sioux City, Ia
KMEG-Dabl	66.3	I-M			Sioux City, Ia
KMEG-Charge	66.4	I-M			Sioux City, Ia
KMEG-Comet	67.5	I-M			Sioux City, Ia
KMEG-Stadium	65.7	I-M			Sioux City, Ia
KUSD	34	E			Vermillion, SD
				1	

FORM SA3E. PAGE 3. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 61026 Northwest Iowa Telephone Co 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** 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 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 othe 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 multi cast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WFTA-simulcast) Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air ir its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channe 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 noncommercia 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 ex planation 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 you cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable syster 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 representin the cable system and a primary transmitter or an association representing the primary transmitter, enter the designa tion "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a furthe 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 AC 2. B'CAST 3. TYPE 4. DISTANT? 5. BASIS OF 1. CALL 6. LOCATION OF STATION SIGN **CHANNEL** OF (Yes or No) CARRIAGE NUMBER **STATION** (If Distant) WOWT-D1 NBC 22 Ν Omaha, NE **WOWT-D2 COZI** 0 I-M Omaha, NE **WOWT-D3 Heroe** 68.4 I-M Omaha, NE 43 I-M Omaha, NE KPTM-MyTV Ν KPTM-Fox 0 Omaha, NE KPTM-D3 CW 43.3 Ν Omaha, NE **KPTM-D4 Comet** 0 I-M Omaha, NE 45 Ν KMTV-D1 CBS Omaha, NE 0 I-M Omaha, NE KMTV-D2 Grit KMTV-D3 Laff 0 I-M Omaha, NE **KMTV-D4 Ion** 0 I-M Omaha, NE **KETV-ABC** Ν 0 Omaha, NE

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

Omaha, NE

Omaha, NE

KETV-MeTV

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FORM SA3E. PAGE 3. LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	
Northwest Iowa Telephone Co	61026	Name
PRIMARY TRANSMITTERS: TELEVISION		
In General: In space G, identify every television station (including translator stations and low power television so carried by your cable system during the accounting period except (1) stations carried only on a part-time basis used. FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections]	ındeı	G
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 carrisubstitute program basis, as explained in the next paragraph		Primary Transmitters:
Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute basis under specific FCC rules, regulations, or authorizations:	program	Television
 Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if th 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		
basis. For further information concerning substitute basis stations, see page (v) of the general instructions lo		
Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc.		
each multicast stream associated with a station according to its over-the-air designation. For example, report m cast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for exa		
WETA-simulcast).		
Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-th		
its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the cl on which your cable system carried the station	nanne	
Column 3: Indicate in each case whether the station is a network station, an independent station, or a nonco	mmercia	
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 multi For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form	cast)	
Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For ar	n ex	
planation 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 y	ou	
cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable sy	rster	
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		
of a written agreement entered into on or before June 30, 2009, between a cable system or an association repre		
the cable system and a primary transmitter or an association representing the primary transmitter, enter the des	•	
tion "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a f 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 licer		
FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identife	•	
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
KTIV-NBC	65.1	N			Sioux City, la
KTIV-D2 CW	65.2	N			Sioux City, Ia
KTIV-D3 MeTV	65.3	I-M			Sioux City, la
KTIV-D4 Court T\	68.3	I-M			Sioux City, la
KPTH CBS	67.1	N			Sioux City, la
КРТН ГОХ	66.1	N			Sioux City, la
KPTH MyTV	49.3	I-M			Sioux City, la
KCAU ABC	66.2	N			Sioux City, la
KCAU-Laff	66.7	I-M			Sioux City, la
KCAU-Bounce	67.6	I-M			Sioux City, Ia
KCAU-Escape	0	I-M			Sioux City, la
KMEG-Dabl	66.3	I-M			Sioux City, la
KMEG-Charge	66.4	I-M			Sioux City, la
KMEG-Comet	67.5	I-M			Sioux City, la
KMEG-Stadium	65.7	I-M			Sioux City, la
KELO	11	N			Sioux Falls, SD

FURIVI SASE, PAGE 3.					0\/0TEM.D.//	I
Northwest low		_			SYSTEM ID# 61026	Name
PRIMARY TRANSMITT	•				3,323	
In General: In space carried by your cable FCC rules and regula 76.59(d)(2) and (4), 7 substitute program ba	G, identify ever system during tions in effect o 6.61(e)(2) and sis, as explaine	y television so the accounting on June 24, 19 (4), or 76.63 (ed in the next	g period except 981, permitting to referring to 76.6 paragraph	(1) stations carrie he carriage of cer 61(e)(2) and (4))];	s and low power television stations) d only on a part-time basis under tain network programs [sections and (2) certain stations carried on s	G Primary Transmitters:
basis under specifc Fi Do not list the station station was carried List the station here, basis. For further in in the paper SA3 fc Column 1: List ear each multicast stream cast stream as "WETA WETA-simulcast). Column 2: Give th its community of licen on which your cable s Column 3: Indicate educational station, by (for independent multi For the meaning of th Column 4: If the s planation of local serv Column 5: If you r cable system carried the distant sta For the retransmiss of a written agreemen the cable system and tion "E" (exempt). For explanation of these t Column 6: Give the	CC rules, regular here in space of only on a substandalso in spanformation conform. In associated with A-2". Simulcast the channel number see, For examply system carried the in each case of the end	ations, or autications, or autication or autication autication. For autication auticat	norizations: at it in space I (the ation was carried it in space I) that it in space I (the ation was carried it in space I) the report origination is on the sassigned to sannel 4 in Wasletwork), "N-M" all educational), one general instruction is a network, "N-M" and educational), one general instruction in the space I in the general instruction is a network of accounting period in the space I	the Special Statem d both on a substans, see page (v) or program service ver-the-air designate column 1 (list each the television standard). This bork station, an ind (for network multipor "E-M" (for noncictions located in the distant"), enter "Y tions located in the mplete column 5, iod. Indicate by eractivated channel subject to a royalt etween a cable sy esenting the primal channel on any constructions located list the communit	es". If not, enter "No". For an ex e paper SA3 form stating the basis on which you itering "LAC" if your cable syster	Television
Note: If you are utilizi	ng multiple cha		•		channel line-up.	
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION	

ACCOUNTING PERIOD: 2023-02 FORM SA3E. PAGE 4. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 61026 Northwest Iowa Telephone Co 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 AM or FM LOCATION OF STATION CALL SIGN AM or FM LOCATION OF STATION S/D **KZSR** FΜ Dakota Dunes, SD

TORWI SASE, I AGE 3.						•	ACCOUNTING I	LINIOD. 2023-02
LEGAL NAME OF OWNER OF Northwest lowa Telepi		TEM:				S	YSTEM ID# 61026	Name
SUBSTITUTE CARRIAGI	E. SDECL	AL STATEME	NT AND DOCDAM I)C				
In General: In space I, ident substitute basis during the ac explanation of the programm form.	ify every noi	nnetwork televis	sion program broadcast by ecific present and former F0	a distant statio	lations, or autho	rizations.	For a further	 Substitute
1. SPECIAL STATEMEN	T CONCE	DNING SUDS	TITLITE CADDIAGE					Carriage:
During the accounting per				asis any non	network televis	ion progra	am	Special
broadcast by a distant sta		ar oabic byster	ii dairy, dir a dabotitate bi	aoio, arry morr		□Yes		Statement and Program Log
Note: If your answer is "No	", leave the	e rest of this pa	age blank. If your answer	s "Yes," you	•			
log in block 2.		• • • • • • • • • • • • • • • • • • • •						
period, was broadcast by a under certain FCC rules, re SA3 form for futher informatitles, for example, "I Love I Column 2: If the program Column 3: Give the call Column 4: Give the broadthe case of Mexican or Car Column 5: Give the monifirst. Example: for May 7 gi Column 6: State the time to the nearest five minutes. stated as "6:00–6:30 p.m."	etitute prograce, please of every not distant state gulations, attion. Do not be adcast stationation station and day ve "5/7." les when the Example: ter "R" if the and regulat rogramming	am on a separ attach addition connetwork tele ition and that y or authorization ot use general BA Basketball: adcast live, ent station broaddion's location (ions, if any, the y when your sy he substitute pr a program carri- e listed prograr cions in effect d	nal pages. vision program (substitute our cable system substitute ns. See page (vi) of the g categories like "movies", 76ers vs. Bulls." er "Yes." Otherwise enter casting the substitute prog the community to which the community with which the estem carried the substitute ogram was carried by you ried by a system from 6:0 m was substituted for prog luring the accounting peri	e program) the ted for the preneral instruction "basketbal" "No." Iram. The station is like station is ide program. Unit cable system 1:15 p.m. to figramming that bod; enter the	at, during the a cogramming of a citions located in the citions located in the citions located by the dentified). Use numerals, where the citions is the time of the citions of the cition	ccounting another stands the paper program FCC or, in with the more accurational be was required listed pro-	tation er n onth tely	
S.	I IRCTITI IT	E PROGRAM	1		EN SUBSTITU IAGE OCCUR		7. REASON	
1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. TIME		FOR DELETION	
					_			
					_			
					_			
					_			
					_			
		1						
		 						

ACCOUNTING PERIOD: 2023-02 FORM SA3E. PAGE 6.

Name	Northwest Id								S	4STEM ID# 61026		
			nie Co							01020		
J 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 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."											
			DATES	S AND HOURS	OF F	PART-TIME CAF	RRIAGE					
		WHEN	I CARRIAGE OCC	URRED			WHEN	N CARRIAGE O	CCUF	RRED		
	CALL SIGN	DATE	HOU FROM	RS TO		CALL SIGN	DATE	HOURS FROM TO				
		DATE	-	10			DATE	TROW	_	10		
									_			
			_						_			
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			_									
			_		Ì				_			

	L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID# 61026	Name					
Noi	thwest Iowa Telephone Co	61026						
Inst all a (as	OSS RECEIPTS ructions: The figure you give in this space determines the form you fle and the amount mounts (gross receipts) paid to your cable system by subscribers for the system's seco dentifed in space E) during the accounting period. For a further explanation of how to co e (vii) of the general instructions.	ndary transmission service	K Gross Receipts					
IMP	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.	\$ 2,698,380.31 (Amount of gross receipts)						
COPYRIGHT ROYALTY FEE Instructions: Use the blocks in this space L to determine the royalty fee you owe: Complete block 1, showing your minimum fee. Complete block 2, showing whether your system carried any distant television stations. If your system did not carry any distant television stations, leave block 3 blank. Enter the amount of the minimum fee from block 1 on line 1 of block 4, and calculate the total royalty fee. If your system did carry any distant television stations, you must complete the applicable parts of the DSE Schedule accompanying this form and attach the schedule to your statement of account.								
	rt 8 or part 9, block A, of the DSE schedule was completed, the base rate fee should be k 3 below.	entered on line 1 of						
3 be								
	rt 7 or part 9, block B, of the DSE schedule was completed, the surcharge amount shoublock 4 below.	ıld be entered on line						
Block 1	MINIMUM FEE: All cable systems with semiannual gross receipts of \$527,600 or more least the minimum fee, regardless of whether they carried any distant stations. This fee system's gross receipts for the accounting period.	is 1.064 percent of the						
	Line 1. Enter the amount of gross receipts from space K Line 2. Multiply the amount in line 1 by 0.01064 Enter the result here.	\$ 2,698,380.31						
	This is your minimum fee.	\$ 28,710.77						
Block 2	 DISTANT TELEVISION STATIONS CARRIED: Your answer here must agree with the space G. If, in space G, you identifed any stations as "distant" by stating "Yes" in colum "Yes" in this block. Did your cable system carry any distant television stations during the accounting period Yes—Complete the DSE schedule. 	n 4, you must check						
Block	Line 1. BASE RATE FEE: Enter the base rate fee from either part 8, section 3 or 4, or part 9, block A of the DSE schedule. If none, enter zero	\$ -						
3	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	\$ -						
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	\$ 28,710.77	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 deposits under					
	zero. Line 3. Line 3. INTEREST CHARGE: Enter the amount from line 4, space Q, page 9 (Interest Worksheet)	0.00	Section 111(d)(7) should contact the Licensing					
	Line 4. FILING FEE	\$ 725.00	additional fees. Division for the					
	TOTAL ROYALTY AND FILING FEES DUE FOR ACCOUNTING PERIOD. Add Lines 1, 2 and 3 of block 4 and enter total here	\$ 29,435.77	appropriate form for submitting the additional fees.					
	EFT Trace # or TRANSACTION ID # 240213B00884		additional lees.					
	Remit this amount via <i>electronic payment</i> payable to Register of Copyrights. (Single general instructions located in the paper SA3 form and the Excel instructions to							

ACCOUNTING PERIOD: 2023-02 FORM SA3E, PAGE 8.

				FORIVI SASE, FAGE 6.						
Name	LEGAL NAME OF OWNER			SYSTEM ID#						
	Northwest Iowa	Telephon	Со	61026						
	CHANNELS									
M		must aivo	1) the number of channels on which the cable system carried television breadcast stat	ions						
IVI	Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations									
Channala	to its subscribers a	nd (2) the o	able system's total number of activated channels, during the accounting period.							
Channels	4									
			annels on which the cable	15						
	system carried tel	evision bro	adcast stations							
	2. Enter the total nu									
		•	arried television broadcast stations	199						
	and nonbroadcas	t services .								
N	INDIVIDUAL TO B	E CONTA	TED IF FURTHER INFORMATION IS NEEDED: (Identify an individual							
IN	we can contact abo									
Individual to			,							
Be Contacted										
for Further	Name Paul E	Bergman	n Telephone 7 1	2-271-4000						
Information			политинальной по							
	Address 504 4t									
	(Number,	street, rural r	ute, apartment, or suite number)							
	Serge	ant Bluf	, IA 51054							
	(City, towr	ı, state, zip)								
	Email	pberg	nann@longlines.biz Fax (optional) 712-271-27	27						
	OFFICION TION (TI	.:4-4		>						
_	CERTIFICATION (1)	nis stateme	nt of account must be certifed and signed in accordance with Copyright Office regulati	ons.)						
0										
Certifcation	$\bullet \ \ \textbf{I}, \text{the undersigned},$	hereby cer	fy that (Check one, but only one, of the boxes.)							
	(Owner other that	an corpora	ion or partnership) I am the owner of the cable system as identifed in line 1 of space B; o	r						
	(Agent of owner	other than	corporation or partnership) I am the duly authorized agent of the owner of the cable sys	tem as identified						
			hat the owner is not a corporation or partnership; or							
			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 sp	Jace D.								
	I have examined th	e statemen	of account and hereby declare under penalty of law that all statements of fact contained he	erein						
			o the best of my knowledge, information, and belief, and are made in good faith.							
	[18 U.S.C., Section	1001(1986)								
		V	/s/Paul Bergmann							
		<u>X</u>								
		Enter an	electronic signature on the line above using an "/s/" signature to certify this statement.							
			John Smith). Before entering the first forward slash of the /s/ signature, place your cursor in the	e box and press the "F2"						
		button, t	en type /s/ and your name. Pressing the "F" button will avoid enabling Excel's Lotus compatil	bility settings.						
		Typed o	r printed name: /s/Paul Bergmann							
			•							
		Title:	CFO							
			(Title of official position held in corporation or partnership)							
		Date:	February 8, 2024							
		2410.	, -,							

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 the 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 telephonumbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Office's public indexes and search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal sufficiency of the fling, a determination that would be made by a court of law

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM I					
Northwest Iowa Telephone Co 610	26 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					
Name Mailing Address Name Mailing Address					
INTEREST ASSESSMENTS					
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions in the paper SA3 form.	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					
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)					
(interest charge)					
* 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 th form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the 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.

ACCOUNTING PERIOD: 2023-02

DSE SCHEDULE. PAGE 10.

INSTRUCTIONS FOR DSE SCHEDULE WHAT IS A "DSE"

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

FORMULAS FOR COMPUTING A STATION'S DSE

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

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

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

• Independent: its type-value is	1.00
Network: its type-value is	0.25
Noncommercial educational: its type-value is	0.25
North Control of the	

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

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

TOTAL OF DSEs

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

THE ROYALTY FEE

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

The 3.75 Fee. If a cable system located in whole or in part within 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, ir whole or in part, over the cable system that would have been subject to the FCC's syndicated exclusivity rules in effect on June 24, 1981

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

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

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

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

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

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

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

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

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

COMPUTING THE BASE RATE FEE—PART 8 OF THE DSE

SCHEDULE

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

PARTIALLY DISTANT STATIONS—PART 9 OF THE DSE SCHEDULE

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

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

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

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

- Calculate a separate base rate fee for each subscriber group, using
 the rates given above;
 the total number of DSEs for that group's complement of stations;
 and
 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:

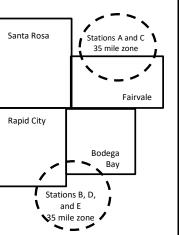
- When the fourth decimal point is 1, 2, 3, or 4, the third decimal remains unchanged (example: .34647 is rounded to .346).
- When the fourth decimal point is 5, 6, 7, 8, or 9, the third decimal is rounded up (example: .34651 is rounded to .347).

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	i i	Identification	of Subscriber Groups	
STATION	DSE	CITY	OUTSIDE LOCAL	GROSS RECEIPTS
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)	<u>0.25</u>	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

		\$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)

DOL GOTTLDOLL. FAGI	LEGAL NAME OF OWNER OF CABL	E SYSTEM:			51	STEM ID#				
1										
	SUM OF DSEs OF CATEGORY "O" STATIONS:									
	Add the DSEs of each station. Enter the sum here and in line 1 of part 5 of this schedule. 0.00									
	Enter the sum here and in line	U.UU								
•	Instructions:									
2	In the column headed "Call S	Sign": list the ca	III signs of all distant stations	s identified by t	he letter "O" in column 5					
Computation	of space G (page 3). In the column headed "DSE": for each independent station, give the DSE as "1.0"; for each network or noncom-									
of DSEs for	mercial educational station, give			L as 1.0 , 101 (each network of noncom-					
Category "O"	, g		CATEGORY "O" STATION	NS: DSEs						
Stations	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE				
Add rows as										
necessary.										
Remember to copy										
all formula into new										
rows.										
l	L	.		<u> </u>						

Name		www.er of cable system: wa Telephone Co					S	61026
Computation of DSEs for Stations Carried Part Time Due to Lack of Activated Channel	Column 2 figure should of Column 3 Column 4 be carried out Column 5 give the type-of Column 6	st the call sign of all dista : For each station, give the correspond with the inform : For each station, give the : Divide the figure in colulat least to the third decires : For each independent sets	the number of hours y mation given in space the total number of ho man 2 by the figure in mal point. This is the station, give the "type lumn 4 by the figure	our cable systeme J. Calculate onlours that the static column 3, and gi "basis of carriage -value" as "1.0." In column 5, and	carried the stati y one DSE for each on broadcast ove ve the result in o value" for the st For each network	on during the accounting ach station. If the air during the accounting the air during the accounting the accounting the accounting the accounting the air during the accounting the accoun	unting period. is figure must cational station, ess than the	
Capacity	CATEGORY LAC STATIONS: COMPUTATION OF DSEs							
	1. CALL SIGN	2. NUMBE OF HOL CARRIE SYSTEM	R 3. NU JRS OF ED BY ST	JMBER HOURS ATION AIR	4. BASIS OF CARRIAG VALUE	5. TYPE	6. DS	SE .
			<u>÷</u>	=		<u>x</u>	=	
			÷ ÷	_		x x	=	
				=		x	=	
			÷	=		x	=	
			÷ ÷			x x	=	
			÷	=		x	=	
	Add the DSEs	OF CATEGORY LAC S of each station. m here and in line 2 of pa		,		0.00		
Instructions: Column 1: Give the call sign of each station listed in space I (page 5, the Log of Substitute Programs) if that station: • Was carried by your system in substitution for a program that your system was permitted to delete under FCC rule tions in effect on October 19, 1976 (as shown by the letter "P" in column 7 of space I); and • Broadcast one or more live, nonnetwork programs during that optional carriage (as shown by the word "Yes" in column space I). Column 2: For each station give the number of live, nonnetwork programs carried in substitution for programs that at your option. This figure should correspond with the information in space I. Column 3: Enter the number of days in the calendar year: 365, except in a leap year. Column 4: Divide the figure in column 2 by the figure in column 3, and give the result in column 4. Round to no ledecimal point. This is the station's DSE (For more information on rounding, see page (viii) of the general instructions							of were deleted	·m).
		SU	BSTITUTE-BASI	S STATIONS	: COMPUTA	TION OF DSEs		
	1. CALL SIGN	2. NUMBER OF PROGRAMS	3. NUMBER OF DAYS IN YEAR	4. DSE	1. CALL SIGN	2. NUMBER OF PROGRAMS	3. NUMBER OF DAYS IN YEAR	4. DSE
		÷				-		<u> </u>
				• • • • • • • • • • • • • • • • • • • •		÷		
		÷				÷		=
		÷ ÷				÷		=
	Add the DSEs	OF SUBSTITUTE-BASI	S STATIONS:	,		0.00		
5		R OF DSEs: Give the ame		in parts 2, 3, and 4	of this schedule	and add them to provide	the total	
Total Number	1. Number of	f DSEs from part 2 ●				·	0.00	
of DSEs	2. Number of	f DSEs from part 3 ●			<u> </u>	·	0.00	
	3. Number of	f DSEs from part 4 ●			>	-	0.00	
	TOTAL NUMBE	R OF DSEs						0.00

DSE SCHEDULE. PAGE 13. ACCOUNTING PERIOD: 2023-02

Northwest low	OWNER OF CABLE						S'	YSTEM ID# 61026	Name
Instructions: Block A must be completed. In block A: In block A: If your answer if "Yes," leave the remainder of part 6 and part 7 of the DSE schedule blank and complete part 8, (page 16) of the schedule. If your answer if "No," complete blocks B and C below.									
BLOCK A: TELEVISION MARKETS									
effect on June 24,	m located wholly o , 1981? nplete part 8 of the plete blocks B and	schedule—[C below.	OO NOT COM		AINDER OF F	PART 6 AND 7	·	gulations in	3.75 Fee
Column 1: CALL SIGN Column 2:	under FCC rules instructions for th Satellite Television	and regulation ne DSE Sche on Extension	ons prior to Ju dule. (Note: Tl and Localism	part 2, 3, and 4 one 25, 1981. For fine letter M below ract of 2010.)	urther explana refers to an ex	ation of permitt cempt multicas	ed stations, see t	he	
BASIS OF PERMITTED CARRIAGE	(Note the FCC rt. A Stations carrivation of the first state of the fir	ules and regued pursuant on as define all education (76. or DSE schedant to individuously carried).	ulations cited b to the FCC ma d in 76.5(kk) (7 al station [76.5 65) (see parag dule). ual waiver of F ed on a part-tir vithin grade-B	elow pertain to the ricket quota rules [76.59(d)(1), 76.61(g), 76.61(d), 76.graph regarding suffice (76.7) are or substitute be contour, [76.59(d)(ose in effect or 76.57, 76.59(b de)(1), 76.63(a 63(a) referring abstitution of g	n June 24, 198), 76.61(b)(c),) referring to 7 g to 76.61(d)] randfathered s	76.63(a) referring		
Column 3:		e stations ide	entified by the I	n parts 2, 3, and 4 etter "F" in columr			vorksheet on pag	e 14 of	
1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	
		,						0.00	
		В	LOCK C: CC	MPUTATION O	F 3.75 FEE				
Line 1: Enter the	e total number of	DSEs from	part 5 of this	schedule			11-		
Line 2: Enter the	sum of permitte	d DSEs fro	m block B ab	ove				-	
	line 2 from line 1 leave lines 4–7 b			-		rate.	11-	0.00	
Line 4: Enter gro	oss receipts from	space K (p	age 7)				x 0.03	375	Do any of the DSEs represent partially
Line 5: Multiply I	ine 4 by 0.0375	and enter s	um here				X		permited/ partially nonpermitted
Line 6: Enter tota	al number of DS	Es from line	3				^		carriage? If yes, see part 9 instructions.
Line 7: Multiply I	ine 6 by line 5 ar	nd enter hei	e and on line	2. block 3. spac	e L (page 7)			0.00	

	OWNER OF CABLE OWA Telephone						S	STEM ID# 61026	Name
		BLOCK	A: TELEVIS	SION MARKETS	S (CONTIN	UED)			
1. CALL SIGN	2. PERMITTED BASIS		1. CALL SIGN	2. PERMITTED BASIS		1. CALL SIGN	2. PERMITTED BASIS	3. DSE	6
									Computation of 3.75 Fee

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name Northwest Iowa Telephone Co 61026 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 Worksheet for 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. Computating the DSE Column 2: Indicate the DSE for this station for a single accounting period, occurring between January 1, 1978 and June 30, 1981. Schedule for Column 3: Indicate the accounting period and year in which the carriage and DSE occurred (e.g., 1981/1). Permitted Column 4: Indicate the basis of carriage on which the station was carried by listing one of the following letters: Part-Time and (Note that the FCC rules and regulations cited below pertain to those in effect on June 24, 1981.) Substitute A—Part-time specialty programming: Carriage, on a part-time basis, of specialty programming under FCC rules, sections Carriage 76.59(d)(1),76.61(e)(1), or 76.63 (referring to 76.61(e)(1)). B-Late-night programming: Carriage under FCC rules, sections 76.59(d)(3), 76.61(e)(3), or 76.63 (referring to 76.61(e)(3)). S-Substitute carriage under certain FCC rules, regulations, or authorizations. For further explanation, see page (vi) of the general instructions in the paper SA3 form. Column 5: Indicate the station's DSE for the current accounting period as computed in parts 2, 3, and 4 of this schedule. Column 6: Compare the DSE figures listed in columns 2 and 5 and list the smaller of the two figures here. This figure should be entered in block B, column 3 of part 6 for this station. IMPORTANT: The information you give in columns 2, 3, and 4 must be accurate and is subject to verification from the designated statement of account on fle in the Licensing Division. PERMITTED DSE FOR STATIONS CARRIED ON A PART-TIME AND SUBSTITUTE BASIS 1. CALL 2. PRIOR 3. ACCOUNTING 4. BASIS OF 5. PRESENT 6. PERMITTED SIGN DSE **PERIOD** CARRIAGE Instructions: Block A must be completed. 7 In block A: Computation If your answer is "Yes," complete blocks B and C, below. of the 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** ls any portion of the cable system within a top 100 major television market as defned by section 76.5 of FCC rules in effect June 24, 1981? Surcharge Yes—Complete blocks B and C . No—Proceed to part 8 BLOCK B: Carriage of VHF/Grade B Contour Stations **BLOCK C: Computation of Exempt DSEs** Is any station listed in block B of part 6 the primary stream of a Was any station listed in block B of part 7 carried in any commucommercial VHF station that places a grade B contour, in whole nity served by the cable system prior to March 31, 1972? (refer or in part, over the cable system? to former FCC rule 76.159) Yes—List each station below with its appropriate permitted DSE 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. CALL SIGN CALL SIGN CALL SIGN DSE DSE DSE CALL SIGN DSE 0.00 0.00 TOTAL DSEs TOTAL DSEs

LEGAL NA	ME OF OWNER OF CABLE SYSTEM: Northwest Iowa Telephone Co	SYSTEM ID# 61026	Name
	BLOCK D: COMPUTATION OF THE SYNDICATED EXCLUSIVITY SURCHARGE	0.020	
Section	Enterthe annual of many control (many 7)	2 600 200 24	7
1 Section	Enter the amount of gross receipts from space K (page 7)	2,698,380.31	1
2	A. Enter the total DSEs from block B of part 7	0.00	Computation of the
	B. Enter the total number of exempt DSEs from block C of part 7	0.00	Syndicated Exclusivity
	C. Subtract line B from line A and enter here. This is the total number of DSEs subject to the surcharge computation. If zero, proceed to part 8.	0.00	Surcharge
• Is an	y portion of the cable system within a top 50 television market as defined by the FCC? Yes—Complete section 3 below. X No—Complete section 4 below.		
	SECTION 3: TOP 50 TELEVISION MARKET		
Section 3a	• Did your cable system retransmit the signals of any partially distant television stations during the accounting period? X Yes—Complete part 9 of this schedule. No—Complete the applicable section below.		
	If the figure in section 2, line C is 4.000 or less, compute your surcharge here and leave section 3b blank. NOTE: If the DS is 1.0 or less, multiply the gross receipts by .00599 by the DSE. Enter the result on line A below.	E	
	A. Enter 0.00599 of gross receipts (the amount in section1)		
	B. Enter 0.00377 of gross receipts (the amount in section.1)		
	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 DS is 1.0 or less, multiply the gross receipts by 0.003 by the DSE. Enter the result on line A below. A. Enter 0.00300 of gross receipts (the amount in section 1)	E	
	B. Enter 0.00189 of gross receipts (the amount in section 1)		
	C.Subtract 1.000 from total permitted DSEs (the fgure on line C in section 2) and enter here		
	D. Multiply line B by line C and enter here		
	E. Add lines A and D. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7) Syndicated Exclusivity Surcharge		

Name		DSE SCHEDU ME OF OWNER OF CABLE SYSTEM: Northwest Iowa Telephone Co	YSTEM ID# 61026
7	Section	The state of the s	2.020
7	4b	If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 4a blank.	
Computation of the		A. Enter 0.00300 of gross receipts (the amount in section 1) ▶ \$	
Syndicated Exclusivity		B. Enter 0.00189 of gross receipts (the amount in section 1) ▶ _\$	
Surcharge		C. Multiply line B by 3.000 and enter here	
		D. Enter 0.00089 of gross receipts (the amount in section 1) ▶ \$	
		E. Subtract 4.000 from the total DSEs (the figure on line C in section 2) and enter here.	
		F. Multiply line D by line E and enter here	_
		G. Add lines A, C, and F. This is your surcharge.	
		Enter here and on line 2, block 4, space L (page 7) Syndicated Exclusivity Surcharge	
			· ·
8 Computation of Base Rate Fee	You m 6 was In blo If you If you blank What i	ust complete this part of the DSE schedule for the SUM OF PERMITTED DSEs in part 6, block B; however, if block A of part checked "Yes," use the total number of DSEs from part 5. book A, indicate, by checking "Yes" or "No," whether your system carried any partially distant stations. In answer is "No," compute your system's base rate fee in block B. Leave part 9 blank. In answer is "Yes" (that is, if you carried one or more partially distant stations), you must complete part 9. Leave block B below it is a partially distant station? A station is "partially distant" if, at the time your system carried it, some of your subscribers pocated 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.	
		BLOCK B: NO PARTIALLY DISTANT STATIONS—COMPUTATION OF BASE RATE FEE	
	Section 1	Enter the amount of gross receipts from space K (page 7) ▶ \$	_
	Section 2	Enter the total number of permitted DSEs from block B, part 6 of this schedule. (If block A of part 6 was checked "Yes," use the total number of DSEs from part 5.)	
	Section 3	If the figure in section 2 is 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) Base Rate Fee	0.00
	Ī		

DSE SCHEDULE. PAGE 17. ACCOUNTING PERIOD: 2023-02

DSE SCHEDULE. PAGE 17.		PERIOD: 2023-02
LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	Name
Northwest Iowa Telephone Co	61026	Italiio
Section If the figure in section 2 is more than 4.000 , compute your base rate fee here and leave section 3 blank.		
A. Enter 0.01064 of gross receipts		8
(the amount in section 1)		
B. Enter 0.00701 of gross receipts		Computation
(the amount in section 1) \$		of
C. Multiply line B by 3.000 and enter here ▶ \$		Base Rate Fee
D. Enter 0.00330 of gross receipts		
(the amount in section 1) ► \$		
E. Subtract 4.000 from total DSEs		
(the figure in section 2) and enter here		
F. Multiply line D by line E and enter here \$		
G. Add lines A, C, and F. This is your base rate fee		
Enter here and in block 3, line 1, space L (page 7) Base Rate Fee	0.00	
Dase Rate Fee	0.00	
IMPORTANT: It is no longer necessary to report television signals on a system-wide basis. Carriage of television	on broadcast signals	
shall instead be reported on a community-by-community basis (subscriber groups) if the cable system reported ups in Space G.		9
In General: If any of the stations you carried were partially distant, the statute allows you, in computing your ba	ase rate fee, to exclude	Computation
receipts from subscribers located within the station's local service area, from your system's total gross receipts.	. To take advantage of	of
this exclusion, you must:		Base Rate Fee
First: Divide all of your subscribers into subscriber groups, each group consisting entirely of subscribers that an		and Syndicated
station or the same group of stations. Next: Treat each subscriber group as if it were a separate cable system. DSEs and the portion of your system's gross receipts attributable to that group, and calculate a separate base		Exclusivity
Finally: Add up the separate base rate fees for each subscriber group. That total is the base rate fee for your s		Surcharge for
NOTE: If any portion of your cable system is located within the top 100 television market and the station is not a must also compute a Syndicated Exclusivity Surcharge for each subscriber group. In this case, complete both by		Partially Distant
However, if 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 carried to that community.	distant station you	Stations
Step 2: For each wholly distant and each partially distant station you carried, determine which of your subscribe	ers were located	
outside the station's local service area. A subscriber located outside the local service area of a station is distant		
the same token, the station is distant to the subscriber.)		
Step 3: Divide your subscribers into subscriber groups according to the complement of stations to which they a subscriber group must consist entirely of subscribers who are distant to exactly the same complement of station system will have only one subscriber group when the distant stations it carried have local service areas that coil	ns. Note that a cable	
Computing the base rate fee for each subscriber group: Block A contains separate sections, one for each c subscriber groups.	of your system's	
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 d subscribers in the group. 	istant to all of the	
• If:		
1) your system is located wholly outside all major and smaller television markets, give each station's DSE as yo	ou gave it in parts 2, 3,	
and 4 of this schedule; or,		
any portion of your system is located in a major or smaller televison market, give each station's DSE as you part 6 of this schedule.	gave it in block B,	
• 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 in the paper SA3 form.	e general instructions	
• Compute a base rate fee for each subscriber group using the formula outline in block B of part 8 of this sched page. In making this computation, use the DSE and gross receipts figure applicable to the particular subscribe DSEs for that group's complement of stations and total gross receipts from the subscribers in that group). You	r group (that is, the total	

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your actual calculations on the form.

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name 61026 Northwest Iowa Telephone Co Guidance for Computing the Royalty Fee for Partially Permitted/Partially NonPermitted Signals Step 1: Use part 9, block A, of the DSE Schedule to establish subscriber groups to compute the base rate fee for wholly and partially permitted distant signals. Write "Permitted Signals" at the top of the page. Note: One or more permitted signals in these subscriber groups may be partially distant. Step 2: Use a separate part 9, block A, to compute the 3.75 percent fee for wholly nonpermitted and partially nonpermitted distant signals. Write "Nonpermitted 3.75 stations" at the top of this page. Multiply the subscriber group gross receipts by total DSEs by .0375 and enter the grand total 3.75 percent fees on line 2, block 3, of space L. Important: The sum of the gross receipts reported for each part 9 used in steps 1 and 2 must equal the amount reported in space K. Step 3: Use part 9, block B, to compute a syndicated exclusivity surcharge for any wholly or partially permitted distant signals from step 1 that is subject to this surcharge. Guidance for Computing the Royalty Fee for Carriage of Distant and Partially Distant Multicast Streams Step 1: Use part 9, Block A, of the DSE Schedule to report each distant multicast stream of programming that is transmitted from a primary television broadcast signal. Only the base rate fee should be computed for each multicast stream. The 3.75 Percent Rate and Syndicated Exclusivity Surcharge are not applicable to the secondary transmission of a multicast stream. You must report but not assign a DSE value for the retransmission of a multicast stream that is the subject of a written agreement entered into on or before June 30, 2009 between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter.

LEGAL NAME OF OWNER OF CABLE SYSTEM: Northwest Iowa Telephone Co 61026							Name	
В		COMPUTATION O SUBSCRIBER GRO		TE FEES FOR EAC		IBER GROUP SUBSCRIBER GRO	UP	
COMMUNITY/ AREA	1-Salix			COMMUNITY/ ARE	A 1-Sloan	l		9 Computatio
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fe
								Syndicated
								Exclusivity Surcharge
								for
								Partially Distant
								Stations
Total DSEs			0.00	Total DSEs		II	0.00	
Gross Receipts First G	roup	\$ 48	8,132.94	Gross Receipts Sec	cond Group	\$	77,753.22	
Base Rate Fee First G		\$	0.00	Base Rate Fee Sec		\$	0.00	
COMMUNITY/ AREA	THIRD 1-Anth	SUBSCRIBER GRO	UP	COMMUNITY/ ARE		SUBSCRIBER GRO	UP	
COMMONTT // ARLA	1-211(11)	011		COMMONT IT AIL	A 1-00116	CHOHVIIIE		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
Total DSEs	1	11	0.00	Total DSEs		П	0.00	
Gross Receipts Third (Group	\$ 55	3,341.43	Gross Receipts Fou	ırth Group	\$	60,009.11	
Base Rate Fee Third (Group	\$	0.00	Base Rate Fee Fou	ırth Group	\$	0.00	
Base Rate Fee: Add th			criber group	as shown in the boxe	s above.		0.00	
Enter here and in block	3, line 1,	space L (page 7)				\$	0.00	

					E SYSTEM: • Co		Northwest Iowa Te
BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP	RIBER GROUP	SUBSCRI	TE FEES FOR EACH	BASE RA	COMPUTATION OF	OCK A: 0	Bl
FIFTH SUBSCRIBER GROUP SIXTH SUBSCRIBER GROUP	I SUBSCRIBER GROUP	SIXTH		JP	SUBSCRIBER GROL	FIFTH	
COMMUNITY/ AREA 1-Whiting Community/ Communi	ng	1-Whitin	COMMUNITY/ AREA		ury	1-Danb	COMMUNITY/ AREA
DSE CALL SIGN DSE CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Bas							
Sy	···						
<u> </u>							
Si Si							
					-		
					=		
		"]				"]	
0.00 Total DSEs 0.00			Total DSEs	0.00			Total DSEs
st Group \$ 32,667.06 Gross Receipts Second Group \$ 50,485.46	\$ 50,4	d Group	Gross Receipts Second	667.06	\$ 32,	oup	Gross Receipts First G
st Group \$ 0.00 Base Rate Fee Second Group \$ 0.00	\$	d Group	Base Rate Fee Second	0.00	\$	oup	Base Rate Fee First Gr
		EIQ.IT.		ū	STIDSCRIBER CROIL		
SEVENTH SUBSCRIBER GROUP EIGHTH SUBSCRIBER GROUP	SUBSCRIBER GROUP	EIGHTH)F	SUBSCRIBER GROU	EVENTH	
	_		COMMUNITY/ AREA) F			COMMUNITY/ AREA
	ein	1-Holste			City	1-Sioux	
COMMUNITY/ AREA 1-Holstein	ein	1-Holste			City	1-Sioux	COMMUNITY/ AREA
COMMUNITY/ AREA 1-Holstein	ein	1-Holste			City	1-Sioux	COMMUNITY/ AREA
COMMUNITY/ AREA 1-Holstein	ein	1-Holste			City	1-Sioux	COMMUNITY/ AREA
COMMUNITY/ AREA 1-Holstein	ein	1-Holste			City	1-Sioux	COMMUNITY/ AREA
COMMUNITY/ AREA 1-Holstein	ein	1-Holste			City	1-Sioux	COMMUNITY/ AREA
COMMUNITY/ AREA 1-Holstein	ein	1-Holste			City	1-Sioux	COMMUNITY/ AREA
COMMUNITY/ AREA 1-Holstein	ein	1-Holste			City	1-Sioux	COMMUNITY/ AREA
COMMUNITY/ AREA 1-Holstein	ein	1-Holste			City	1-Sioux	COMMUNITY/ AREA
COMMUNITY/ AREA 1-Holstein	ein	1-Holste			City	1-Sioux	COMMUNITY/ AREA
COMMUNITY/ AREA 1-Holstein	ein	1-Holste			City	1-Sioux	COMMUNITY/ AREA
COMMUNITY/ AREA 1-Holstein	ein	1-Holste			City	1-Sioux	COMMUNITY/ AREA
COMMUNITY/ AREA 1-Holstein	ein	1-Holste			City	1-Sioux	COMMUNITY/ AREA
COMMUNITY/ AREA 1-Holstein	ein	1-Holste			City	1-Sioux	COMMUNITY/ AREA
COMMUNITY/ AREA 1-Holstein	ein	1-Holste			City	1-Sioux	COMMUNITY/ AREA
COMMUNITY/ AREA 1-Holstein	ein	1-Holste			City	1-Sioux	COMMUNITY/ AREA
COMMUNITY/ AREA 1-Holstein	ein	1-Holste			City	1-Sioux	COMMUNITY/ AREA
COMMUNITY/ AREA 1-Holstein	ein	1-Holste			City	1-Sioux	COMMUNITY/ AREA
COMMUNITY/ AREA 1-Holstein	ein	1-Holste			City	1-Sioux	COMMUNITY/ AREA
A 1-Sioux City COMMUNITY/ AREA 1-Holstein DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE	ein	1-Holste	CALL SIGN	DSE	City	1-Sioux	CALL SIGN
A 1-Sioux City COMMUNITY/ AREA 1-Holstein DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE A 1-Sioux City DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE Total DSES 0.00	CALL SIGN	DSE DSE	CALL SIGN Total DSEs	DSE	CALL SIGN	DSE DSE	CALL SIGN CALL SIGN Fotal DSEs
A 1-Sioux City COMMUNITY/ AREA 1-Holstein DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE A 1-Sioux City DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE Total DSES 0.00	CALL SIGN	DSE DSE	CALL SIGN Total DSEs	DSE	CALL SIGN	DSE DSE	COMMUNITY/ AREA

	LOCK A· (COMPUTATION O	F BASF RA	TE FEES FOR EAC	H SUBSCR	IBER GROUP	
		SUBSCRIBER GRO				SUBSCRIBER GRO	UP
OMMUNITY/ AREA	1-lda G	rove		COMMUNITY/ AREA	1-Soldie	er	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
		-					
		-					
		-					
		-					
		-					
otal DSEs			0.00	Total DSEs			0.00
ross Receipts First G	roup	\$ 20	6,698.06	Gross Receipts Seco	ond Group	\$	12,108.99
ase Rate Fee First G	roup	\$	0.00	Base Rate Fee Seco	and Group	\$	0.00
		\$ SUBSCRIBER GRO	4	Base Rate Fee Seco		\$ SUBSCRIBER GRO	
E			4		TWELVTH	SUBSCRIBER GRO	
E	LEVENTH		4	Base Rate Fee Second COMMUNITY/ AREA	TWELVTH	SUBSCRIBER GRO	
E DMMUNITY/ AREA	LEVENTH	SUBSCRIBER GRO	4	COMMUNITY/ AREA	TWELVTH	SUBSCRIBER GRO	
E DMMUNITY/ AREA	LEVENTH 1-Ute		DUP		TWELVTH	SUBSCRIBER GRO	DUP
E DMMUNITY/ AREA	LEVENTH 1-Ute	SUBSCRIBER GRO	DUP	COMMUNITY/ AREA	TWELVTH	SUBSCRIBER GRO	DUP
E DMMUNITY/ AREA	LEVENTH 1-Ute	SUBSCRIBER GRO	DUP	COMMUNITY/ AREA	TWELVTH	SUBSCRIBER GRO	DUP
E DMMUNITY/ AREA	LEVENTH 1-Ute	SUBSCRIBER GRO	DUP	COMMUNITY/ AREA	TWELVTH	SUBSCRIBER GRO	DUP
E DMMUNITY/ AREA	LEVENTH 1-Ute	SUBSCRIBER GRO	DUP	COMMUNITY/ AREA	TWELVTH	SUBSCRIBER GRO	DUP
E OMMUNITY/ AREA	LEVENTH 1-Ute	SUBSCRIBER GRO	DUP	COMMUNITY/ AREA	TWELVTH	SUBSCRIBER GRO	DUP
E DMMUNITY/ AREA	LEVENTH 1-Ute	SUBSCRIBER GRO	DUP	COMMUNITY/ AREA	TWELVTH	SUBSCRIBER GRO	DUP
E DMMUNITY/ AREA	LEVENTH 1-Ute	SUBSCRIBER GRO	DUP	COMMUNITY/ AREA	TWELVTH	SUBSCRIBER GRO	DUP
E DMMUNITY/ AREA	LEVENTH 1-Ute	SUBSCRIBER GRO	DUP	COMMUNITY/ AREA	TWELVTH	SUBSCRIBER GRO	DUP
E DMMUNITY/ AREA	LEVENTH 1-Ute	SUBSCRIBER GRO	DUP	COMMUNITY/ AREA	TWELVTH	SUBSCRIBER GRO	DUP
E DMMUNITY/ AREA	LEVENTH 1-Ute	SUBSCRIBER GRO	DUP	COMMUNITY/ AREA	TWELVTH	SUBSCRIBER GRO	DUP
E OMMUNITY/ AREA	LEVENTH 1-Ute	SUBSCRIBER GRO	DUP	COMMUNITY/ AREA	TWELVTH	SUBSCRIBER GRO	DUP
E OMMUNITY/ AREA	LEVENTH 1-Ute	SUBSCRIBER GRO	DUP	COMMUNITY/ AREA	TWELVTH	SUBSCRIBER GRO	DUP
E OMMUNITY/ AREA	LEVENTH 1-Ute	SUBSCRIBER GRO	DUP	COMMUNITY/ AREA	TWELVTH	SUBSCRIBER GRO	DUP
E OMMUNITY/ AREA	LEVENTH 1-Ute	SUBSCRIBER GRO	DUP	COMMUNITY/ AREA	TWELVTH	SUBSCRIBER GRO	DUP
CALL SIGN	LEVENTH 1-Ute	SUBSCRIBER GRO	DUP	COMMUNITY/ AREA	TWELVTH	SUBSCRIBER GRO	DUP
CALL SIGN CALL SIGN Data DSEs	DSE	SUBSCRIBER GRO	DUP DSE 0.00	CALL SIGN CALL SIGN Total DSEs	TWELVTH 1-Maple DSE	SUBSCRIBER GRO	DSE DSE O.00
CALL SIGN CALL SIGN otal DSEs	DSE	SUBSCRIBER GRO	DUP	CALL SIGN	TWELVTH 1-Maple DSE	SUBSCRIBER GRO	DSE
E OMMUNITY/ AREA	DSE	SUBSCRIBER GRO	DUP DSE 0.00	CALL SIGN CALL SIGN Total DSEs	TWELVTH 1-Maple DSE	SUBSCRIBER GRO	DSE DSE O.00
CALL SIGN CALL SIGN otal DSEs	DSE DSE	SUBSCRIBER GRO	DUP DSE 0.00	CALL SIGN CALL SIGN Total DSEs	TWELVTH A 1-Maple DSE	SUBSCRIBER GRO	DSE DSE O.00
ALL SIGN ALL SIGN al DSEs pss Receipts Third C	DSE DSE	SUBSCRIBER GRO	0.00 9,172.57	CALL SIGN CALL SIGN Total DSEs Gross Receipts Four	TWELVTH A 1-Maple DSE	SUBSCRIBER GRO CALL SIGN \$	0.00 99,607.75

D	I UCK V	COMPLITATION O	E BASE DA	TE FEES FOR EAC	H SHBSCB	IRER CROUD	
		SUBSCRIBER GRO		TT .		SUBSCRIBER GRO	UP
COMMUNITY/ AREA				COMMUNITY/ AREA			
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
0,122 0.0.1	202	07122 0.0.1	332	07.122 010.1	332	0/122 0/0/1	332
otal DSEs			0.00	Total DSEs			0.00
ross Receipts First G	roup	\$ 198	8,972.10	Gross Receipts Seco	nd Group	\$	14,848.66
ase Rate Fee First G	roup	\$	0.00	Base Rate Fee Seco	nd Group	\$	0.00
			•				
FI	FTEENTH	SUBSCRIBER GRO)UP	11		SUBSCRIBER GRO	II IP
							.01
OMMUNITY/ AREA				COMMUNITY/ AREA			
			DSE				DSE
	1-Moor	head		COMMUNITY/ AREA	2-Serge	ant Bluff	
	1-Moor	head		COMMUNITY/ AREA	2-Serge	ant Bluff	
	1-Moor	head		COMMUNITY/ AREA	2-Serge	ant Bluff	
	1-Moor	head		COMMUNITY/ AREA	2-Serge	ant Bluff	
	1-Moor	head		COMMUNITY/ AREA	2-Serge	ant Bluff	
	1-Moor	head		COMMUNITY/ AREA	2-Serge	ant Bluff	
	1-Moor	head		COMMUNITY/ AREA	2-Serge	ant Bluff	
	1-Moor	head		COMMUNITY/ AREA	2-Serge	ant Bluff	
	1-Moor	head		COMMUNITY/ AREA	2-Serge	ant Bluff	
	1-Moor	head		COMMUNITY/ AREA	2-Serge	ant Bluff	
	1-Moor	head		COMMUNITY/ AREA	2-Serge	ant Bluff	
	1-Moor	head		COMMUNITY/ AREA	2-Serge	ant Bluff	
	1-Moor	head		COMMUNITY/ AREA	2-Serge	ant Bluff	
	1-Moor	head		COMMUNITY/ AREA	2-Serge	ant Bluff	
	1-Moor	head		COMMUNITY/ AREA	2-Serge	ant Bluff	
CALL SIGN	1-Moor	head		COMMUNITY/ AREA	2-Serge	ant Bluff	
CALL SIGN	DSE	CALL SIGN	0.00	CALL SIGN CALL SIGN Total DSEs	DSE DSE	CALL SIGN	DSE O.000
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE DSE	CALL SIGN	DSE
CALL SIGN	DSE	CALL SIGN	0.00	CALL SIGN CALL SIGN Total DSEs	DSE DSE	CALL SIGN	DSE O.000
CALL SIGN CALL SIGN otal DSEs cross Receipts Third (DSE Sroup	CALL SIGN	0.00	CALL SIGN CALL SIGN Total DSEs	DSE DSE	CALL SIGN	DSE O.000
call Sign btal DSEs ross Receipts Third (DSE Sroup	CALL SIGN	0.00 9,172.57	COMMUNITY/ AREA CALL SIGN Total DSEs Gross Receipts Fourt	DSE DSE	CALL SIGN	0.00 244,367.26
call Sign btal DSEs ross Receipts Third (DSE Sroup	CALL SIGN	0.00 9,172.57	COMMUNITY/ AREA CALL SIGN Total DSEs Gross Receipts Fourt	DSE DSE	CALL SIGN	0.00 244,367.26
CALL SIGN CALL SIGN Total DSEs Gross Receipts Third (Base Rate Fee Third (1-Moor DSE	CALL SIGN CALL SIGN	0.00 9,172.57	COMMUNITY/ AREA CALL SIGN Total DSEs Gross Receipts Fourt	DSE	CALL SIGN	0.00 244,367.26
tal DSEs oss Receipts Third (DSE Group Group De base ra	CALL SIGN CALL SIGN \$ 19	0.00 9,172.57	COMMUNITY/ AREA CALL SIGN Total DSEs Gross Receipts Fourt Base Rate Fee Fourt	DSE	CALL SIGN	0.00 244,367.26

NI	/STEM ID# 61026	31				e Co	elephone	Northwest Iowa Te
		IBER GROUP	SUBSCRI	TE FEES FOR EACH	BASE RA	COMPUTATION OF	OCK A: C	BI
	IP	SUBSCRIBER GROU	HTEENTH	EIG	JP	SUBSCRIBER GROU	NTEENTH	SEVE
9 Computation		a Dunes SD	2-Dakota	COMMUNITY/ AREA		rson SD	2-Jeffer	COMMUNITY/ AREA
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate F								
and								
Syndicate								
Exclusivit			-					
Surcharg							-	
for						-	-	
Partially	<mark></mark>						,	
Distant		-						
Stations								
Stations								
							-	
							 	
			ļ				 	
							 	
-	0.00			Total DSEs	0.00			Total DSEs
-	0.00							Gross Receipts First G
	34,645.82	\$ 18	d Group	Gross Receipts Second	751.80	\$ 35,	roup	31088 Necelpis Filsi G
		\$ 18	d Group	Gross Receipts Second	751.80	\$ 35,	roup	31055 Neceipis Filst G
		\$ 18 \$		Gross Receipts Second	0.00	\$ 35,		·
	0.00		d Group	Base Rate Fee Second	0.00		roup	3ase Rate Fee First G
	0.00	\$ SUBSCRIBER GROU	d Group VENTIETH	Base Rate Fee Second	0.00	\$ SUBSCRIBER GROU	roup	Base Rate Fee First G
	0.00	\$ SUBSCRIBER GROU	d Group VENTIETH	Base Rate Fee Second	0.00	\$ SUBSCRIBER GROU	roup	Base Rate Fee First G
	0.00	\$UBSCRIBER GROU	d Group VENTIETH 2-North	Base Rate Fee Second TV COMMUNITY/ AREA	0.00	SUBSCRIBER GROU	roup VTEENTH 2-South	Base Rate Fee First G NII COMMUNITY/ AREA
	0.00	\$UBSCRIBER GROU	d Group VENTIETH 2-North	Base Rate Fee Second TV COMMUNITY/ AREA	0.00	SUBSCRIBER GROU	roup VTEENTH 2-South	Base Rate Fee First G NII COMMUNITY/ AREA
	0.00	\$UBSCRIBER GROU	d Group VENTIETH 2-North	Base Rate Fee Second TV COMMUNITY/ AREA	0.00	SUBSCRIBER GROU	roup VTEENTH 2-South	Base Rate Fee First G
	0.00	\$UBSCRIBER GROU	d Group VENTIETH 2-North	Base Rate Fee Second TV COMMUNITY/ AREA	0.00	SUBSCRIBER GROU	roup VTEENTH 2-South	Base Rate Fee First G
	0.00	\$UBSCRIBER GROU	d Group VENTIETH 2-North	Base Rate Fee Second TV COMMUNITY/ AREA	0.00	SUBSCRIBER GROU	roup VTEENTH 2-South	Base Rate Fee First G
	0.00	\$UBSCRIBER GROU	d Group VENTIETH 2-North	Base Rate Fee Second TV COMMUNITY/ AREA	0.00	SUBSCRIBER GROU	roup VTEENTH 2-South	Base Rate Fee First G NII COMMUNITY/ AREA
	0.00	\$UBSCRIBER GROU	d Group VENTIETH 2-North	Base Rate Fee Second TV COMMUNITY/ AREA	0.00	SUBSCRIBER GROU	roup VTEENTH 2-South	Base Rate Fee First G
	0.00	\$UBSCRIBER GROU	d Group VENTIETH 2-North	Base Rate Fee Second TV COMMUNITY/ AREA	0.00	SUBSCRIBER GROU	roup VTEENTH 2-South	Base Rate Fee First G
	0.00	\$UBSCRIBER GROU	d Group VENTIETH 2-North	Base Rate Fee Second TV COMMUNITY/ AREA	0.00	SUBSCRIBER GROU	roup VTEENTH 2-South	Base Rate Fee First G NII COMMUNITY/ AREA
	0.00	\$UBSCRIBER GROU	d Group VENTIETH 2-North	Base Rate Fee Second TV COMMUNITY/ AREA	0.00	SUBSCRIBER GROU	roup VTEENTH 2-South	Base Rate Fee First G NII COMMUNITY/ AREA
	0.00	\$UBSCRIBER GROU	d Group VENTIETH 2-North	Base Rate Fee Second TV COMMUNITY/ AREA	0.00	SUBSCRIBER GROU	roup VTEENTH 2-South	Base Rate Fee First G NII COMMUNITY/ AREA
	0.00	\$UBSCRIBER GROU	d Group VENTIETH 2-North	Base Rate Fee Second TV COMMUNITY/ AREA	0.00	SUBSCRIBER GROU	roup VTEENTH 2-South	Base Rate Fee First G NII COMMUNITY/ AREA
	0.00	\$UBSCRIBER GROU	d Group VENTIETH 2-North	Base Rate Fee Second TV COMMUNITY/ AREA	0.00	SUBSCRIBER GROU	roup VTEENTH 2-South	Base Rate Fee First G NII COMMUNITY/ AREA
	0.00	\$UBSCRIBER GROU	d Group VENTIETH 2-North	Base Rate Fee Second TV COMMUNITY/ AREA	0.00	SUBSCRIBER GROU	roup VTEENTH 2-South	Base Rate Fee First G NII COMMUNITY/ AREA
	0.00	\$UBSCRIBER GROU	d Group VENTIETH 2-North	Base Rate Fee Second TV COMMUNITY/ AREA	0.00	SUBSCRIBER GROU	roup VTEENTH 2-South	Base Rate Fee First G
	0.00	\$UBSCRIBER GROU	d Group VENTIETH 2-North	Base Rate Fee Second TV COMMUNITY/ AREA	0.00	SUBSCRIBER GROU	roup VTEENTH 2-South	Base Rate Fee First G
	0.00	\$UBSCRIBER GROU	d Group VENTIETH 2-North	Base Rate Fee Second TV COMMUNITY/ AREA	0.00	SUBSCRIBER GROU	roup VTEENTH 2-South	NIN COMMUNITY/ AREA CALL SIGN
	0.00 IP DSE	SUBSCRIBER GROUD Sioux City SD CALL SIGN	d Group VENTIETH 2-North S DSE	Base Rate Fee Second TV COMMUNITY/ AREA CALL SIGN	0.00	SUBSCRIBER GROUND SIOUX City NE CALL SIGN	DSE	Base Rate Fee First G NII COMMUNITY/ AREA

		COMPLITATION	EDVCEDV	TE EEEC FOD FAO		IDED CDOLID	l
		SUBSCRIBER GRO		TE FEES FOR EAC		SUBSCRIBER GRO	DUP
COMMUNITY/ AREA				COMMUNITY/ AREA			
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
		_					
		_				-	
						-	
						H	
otal DSEs			0.00	Total DSEs			0.00
ross Receipts First G	roup	\$ 47	4,487.00	Gross Receipts Seco	nd Group	\$ 1	111,748.40
ase Rate Fee First G	roup	\$	0.00	Base Rate Fee Seco	nd Group	\$	0.00
TW/EN	TV-THIRD	SUBSCRIBER GRO	NI ID	TWENT	TV-EOURTH	SUBSCRIBER GRO	ni ID
			701	COMMUNITY/ AREA			701
OMMUNITY/ AREA	J-LUYa	11					
					4- v vood	DITIE	
CALL SIGN			DSF				DSF
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
CALL SIGN			DSE				DSE
CALL SIGN			DSE				DSE
CALL SIGN			DSE				DSE
CALL SIGN			DSE				DSE
CALL SIGN			DSE				DSE
CALL SIGN			DSE				DSE
CALL SIGN			DSE				DSE
CALL SIGN			DSE				DSE
CALL SIGN			DSE				DSE
CALL SIGN			DSE				DSE
CALL SIGN			DSE				DSE
CALL SIGN			DSE				DSE
CALL SIGN			DSE				DSE
				CALL SIGN			
		CALL SIGN	0.00				DSE
Fotal DSEs	DSE	CALL SIGN		CALL SIGN	DSE	CALL SIGN	
CALL SIGN CALL SIGN Total DSEs Gross Receipts Third C	DSE	CALL SIGN	0.00	CALL SIGN Total DSEs	DSE	CALL SIGN	0.00
otal DSEs	DSE	CALL SIGN	0.00	CALL SIGN Total DSEs	DSE	CALL SIGN	0.00
otal DSEs ross Receipts Third C	DSE	\$ 5	0.00	Total DSEs Gross Receipts Four	DSE	CALL SIGN	0.00
tal DSEs	DSE	\$ 5	0.00	Total DSEs Gross Receipts Four	DSE	CALL SIGN	0.00

LEGAL NAME OF OWNER OF CABLE SYSTEM: Northwest Iowa Telephone Co 61026							Name	
		COMPUTATION O SUBSCRIBER GRO		TE FEES FOR EAC		IBER GROUP SUBSCRIBER GRO	UP	
COMMUNITY/ AREA	4-Magn	olia		COMMUNITY/ ARE	A 5-Orang	je City		9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fe
						-		Syndicated
								Exclusivity
			<u></u>					Surcharge for
								Partially
								Distant Stations
						-		
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	roup	e /	1,469.94	Gross Receipts Sec	and Group	¢ 2	07,935.11	
Gioss Receipts Filst G	поир	3	,,403.34	Gross Receipts Sec	ona Group	\$ 2	07,933.11	
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
	SEVENTH	SUBSCRIBER GRO				SUBSCRIBER GRO	UP 0	
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		U	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
			<u></u>					
		-						
		_						
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third (Group	e	0.00	Gross Receipts Fou	rth Group	¢	0.00	
Croos Receipts Tillu (элоир	\$	0.00	Oross Receipts Fou	iai Gioup	\$		
Base Rate Fee Third (Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block			criber group	as shown in the boxe	s above.	\$		

LEGAL NAME OF OWNE Northwest Iowa T						S	61026	Name
R	LOCK A· (COMPLITATION O	F BASF RA	TE FEES FOR EAC	CH SUBSCR	IBER GROUP		
		SUBSCRIBER GRO				SUBSCRIBER GRO	UP	
COMMUNITY/ AREA	1-Salix			COMMUNITY/ ARE	A 1-Sloan			9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate F
								and
	<u> </u>	=						Syndicated
	<u> </u>	-						Exclusivity
		_						Surcharge
		-						for
								Partially
								Distant
								Stations
		_						
	<u> </u>							
						-		
						H		
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	roup	\$ 48	3,132.94	Gross Receipts Sec	ond Group	\$	77,753.22	
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
	THIRD	SUBSCRIBER GRO	UP		FOURTH	SUBSCRIBER GRO	UP	
COMMUNITY/ AREA	1-Antho	on		COMMUNITY/ ARE	A 1-Corre	ctionville		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
	<u> </u>							
						H		
	<u> </u>					<u> </u>		
		_						
						•		
Total DSEs			0.00	Total DSEs		Ш	0.00	
	5							
Gross Receipts Third (∍roup	\$ 53	3,341.43	Gross Receipts Fou	rtn Group	\$	60,009.11	
Base Rate Fee Third (Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block			criber group	as shown in the boxe	s above.	\$	0.00	
51 11515 and in 51001	. 5, 1, 3	-page 1)				<u> </u>	3.00	

LEGAL NAME OF OWNER OF CABLE SYSTEM: Northwest Iowa Telephone Co 61026							Name	
	FIFTH	SUBSCRIBER GRO		TE FEES FOR EAC	SIXTH	SUBSCRIBER GRO	UP	•
COMMUNITY/ AREA	1-Danb	ury		COMMUNITY/ ARE	A 1-Whitin	ıg		9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								Syndicated
								Exclusivity
								Surcharge for
								Partially
								Distant Stations
								Stations
						_		
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	roup	\$ 32	2,667.06	Gross Receipts Sec	ond Group	\$	50,485.46	
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
,		SUBSCRIBER GRO	UP			SUBSCRIBER GRO	UP	
COMMUNITY/ AREA	1-Sioux	c City		COMMUNITY/ ARE	A 1-Holste	ein		
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	\$ 42	2,491.37	Gross Receipts Fou	rth Group	\$	13,335.36	
Base Rate Fee Third C	Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block			criber group	as shown in the boxe	s above.	\$		

LEGAL NAME OF OWNE Northwest Iowa T			-			S	YSTEM ID# 61026	Name
	NINTH	SUBSCRIBER GROU		TE FEES FOR EAC	TENTH	SUBSCRIBER GRO	UP	۵
COMMUNITY/ AREA	1-lda G	rove		COMMUNITY/ AREA	1-Soldie	er		9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								Syndicated
								Exclusivity
								Surcharge for
								Partially
								Distant Stations
								Stations
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	iroup	\$ 206	,698.06	Gross Receipts Seco	ond Group	\$	12,108.99	
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00	
E		SUBSCRIBER GROU	JP			SUBSCRIBER GRO	UP	
COMMUNITY/ AREA	1-Ute			COMMUNITY/ AREA	1-Maple	eton		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
						-		
		·•				•		
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third (Group	\$ 19	,172.57	Gross Receipts Four	th Group	\$	99,607.75	
Base Rate Fee Third (Group	\$	0.00	Base Rate Fee Four	th Group	\$	0.00	
Group \$ 19,172.57 Gross Receipts Fourth Group Base Rate Fee Fourth Group The base rate fees for each subscriber group as shown in the boxes above.	\$ 19,172.57 Gross Receipts Fourth Group Base Rate Fee Fourth Group	Gross Receipts Fourth Group 0.00 Base Rate Fee Fourth Group	Gross Receipts Fourth Group Base Rate Fee Fourth Group	th Group			99,607.75	

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	ant Bluff	2-Serge	COMMUNITY/ AREA		head	1-Moor	COMMUNITY/ AREA
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244,367.26	\$ 24	Group	Gross Receipts Fourth	172.57	\$ 19,	iroup	Gross Receipts Third C
0.00	\$	ı Group	Base Rate Fee Fourth	0.00	\$	iroup	Base Rate Fee Third G
	0.00 DSE 0.00 0.00 0.00 0.00 0.00 0.44,367.26	\$ 14,848.66 \$ 0.00 SUBSCRIBER GROUP ant Bluff CALL SIGN DSE 0.00 \$ 244,367.26	d Group \$ 14,848.66 d Group \$ 0.00 IXTEENTH SUBSCRIBER GROUP 2-Sergeant Bluff DSE CALL SIGN DSE O.00 Group \$ 244,367.26	Gross Receipts Second Group \$ 14,848.66 Base Rate Fee Second Group \$ 0.00 SIXTEENTH SUBSCRIBER GROUP COMMUNITY/ AREA 2-Sergeant Bluff CALL SIGN DSE CALL SIGN DSE Total DSEs 0.00 Gross Receipts Fourth Group \$ 244,367.26	972.10 Gross Receipts Second Group Base Rate Fee Second Group SIXTEENTH SUBSCRIBER GROUP COMMUNITY/ AREA 2-Sergeant Bluff DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE Total DSEs Gross Receipts Fourth Group \$ 14,848.66	\$ 198,972.10 Base Rate Fee Second Group \$ 14,848.66 \$ 0.00 Base Rate Fee Second Group \$ 0.00 SUBSCRIBER GROUP SIXTEENTH SUBSCRIBER GROUP CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE	Troup \$ 198,972.10 Gross Receipts Second Group \$ 14,848.66 Troup \$ 0.00 Base Rate Fee Second Group \$ 0.00 TEENTH SUBSCRIBER GROUP SIXTEENTH SUBSCRIBER GROUP T-Moorhead COMMUNITY/ AREA 2-Sergeant Bluff DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE TOTAL SIGN DSE DSE DS

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