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

SA3E Long Form

STATEMENT OF ACCOUNT

for Secondary Transmissions by Cable Systems (Long Form)

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

FOR COPYRIGHT OFFICE USE ONLY					
DATE RECEIVED	AMOUNT				
2-26-24	\$ ALLOCATION NUMBER				

Return completed workbook by email to:

coplicsoa@loc.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 Period		2023/2						
B Owner	Instructions: Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation. List any other name or names under which the owner conducts the business of the cable system. If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entire accounting period. Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.							
	LE	GAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM						
		CMN-RUS, LLC						
					06263420232			
					062634 2023/2			
		8837 BOND STREET OVERLAND PARK, KS 66214						
С		TRUCTIONS: In line 1, give any business or trade names used to ines already appear in space B. In line 2, give the mailing address o	•	•				
System	1	IDENTIFICATION OF CABLE SYSTEM:		<u></u>	<u></u>			
		MAILING ADDRESS OF CABLE SYSTEM:						
	2	(Number, street, rural route, apartment, or suite number)						
		(City, town, state, zip code)						
D		tructions: For complete space D instructions, see page 1b. Identify	only the frst com	munity served below and re	elist on page 1b			
Area Served	with	all communities. CITY OR TOWN	STATE					
First		GREENCASTLE	IN					
Community	В	elow is a sample for reporting communities if you report multiple ch	annel line-ups in \$	Space G.				
		CITY OR TOWN (SAMPLE)	STATE	CH LINE UP	SUB GRP#			
Sample	Alda	1	MD	Α	1			
		ance	MD	В	2			
	Ger	ing	MD	В	3			

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

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: 062634 **CMN-RUS. LLC** Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined ח in FCC rules: "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single, discrete unincorporated areas." 47 C.F.R. §76.5(dd). The frst community that you list will serve as a form of system 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. CH LINE UP SUB GRP# CITY OR TOWN STATE **GREENCASTLE** IN AA **First** SEYMOUR IN AB 2 Community **VINCENNES** IN AC 3 **NORTH VERNON** AB 2 IN **MADISON** IN AD 4 **WABASH** IN ΑE 5 See instructions for **NORTH MANCHESTER** IN ΑF 6 additional information on alphabetization. HUNTINGTON IN AG 7 CONNERSVILLE IN AΗ 8 9 **NEW CASTLE** IN ΑI **LENBANON** IN AJ 10 Add rows as necessary **FRANKLIN** ΑK 11 IN **LAFAYETTE** IN AL 12 ΑM **CRAWFORDSVILLE** IN 13 IN **WESTFIELD** AN 14 **GREENWOOD** IN ΑK 11 **PLAINFIELD** IL AO 15 **BLOOMINGTON** AP IL 16 **FISHERS** IN AN 14 OSWEGO IL AQ 17 **ROMEOVILLE** IL AO 15 IL **BATAVIA** AR 18 **NORTH AURORA** IL AR 18 **SOUTH ELGIN** IL AR 18 ST CHARLES IL AR 18 **SUGAR GROVE** IL AR 18 **GENEVA** IL AR 18 **DEKALB** IL AS 19 AS **SYCAMORE** IL 19 KY **LEXINGTON** AT 20 **SOUTH INDIANAPOLIS** IN AN 14 **PLANO** IL AQ 17 YORKVILLE IL AQ 17 SANDWICH IL AQ 17 21 **DAVENPORT** ΑU IA MN 22 ROCHESTER ΑV **BETTENDORF** ΑU 21 IA **VERSAILLES** KY AT 20 **RICHMOND** KY ΑT 20 **NICHOLASVILLE** KY AT 20 AW 23 **AMES** IA **ENGLEWOOD** OH AX 24 24 **CLAYTON** OH AX

TIPP CITY	ОН	AX	24
TROY	ОН	AX	24
UNION	ОН	AX	24
VANDALIA	ОН	AX	24
WEST MILTON	ОН	AX	24
LANSING	MI	AY	25
EAST LANSING	MI	AY	25
TALLAHASSEE	FL	AZ	26
ALBERT LEA	MN	ВА	27
AUSTIN	MN	ВА	27
BELLE PLAINE	MN	BA	27
BLOOMINGTON	MN	BA	27
FARIBAULT	MN	BA	27
LAKEVILLE	MN	BA	27
MANKATO	MN	BA	27
NORTHFIELD	MN	ВА	27
OWATONNA	MN	BA	27
ROCHESTER	MN	ВА	27
SHAKOPEE	MN	ВА	27
WACONIA	MN	ВА	27
WASECA	MN	ВА	27
ROCK ISLAND	IL	ВВ	28
FAYETTEVILLE	NC	ВС	29

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 	21,955	\$	10.00	Lifeline Service	-	\$	10.00
 Service to additional set(s) 				Preferred Digital	7,349	\$	18.95
 FM radio (if separate rate) 				HD Elite	577	\$	6.95
Motel, hotel				HD Standard Service	9,452	\$	9.95
Commercial	793	\$	10.00	HD Preferred Service	6,366	\$	9.95
Converter				Residential HD/DVR	11,093	\$	16.95
Residential	9,203	\$	4.95	Commercial HD/DVR	45	\$	16.95
Non-residential	1,169	\$	4.95			ļ	
1		4				+	

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	CA	ATEGORY OF SERVICE	RATE		
Continuing Services:		Installation: Non-residential				
• Pay cable		Motel, hotel				
 Pay cable—add'l channel 		Commercial				
Fire protection		Pay cable				
•Burglar protection		Pay cable-add'l channel	 			
Installation: Residential		Fire protection				
• First set		Burglar protection				
 Additional set(s) 		Other services:				
 FM radio (if separate rate) 		Reconnect	\$ 35.00			
Converter		Disconnect				
		Outlet relocation	\$ 80.00			
		Move to new address	\$ 29.95			

					OVOTEM ID#		
CMN-RUS, LLC		STEM:			SYSTEM ID# 062634	Namo	
		NI .			002034		
PRIMARY TRANSMITTER			ation (including t	ranslator stations	and law navar talavisian stations)		
In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under							
FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a							
substitute program basi	. , . ,	, ,	-	r(e)(2) and (4))]; a	nd (2) certain stations carried on a	Primary Transmitters:	
				carried by your c	able system on a substitute program	Television	
basis under specifc FC • Do not list the station	-			e Special Stateme	nt and Program Log)—if the		
station was carried o	•		tion was carried	hoth on a substitu	ute basis and also on some other		
basis. For further inf	formation conc				the general instructions located		
in the paper SA3 for Column 1: List each		sign. Do not r	eport origination	program services	s such as HBO, ESPN, etc. Identify		
each multicast stream a	associated with	n a station acc	ording to its over	er-the-air designat	ion. For example, report multi-		
cast stream as "WETA- WETA-simulcast).	-2". Simulcast	streams must	be reported in o	column 1 (list each	stream separately; for example		
Column 2: Give the			•		on for broadcasting over-the-air in		
its community of license on which your cable sys			annei 4 in Wash	ington, D.C. This	may be different from the channel		
					pendent station, or a noncommercial ast), "I" (for independent), "I-M"		
(for independent multication)	ast), "E" (for no	oncommercial	educational), o	r "E-M" (for nonco	mmercial educational multicast).		
For the meaning of thes Column 4: If the sta					e paper SA3 form. s". If not, enter "No". For an ex-		
planation of local servic	ce area, see pa	age (v) of the o	general instruction	ons located in the	paper SA3 form.		
•			-	•	tating the basis on which your ering "LAC" if your cable system		
carried the distant station		ne basis beca	use of lack of a	ctivated channel c	,		
For the retransmissi					payment because it is the subject		
For the retransmissi of a written agreement the cable system and a	entered into or primary transr	n or before Jui mitter or an as	ne 30, 2009, bet ssociation repres	ween a cable system in a cable	em or an association representing y transmitter, enter the designa-		
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SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 062634 CMN-RUS, LLC 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 specifc FCC rules, regulations, or authorizations: • Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast). "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. Column 4: If the station is outside the local service area. (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AA (2) 2. B'CAST 4. DISTANT? 1. CALL 3. TYPE 5. BASIS OF 6. LOCATION OF STATION SIGN CHANNEL OF CARRIAGE (Yes or No) NUMBER **STATION** (If Distant) WIPX 27 ı No Bloomington, Indiana WIPX-HD/DT (Sim 63.1 I-M No Bloomington, Indiana See instructions for additional information on WIPX-Qubo Bloomington, Indiana 63.2 I-M No alphabetization. **WIPX-Ion Life** 63.3 I-M No Bloomington, Indiana WTIU 14 Ε Bloomington, Indiana No WTIU-HD/DT (Sim 30.1 E-M No Bloomington, Indiana WTTV 48 Bloomington, Indiana Ν No WTTV-HD/DT (Sin N-M Bloomington, Indiana 4.1 No WTTV - CW I-M No Bloomington, Indiana 4.2 **WXIN** 45 I No Indianapolis, Indiana WXIN-HD/DT (Sim 59.1 I-M No Indianapolis, Indiana WXIN-Antenna TV 59.2 I-M No Indianapolis, Indiana **WXIN-This TV** 59.3 I-M No Indianapolis, Indiana

PRIMARY TRANSMITTERS: TELEVISION

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

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

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

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

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

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

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

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

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

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

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

		CHANN	EL LINE-UP	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
WAVE	47	N	No		Louisville, Kentucky
WAVE-HD/DT (Sin	3.1	N-M	No		Louisville, Kentucky
WAVE-Bounce TV	3.2	I-M	No		Louisville, Kentucky
WAVE-GRIT	3.3	I-M	No		Louisville, Kentucky
WBKI	19	I	No		Campbellsville, Kentucky
WBKI-HD/DT (Sim	34.1	I-M	No		Campbellsville, Kentucky
WDRB	49	I	No		Louisville, Kentucky
WDRB-HD/DT (Sir	41.1	I-M	No		Louisville, Kentucky
WHAS	11	N	No		Louisville, Kentucky
WHAS-HD/DT (Sir	11.1	N-M	No		Louisville, Kentucky
WHAS-Justice Ne	11.2	I-M	No		Louisville, Kentucky
WHAS-Weather R	11.3	N-M	No		Louisville, Kentucky
WISH	9	ı	No		Indianapolis, Indiana
WISH-HD/DT (sim	8.1	I-M	No		Indianapolis, Indiana
WISH-getTV	8.2	I-M	No		Indianapolis, Indiana
WISH-Justice	8.3	I-M	No		Indianapolis, Indiana
WLKY	26	N	No		Louisville, Kentucky
WLKY-HD/DT (Sin	32.1	N-M	No		Louisville, Kentucky

G

Primary Transmitters: Television

PRIMARY TRANSMITTERS: TELEVISION

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

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

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

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

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

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

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

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

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

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

		CHANN	EL LINE-UP	AB (2)	
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
WLKY-ME TV	32.2	I-M	No		Louisville, Kentucky
WMYO	51	I	No		Salem, Indiana
WMYO-HD/DT (Sir	58.1	I-M	No		Salem, Indiana
WRTV	25	N	No		Indianapolis, Indiana
WRTV-HD/DT (Sin	6.1	N-M	No		Indianapolis, Indiana
WRTV-Grit	6.2	I-M	No		Indianapolis, Indiana
WRTV-Laff	6.3	I-M	No		Indianapolis, Indiana
WTHR	13	N	No		Indianapolis, Indiana
WTHR-HD/DT (Sin	13.1	N-M	No		Indianapolis, Indiana
WTHR-Cozi TV	13.2	I-M	No		Indianapolis, Indiana
WTHR-Me-TV	13.3	I-M	No		Indianapolis, Indiana
WTIU	14	Е	No		Bloomington, Indiana
WTIU-HD/DT (Sim	30.1	E-M	No		Bloomington, Indiana
WTTV	48	N	No		Bloomington, Indiana
WTTV-HD/DT (Sim	4.1	N-M	No		Bloomington, Indiana
WTTV - CW	4.2	I-M	No		Bloomington, Indiana
WBNA	8	I	No		Louisville, Kentucky

G

Primary Transmitters: Television

01th 616E.17t6E 6.		
LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	Nama
CMN-RUS, LLC	062634	Name
DIMADY TRANSMITTERS, TELEVISION		

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

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

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

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

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

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

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

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

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

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

		CHANN	EL LINE-UP	AC	
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION
WAWV	39	N	No		Terre Haute Indiana
WAWV-HD/DT (Si	39.1	N-M	No		Terre Haute Indiana
WTHI-CBS	10	N	No		Terre Haute Indiana
WTHI-HD/DT (Sim	10.1	N-M	No		Terre Haute Indiana
WTHI-My Fox	10.2	I	No		Terre Haute Indiana
WTVW	28	I	No		Evansville, Indiana
WTVW-HD/DT (Sir	7.1	I-M	No		Evansville, Indiana
WTWO	36	N	No		Terre Haute Indiana
WTWO-HD/DT (si	36.1	N-M	No		Terre Haute Indiana
WVUT	22	E	No		Vincennes, Indiana
WVUT-HD/DT (Sin	22.1	E-M	No		Vincennes, Indiana

G

Primary Transmitters: Television

PRIMARY TRANSMITTERS: TELEVISION

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

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

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

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

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

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

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

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

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

		CHANN	EL LINE-UP	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
WAVE	47	N	No		Louisville, Kentucky
WAVE-HD/DT (Sin	3.1	N-M	No		Louisville, Kentucky
WAVE-Bounce TV	3.2	I-M	No		Louisville, Kentucky
WAVE-GRIT	3.3	I-M	No		Louisville, Kentucky
WBKI	19	I	No		Campbellsville, Kentucky
WBKI-HD/DT (Sim	34.1	I-M	No		Campbellsville, Kentucky
WBNA	8	I	No		Louisville, Kentucky
WCPO	22	N	No		Cincinnati, Ohio
WCPO-HD/DT (Sir	9.1	N-M	No		Cincinnati, Ohio
WDRB	49	I	No		Louisville, Kentucky
WDRB-HD/DT (Sir	41.1	I-M	No		Louisville, Kentucky
WHAS	11	N	No		Louisville, Kentucky
WHAS-HD/DT (Sir	11.1	N-M	No		Louisville, Kentucky
WHAS-Justice Ne	11.2	I-M	No		Louisville, Kentucky
WHAS-Weather R	11.3	N-M	No		Louisville, Kentucky
WLKY	26	N	No		Louisville, Kentucky
WLKY-HD/DT (Sin	32.1	N-M	No		Louisville, Kentucky
WLKY-ME TV	32.2	I-M	No		Louisville, Kentucky

G

Primary Transmitters: Television

G

Primary

Transmitters:

Television

FORM SA3E. PAGE 3.						
LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#					
CMN-RUS, LLC	062634	Name				
PRIMARY TRANSMITTERS: TELEVISION						
In Company In a page C. identify a complete patient strength of the strength o						

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

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

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

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

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

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

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

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

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

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

		CHANN	EL LINE-UP	AD (2)	
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
WLWT	35	N	No		Cincinnati, Ohio
WLWT-HD/DT (Sir	5.1	N-M	No		Cincinnati, Ohio
WKPC	17	Е	No		Lexington, Kentucky
WMYO	51	I	No		Salem, Indiana
WMYO-HD/DT (Si	58.1	I-M	No		Salem, Indiana
WTTV	48	N	No		Bloomington, Indiana
WTTV-HD/DT (Sin	4.1	N-M	No		Bloomington, Indiana
WTTV - CW	4.2	I-M	No		Bloomington, Indiana

Form SA3E Long Form (Rev. 05-17)

PRIMARY TRANSMITTERS: TELEVISION

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

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

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

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

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

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

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

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

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

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

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

		CHANN	EL LINE-UP	AE	
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION
WANE	31	N	No		Fort Wayne, Indiana
WANE-HD/DT (Sir	15.1	N-M	No		Fort Wayne, Indiana
WANE-Antenna T	15.2	I-M	No		Fort Wayne, Indiana
WFFT	36	I	No		Fort Wayne, Indiana
WFFT-HD/DT (sim	55.1	I-M	No		Fort Wayne, Indiana
WFWA	40	Е	No		Fort Wayne, Indiana
WFWA-HD/DT (Sii	39.1	E-M	No		Fort Wayne, Indiana
WFWA-Kids	39.2	E-M	No		Fort Wayne, Indiana
WFWA-Create	39.3	Е	No		Fort Wayne, Indiana
WFWA-4you	39.4	Е	No		Fort Wayne, Indiana
WFYI	21	E	Yes	0	Indianapolis, Indiana
WFYI-HD/DT (Sim	20.1	E-M	Yes	E	Indianapolis, Indiana
WFYI-Kids	20.2	E-M	Yes	0	Indianapolis, Indiana
WFYI-Create	20.3	E-M	Yes	0	Indianapolis, Indiana
WISE	18	I	No		Fort Wayne, Indiana
WISE-HD/DT (Sim	33.1	I-M	No		Fort Wayne, Indiana
WISH	9	I	No		Indianapolis, Indiana
WISH-HD/DT (sim	8.1	I-M	No		Indianapolis, Indiana

G

Primary Transmitters: Television

PRIMARY TRANSMITTERS: TELEVISION

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

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

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

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

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

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

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

		CHANN	EL LINE-UP	AE (2)	
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
WISH-getTV	8.2	I-M	No		Indianapolis, Indiana
WISH-Justice	8.3	I-M	No		Indianapolis, Indiana
WNDY	32	I	No		Marion, Indiana
WNDY-HD/DT (Sin	23.1	I-M	No		Marion, Indiana
WNDY-Bounce TV	23.2	I-M	No		Marion, Indiana
WPTA	24	N	No		Fort Wayne, Indiana
WPTA-HD/DT (Sin	21.1	N-M	No		Fort Wayne, Indiana
WPTA-DT2	21.2	N-M	No		Fort Wayne, Indiana
WPTA-DT3	21.3	I-M	No		Fort Wayne, Indiana
WRTV	25	N	No		Indianapolis, Indiana
WRTV-HD/DT (Sin	6.1	N-M	No		Indianapolis, Indiana
WRTV-Grit	6.2	I-M	No		Indianapolis, Indiana
WRTV-Laff	6.3	I-M	No		Indianapolis, Indiana
WTHR	13	N	No		Indianapolis, Indiana
WTHR-HD/DT (Sin	13.1	N-M	No		Indianapolis, Indiana
WTHR-Cozi TV	13.2	I-M	No		Indianapolis, Indiana
WTHR-Me-TV	13.3	I-M	No		Indianapolis, Indiana

G

Primary Transmitters: Television

PRIMARY TRANSMITTERS: TELEVISION

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

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

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

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

		CHANN	EL LINE-UP	AF	
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION
WANE	31	N	No		Fort Wayne, Indiana
WANE-HD/DT (Sin	15.1	N-M	No		Fort Wayne, Indiana
WANE-Antenna T	15.2	I-M	No		Fort Wayne, Indiana
WFFT	36	I	No		Fort Wayne, Indiana
WFFT-HD/DT (sim	55.1	I-M	No		Fort Wayne, Indiana
WFWA	40	Е	No		Fort Wayne, Indiana
WFWA-HD/DT (Sir	39.1	E-M	No		Fort Wayne, Indiana
WFWA-Kids	39.2	E-M	No		Fort Wayne, Indiana
WFWA-Create	39.3	Е	No		Fort Wayne, Indiana
WFWA-4you	39.4	Е	No		Fort Wayne, Indiana
WISE	18	I	No		Fort Wayne, Indiana
WISE-HD/DT (Sim	33.1	I-M	No		Fort Wayne, Indiana
WPTA	24	N	No		Fort Wayne, Indiana
WPTA-HD/DT (Sin	21.1	N-M	No		Fort Wayne, Indiana
WPTA-DT2	21.2	N-M	No		Fort Wayne, Indiana
	21.3	I-M	No		Fort Wayne, Indiana

G

Primary Transmitters: Television

PRIMARY TRANSMITTERS: TELEVISION

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

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

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

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

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

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

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

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

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

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

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

		CHANN	EL LINE-UP	AG	
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION
WANE	31	N	No		Fort Wayne, Indiana
WANE-HD/DT (Sin	15.1	N-M	No		Fort Wayne, Indiana
WANE-Antenna T\	15.2	I-M	No		Fort Wayne, Indiana
WFFT	36	I	No		Fort Wayne, Indiana
WFFT-HD/DT (sim	55.1	I-M	No		Fort Wayne, Indiana
WFWA	40	Е	No		Fort Wayne, Indiana
WFWA-HD/DT (Sir	39.1	E-M	No		Fort Wayne, Indiana
WFWA-Kids	39.2	E-M	No		Fort Wayne, Indiana
WFWA-Create	39.3	Е	No		Fort Wayne, Indiana
WFWA-4you	39.4	Е	No		Fort Wayne, Indiana
WISE	18	I	No		Fort Wayne, Indiana
WISE-HD/DT (Sim	33.1	I-M	No		Fort Wayne, Indiana
WPTA	24	N	No		Fort Wayne, Indiana
WPTA-HD/DT (Sin	21.1	N-M	No		Fort Wayne, Indiana
WPTA-DT2	21.2	N-M	No		Fort Wayne, Indiana
	21.3	I-M	No		Fort Wayne, Indiana

G

Primary Transmitters: Television

PRIMARY TRANSMITTERS: TELEVISION

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

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

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

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

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

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

		CHANN	EL LINE-UP	AH	
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION
WCLJ	42	I	No		Bloomington, Indiana
WCPO	22	N	No		Cincinnati, Ohio
WCPO-HD/DT (Sir	9.1	N-M	No		Cincinnati, Ohio
WFYI	21	Е	Yes	0	Indianapolis, Indiana
WFYI-HD/DT (Sim	20.1	E-M	Yes	Е	Indianapolis, Indiana
WFYI-Kids	20.2	E-M	Yes	0	Indianapolis, Indiana
WFYI-Create	20.3	E-M	Yes	0	Indianapolis, Indiana
WHMB	20	I	No		Indianapolis, Indiana
WHMB-World Har	40.2	I-M	No		Indianapolis, Indiana
WIPX	27	I	No		Bloomington, Indiana
WIPX-HD/DT (Sim	63.1	I-M	No		Bloomington, Indiana
WIPX-Qubo	63.2	I-M	No		Bloomington, Indiana
WIPX-Ion Life	63.3	I-M	No		Bloomington, Indiana
WISH	9	I	No		Indianapolis, Indiana
WISH-HD/DT (sim	8.1	I-M	No		Indianapolis, Indiana
WISH-getTV	8.2	I-M	No		Indianapolis, Indiana
WISH-Justice	8.3	I-M	No		Indianapolis, Indiana
WLWT	35	N	No		Cincinnati, Ohio

G

Primary Transmitters: Television

PRIMARY TRANSMITTERS: TELEVISION

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

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

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

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

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

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

		CHANN	EL LINE-UP	AH (2)	
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
WLWT-HD/DT (Sir	5.1	N-M	No		Cincinnati, Ohio
WNDY	32	I	No		Marion, Indiana
WNDY-HD/DT (Sin	23.1	I-M	No		Marion, Indiana
WNDY-Bounce TV	23.2	I-M	No		Marion, Indiana
WRTV	25	N	No		Indianapolis, Indiana
WRTV-HD/DT (Sin	6.1	N-M	No		Indianapolis, Indiana
WRTV-Grit	6.2	I-M	No		Indianapolis, Indiana
WRTV-Laff	6.3	I-M	No		Indianapolis, Indiana
WTHR	13	N	No		Indianapolis, Indiana
WTHR-HD/DT (Sin	13.1	N-M	No		Indianapolis, Indiana
WTHR-Cozi TV	13.2	I-M	No		Indianapolis, Indiana
WTHR-Me-TV	13.3	I-M	No		Indianapolis, Indiana
WTTV	48	N	No		Bloomington, Indiana
WTTV-HD/DT (Sim	4.1	N-M	No		Bloomington, Indiana
WTTV - CW	4.2	I-M	No		Bloomington, Indiana
WXIN	45	I	No		Indianapolis, Indiana
WXIN-HD/DT (Sim	59.1	I-M	No		Indianapolis, Indiana
WXIN-Antenna TV	59.2	I-M	No		Indianapolis, Indiana

G

Primary Transmitters: Television

FURM SA3E. PAGE 3.					CVCTEM ID#	
CMN-RUS, LLC		STEM:			SYSTEM ID# 062634	Name
PRIMARY TRANSMITTE	RS: TELEVISIO	N				
carried by your cable s FCC rules and regulati 76.59(d)(2) and (4), 76 substitute program bas	system during the system during the system during the system of the syst	ne accounting n June 24, 198 4), or 76.63 (r d in the next p	period, except (81, permitting the referring to 76.61 paragraph.	1) stations carried e carriage of certa (e)(2) and (4))]; a	and low power television stations) I only on a part-time basis under in network programs [sections nd (2) certain stations carried on a	G Primary Transmitters: Television
basis under specifc FC Do not list the station station was carried List the station here, basis. For further in in the paper SA3 fo Column 1: List 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 st planation of local servi Column 5: If you h cable system carried th carried the distant stat For the retransmiss of a written agreement the cable system and a tion "E" (exempt). For explanation of these th Column 6: Give the FCC. For Mexican or C	CC rules, regular here in space only on a substand also in spatformation concurn. The station's call associated with the in each case when the in each case when the in each case when the interest of a distant station on a part-timition of a distant entered into or a primary transr simulcasts, also aree categories, elocation of each canadian station of a distant station of a distant entered into or a primary transr simulcasts, also aree categories, elocation of each canadian station canadian station of a distant entered into or a primary transr simulcasts, also aree categories, elocation of each canadian station of station of each canadian station and station of a distant entered into or a primary transr simulcasts, also aree categories, elocation of each canadian station and station of station of station and station of station of station of station and station and station of station and station and station of station and station	ations, or auth G—but do list itute basis. ce I, if the sta erning substit sign. Do not read a streams must be the FCC has, WRC is Challe station. Whether the station. Whether the station added to the local server in column on during the ame basis became the station of the formal the station of the local server in column on during the ame basis became the station of the station. It is see page (v) ch station. Fons, if any, give	orizations: It in space I (the tion was carried tute basis station report origination cording to its over the reported in cording to its over the assigned to the the reported in cordinal in the reported in the the reported in	e Special Stateme both on a substitus, see page (v) of a program services er-the-air designat column 1 (list each the television station of the program program program in the station, an independent of the station, and indicated in the inplete column 5, so d. Indicate by entertivated channel of the structure of the station of the structure of the stations in the stations in the community with the community with	Int and Program Log)—if the sute basis and also on some other if the general instructions located as such as HBO, ESPN, etc. Identify ion. For example, report multinistream separately; for example on for broadcasting over-the-air in may be different from the channel pendent station, or a noncommercial ast), "I" (for independent), "I-M" mmercial educational multicast). e paper SA3 form. s". If not, enter "No". For an expaper SA3 form. tating the basis on which your ering "LAC" if your cable system apacity. payment because it is the subject tem or an association representing y transmitter, enter the designater basis, enter "O." For a further in the paper SA3 form. to which the station is licensed by the which the station is identifed.	Television
Note: If you are utilizing	ig multiple char		•		channel line-up.	
		CHANN	IEL LINE-UP	AH (3)		
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	
WXIN-This TV	59.3	I-M	No		Indianapolis, Indiana	

PRIMARY TRANSMITTERS: TELEVISION

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

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WFYI	21	Е	No		Indianapolis, Indiana
WFYI-HD/DT (Sim	20.1	E-M	No		Indianapolis, Indiana
WFYI-Kids	20.2	E-M	No		Indianapolis, Indiana
WFYI-Create	20.3	E-M	No		Indianapolis, Indiana
WHMB	20	I	No		Indianapolis, Indiana
WHMB-World Har	40.2	I-M	No		Indianapolis, Indiana
WIPB	23	E	No		Muncie, Indiana
WIPB-HD/DT (Sim	49.1	E-M	No		Muncie, Indiana
WIPB-Create	49.2	E-M	No		Muncie, Indiana
WIPB - Weather	49.3	I-M	No		Muncie, Indiana
WIPX	27	I	No		Bloomington, Indiana
WIPX-HD/DT (Sim	63.1	I-M	No		Bloomington, Indiana
WIPX-Qubo	63.2	I-M	No		Bloomington, Indiana
WIPX-Ion Life	63.3	I-M	No		Bloomington, Indiana
WISH	9	I	No		Indianapolis, Indiana
WISH-HD/DT (sim	8.1	I-M	No		Indianapolis, Indiana
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G

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		CHANN	EL LINE-UP	Al (2)	
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
WISH-Justice	8.3	I-M	No		Indianapolis, Indiana
WNDY	32	I	No		Marion, Indiana
WNDY-HD/DT (Sir	23.1	I-M	No		Marion, Indiana
WNDY-Bounce TV	23.2	I-M	No		Marion, Indiana
WRTV	25	N	No		Indianapolis, Indiana
WRTV-HD/DT (Sin	6.1	N-M	No		Indianapolis, Indiana
WRTV-Grit	6.2	I-M	No		Indianapolis, Indiana
WRTV-Laff	6.3	I-M	No		Indianapolis, Indiana
WTHR	13	N	No		Indianapolis, Indiana
WTHR-HD/DT (Sin	13.1	N-M	No		Indianapolis, Indiana
WTHR-Cozi TV	13.2	I-M	No		Indianapolis, Indiana
WTHR-Me-TV	13.3	I-M	No		Indianapolis, Indiana
WTTV	48	N	No		Bloomington, Indiana
WTTV-HD/DT (Sin	4.1	N-M	No		Bloomington, Indiana
WTTV - CW	4.2	I-M	No		Bloomington, Indiana
WXIN	45	ı	No		Indianapolis, Indiana
WXIN-HD/DT (Sim	59.1	I-M	No		Indianapolis, Indiana
WXIN-Antenna TV	59.2	I-M	No		Indianapolis, Indiana

G

Primary Transmitters: Television

LEGAL NAME OF OWN	ER OF CARLE SV	STEM:			SYSTEM ID#	
CMN-RUS, LLC		STEWI.			062634	Name
PRIMARY TRANSMITTE	RS: TELEVISIO	N				
carried by your cable s FCC rules and regulati 76.59(d)(2) and (4), 76 substitute program bas	ystem during the ons in effect or .61(e)(2) and (4 sis, as explained	e accounting June 24, 198 1), or 76.63 (r d in the next p	period, except (81, permitting the referring to 76.61 paragraph.	1) stations carried e carriage of certa (e)(2) and (4))]; a	and low power television stations) I only on a part-time basis under in network programs [sections nd (2) certain stations carried on a able system on a substitute program	G Primary Transmitters: Television
basis under specifc FC Do not list the station station was carried List the station here, basis. For further in in the paper SA3 fo Column 1: List 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 staplanation of local servi Column 5: If you ha cable system carried th	CC rules, regular here in space only on a substand also in spatformation concern. h station's call associated with -2". Simulcast e channel numbers tem carried the in each case ventering the letast), "E" (for not se terms, see pation is outside ce area, see pation is outside the distant station on a part-time.	tions, or auth G—but do list itute basis. ce I, if the sta erning substit sign. Do not r a station accepte a station accepte a station accepte a station. The station accepte a station. The station accepte a station. The station accepte (v) of the station accepted	orizations: tit in space I (the tion was carried tute basis station report origination cording to its ove tie be reported in c tass assigned to the annel 4 in Washi ation is a networ etwork), "N-M" (for I educational), or the general instruction to gen	e Special Stateme both on a substitus, see page (v) of program services r-the-air designativolumn 1 (list each the television static ington, D.C. This is k station, an indep or network multica "E-M" (for nonco tions located in the instant"), enter "Ye ons located in the uplete column 5, s d. Indicate by ente ctivated channel c	int and Program Log)—if the stee basis and also on some other is the general instructions located is such as HBO, ESPN, etc. Identify ion. For example, report multi- instream separately; for example con for broadcasting over-the-air in imay be different from the channel coendent station, or a noncommercial ast), "I" (for independent), "I-M" immercial educational multicast). ie paper SA3 form. is". If not, enter "No". For an ex- paper SA3 form. tating the basis on which your ering "LAC" if your cable system	
the cable system and a tion "E" (exempt). For s explanation of these th Column 6: Give the	a primary transr simulcasts, also ree categories, e location of ea Canadian statio	nitter or an as enter "E". If see page (v) ch station. Fo ns, if any, give	ssociation repres you carried the c of the general ir r U.S. stations, li e the name of the	enting the primary channel on any oth enstructions located ist the community e community with	tem or an association representing by transmitter, enter the designa- ber basis, enter "O." For a further bit in the paper SA3 form. bit to which the station is licensed by the bit which the station is identifed. bit channel line-up.	
	1	CHANN	IEL LINE-UP	AI (3)		
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	
WXIN-This TV	59.3	I-M	No		Indianapolis, Indiana	

PRIMARY TRANSMITTERS: TELEVISION

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

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

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

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

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

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

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

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

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

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

		CHANN	EL LINE-UP	AJ	
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION
WTTV	48	N	No		Bloomington, Indiana
WTTV-HD/DT (Sin	4.1	N-M	No		Bloomington, Indiana
WTTV - CW	4.2	I-M	No		Bloomington, Indiana
WRTV	25	N	No		Indianapolis, Indiana
WRTV-HD/DT (Sin	6.1	N-M	No		Indianapolis, Indiana
WRTV-Grit	6.2	I-M	No		Indianapolis, Indiana
WRTV-Laff	6.3	I-M	No		Indianapolis, Indiana
WNDY	32	I	No		Marion, Indiana
WNDY-HD/DT (Sir	23.1	I-M	No		Marion, Indiana
WNDY-Bounce T\	23.2	I-M	No		Marion, Indiana
WISH	9	I	No		Indianapolis, Indiana
WISH-HD/DT (sim	8.1	I-M	No		Indianapolis, Indiana
WISH-getTV	8.2	I-M	No		Indianapolis, Indiana
WISH-Justice	8.3	I-M	No		Indianapolis, Indiana
WHMB	20	ı	No		Indianapolis, Indiana
WHMB-World Har	40.2	I-M	No		Indianapolis, Indiana
WIPB	23	E	Yes	0	Muncie, Indiana
WIPB-HD/DT (Sim	49.1	E-M	Yes	E	Muncie. Indiana

G

Primary Transmitters: Television

PRIMARY TRANSMITTERS: TELEVISION

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

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

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

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

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

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

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

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

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

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

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

		CHANN	EL LINE-UP	AJ (2)	
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
WIPB-Create	49.2	E-M	Yes	0	Muncie, Indiana
WIPB - Weather	49.3	I-M	Yes	0	Muncie, Indiana
WXIN	45	I	No		Indianapolis, Indiana
WXIN-HD/DT (Sim	59.1	I-M	No		Indianapolis, Indiana
WXIN-Antenna TV	59.2	I-M	No		Indianapolis, Indiana
WXIN-This TV	59.3	I-M	No		Indianapolis, Indiana
WTHR	13	N	No		Indianapolis, Indiana
WTHR-HD/DT (Sin	13.1	N-M	No		Indianapolis, Indiana
WTHR-Cozi TV	13.2	I-M	No		Indianapolis, Indiana
WTHR-Me-TV	13.3	I-M	No		Indianapolis, Indiana
WCLJ	42	I	No		Bloomington, Indiana
WIPX	27	I	No		Bloomington, Indiana
WIPX-HD/DT (Sim	63.1	I-M	No		Bloomington, Indiana
WIPX-Qubo	63.2	I-M	No		Bloomington, Indiana
WIPX-Qubo	63.2	I-M	No		Bloomington, Indiana
WFYI	21	E	No		Indianapolis, Indiana
WFYI-HD/DT (Sim	20.1	E-M	No		Indianapolis, Indiana
WFYI-Kids	20.2	E-M	No		Indianapolis, Indiana

G

Primary Transmitters: Television

LEGAL NAME OF OWN	ER OF CABLE SY	STEM:			SYSTEM ID#					
CMN-RUS, LLC	;				062634	Name				
PRIMARY TRANSMITTE	RS: TELEVISIO	N								
carried by your cable s	ystem during th	ne accounting	period, except (1) stations carried	and low power television stations)	G				
76.59(d)(2) and (4), 76 substitute program bas	6.61(e)(2) and (esis, as explaine	4), or 76.63 (r d in the next p	eferring to 76.61 paragraph.	(e)(2) and (4))]; a	in network programs [sections nd (2) certain stations carried on a able system on a substitute program	Primary Transmitters: Television				
basis under specifc FC Do not list the station	asis 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									
List the station here, basis. For further in	on was carried only on a substitute basis. e station here, and also in space I, if the station was carried both on a substitute basis and also on some other s. For further information concerning substitute basis stations, see page (v) of the general instructions located e pager SA3 form									
Column 1: List each multicast stream	in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify the multicast stream associated with a station according to its over-the-air designation. For example, report multities that stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example									
WETA-simulcast). Column 2: Give the	e channel numb	per the FCC h	as assigned to t	he television station	on for broadcasting over-the-air in					
on which your cable sy Column 3: Indicate	stem carried the in each case w	e station. vhether the st	ation is a networ	k station, an inde	may be different from the channel					
(for independent multid	cast), "E" (for no se terms, see p	oncommercial page (v) of the	educational), or egeneral instruc	r "E-M" (for nonco tions located in th						
planation of local servi	ce area, see pa	age (v) of the	general instruction	ons located in the	s". If not, enter "No". For an ex- paper SA3 form. tating the basis on which your					
carried the distant stati	ion on a part-tir	ne basis beca	use of lack of ac	ctivated channel c	ering "LAC" if your cable system apacity. payment because it is the subject					
of a written agreement the cable system and a	entered into or a primary transi	n or before Ju mitter or an as	ne 30, 2009, bet ssociation repres	ween a cable syst senting the primar	em or an association representing y transmitter, enter the designa-					
explanation of these th	ree categories,	see page (v)	of the general ir	nstructions located	ner basis, enter "O." For a further If in the paper SA3 form. to which the station is licensed by the					
FCC. For Mexican or C Note: If you are utilizin		. , ,		•	which the station is identifed. channel line-up.					
	1	CHANN	EL LINE-UP	AJ (3)		•				
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					
WFYI-Create	20.3	E-M	No		Indianapolis, Indiana					

PRIMARY TRANSMITTERS: TELEVISION

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

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

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

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

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

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

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

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

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

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

		CHANN	AK		
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION
WCLJ	42	I	No		Bloomington, Indiana
WTTV	48	N	No		Bloomington, Indiana
WTTV-HD/DT (Sin	4.1	N-M	No		Bloomington, Indiana
WTTV - CW	4.2	I-M	No		Bloomington, Indiana
WTIU	14	E	No		Bloomington, Indiana
WTIU-HD/DT (Sim	30.1	E-M	No		Bloomington, Indiana
WRTV	25	N	No		Indianapolis, Indiana
WRTV-HD/DT (Sin	6.1	N-M	No		Indianapolis, Indiana
WRTV-Grit	6.2	I-M	No		Indianapolis, Indiana
WRTV-Laff	6.3	I-M	No		Indianapolis, Indiana
WNDY	32	ı	No		Marion, Indiana
WNDY-HD/DT (Sir	23.1	I-M	No		Marion, Indiana
WNDY-Bounce T\	23.2	I-M	No		Marion, Indiana
WISH	9	I	No		Indianapolis, Indiana
WISH-HD/DT (sim	8.1	I-M	No		Indianapolis, Indiana
WISH-getTV	8.2	I-M	No		Indianapolis, Indiana
WISH-Justice	8.3	I-M	No		Indianapolis, Indiana
WHMB	20	I	No		Indianapolis, Indiana

G

Primary Transmitters: Television

PRIMARY TRANSMITTERS: TELEVISION

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

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

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

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

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

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

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

		CHANN	EL LINE-UP	AK (2)	
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
WHMB-World Har	40.2	I-M	No		Indianapolis, Indiana
WXIN	45	I	No		Indianapolis, Indiana
WXIN-HD/DT (Sim	59.1	I-M	No		Indianapolis, Indiana
WXIN-Antenna TV	59.2	I-M	No		Indianapolis, Indiana
WXIN-This TV	59.3	I-M	No		Indianapolis, Indiana
WTHR	13	N	No		Indianapolis, Indiana
WTHR-HD/DT (Sin	13.1	N-M	No		Indianapolis, Indiana
WTHR-Cozi TV	13.2	I-M	No		Indianapolis, Indiana
WTHR-Me-TV	13.3	I-M	No		Indianapolis, Indiana
WIPX	27	I	No		Bloomington, Indiana
WIPX-HD/DT (Sim	63.1	I-M	No		Bloomington, Indiana
WIPX-Qubo	63.2	I-M	No		Bloomington, Indiana
WIPX-Ion Life	63.3	I-M	No		Bloomington, Indiana
WFYI	21	Е	No		Indianapolis, Indiana
WFYI-HD/DT (Sim	20.1	E-M	No		Indianapolis, Indiana
WFYI-Kids	20.2	E-M	No		Indianapolis, Indiana
WFYI-Create	20.3	E-M	No		Indianapolis, Indiana

G

Primary Transmitters: Television

PRIMARY TRANSMITTERS: TELEVISION

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

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

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

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

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

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

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

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

		CHANN	AL		
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION
WTTV	48	N	No		Bloomington, Indiana
WTTV-HD/DT (Sin	4.1	N-M	No		Bloomington, Indiana
WTTV - CW	4.2	I-M	No		Bloomington, Indiana
WRTV	25	N	No		Indianapolis, Indiana
WRTV-HD/DT (Sin	6.1	N-M	No		Indianapolis, Indiana
WRTV-Grit	6.2	I-M	No		Indianapolis, Indiana
WRTV-Laff	6.3	I-M	No		Indianapolis, Indiana
WNDY	32	I	No		Marion, Indiana
WNDY-HD/DT (Sir	23.1	I-M	No		Marion, Indiana
WNDY-Bounce TV	23.2	I-M	No		Marion, Indiana
WHMB	20	I	No		Indianapolis, Indiana
WHMB-World Har	40.2	I-M	No		Indianapolis, Indiana
WIPB	23	E	Yes	0	Muncie, Indiana
WIPB-HD/DT (Sim	49.1	E-M	Yes	E	Muncie, Indiana
WIPB-Create	49.2	E-M	Yes	0	Muncie, Indiana
WIPB-Weather	49.3	E-M	Yes	0	Muncie, Indiana
WTHR	13	N	No		Indianapolis, Indiana
WTHR-HD/DT (Sin	13.1	N-M	No		Indianapolis, Indiana

G

Primary Transmitters: Television

PRIMARY TRANSMITTERS: TELEVISION

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

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

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

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

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

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

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

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

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

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

		CHANN	AL (2)		
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
WTHR-Cozi TV	13.2	I-M	No		Indianapolis, Indiana
WTHR-Me-TV	13.3	I-M	No		Indianapolis, Indiana
WLFI	11	N	No		West Layfatyette, Indiana
WLFI-HD/DT (Simi	18.1	N-M	No		West Layfatyette, Indiana
WLFI-GetTV	18.2	I-M	No		West Layfatyette, Indiana
WFYI	21	Е	No		Indianapolis, Indiana
WFYI-HD/DT (Sim	20.1	E-M	No		Indianapolis, Indiana
WFYI-Kids	20.2	E-M	No		Indianapolis, Indiana
WFYI-Create	20.3	E-M	No		Indianapolis, Indiana
WPBI-LD	16.1	I	No		Lafayette, Indiana
WISH	9	I	No		Indianapolis, Indiana
WISH-HD/DT (sim	8.1	I-M	No		Indianapolis, Indiana
WISH-getTV	8.2	I-M	No		Indianapolis, Indiana
	8.3	I-M	No		Indianapolis, Indiana

G

Primary Transmitters: Television

PRIMARY TRANSMITTERS: TELEVISION

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

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

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

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

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

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

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

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

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

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

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
WCLJ	42	I	No		Bloomington, Indiana
WTTV	48	N	No		Bloomington, Indiana
WTTV-HD/DT (Sin	4.1	N-M	No		Bloomington, Indiana
WTTV - CW	4.2	I-M	No		Bloomington, Indiana
WRTV	25	N	No		Indianapolis, Indiana
WRTV-HD/DT (Sin	6.1	N-M	No		Indianapolis, Indiana
WRTV-Grit	6.2	I-M	No		Indianapolis, Indiana
WRTV-Laff	6.3	I-M	No		Indianapolis, Indiana
WNDY	32	I	No		Marion, Indiana
WNDY-HD/DT (Sir	23.1	I-M	No		Marion, Indiana
WNDY-Bounce TV	23.2	I-M	No		Marion, Indiana
WISH	9	I	No		Indianapolis, Indiana
WISH-HD/DT (sim	8.1	I-M	No		Indianapolis, Indiana
WISH-getTV	8.2	I-M	No		Indianapolis, Indiana
WISH-Justice	8.3	I-M	No		Indianapolis, Indiana
WHMB	20	I	No		Indianapolis, Indiana
WHMB-World Har	40.2	I-M	No		Indianapolis, Indiana
WXIN	45	I	No		Indianapolis, Indiana

G

Primary Transmitters: Television

PRIMARY TRANSMITTERS: TELEVISION

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

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

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

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

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

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

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

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

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

		CHANN	EL LINE-UP	AM (2)	
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
WXIN-HD/DT (Sim	59.1	I-M	No		Indianapolis, Indiana
WXIN-Antenna TV	59.2	I-M	No		Indianapolis, Indiana
WXIN-This TV	59.3	I-M	No		Indianapolis, Indiana
WTHR	13	N	No		Indianapolis, Indiana
WTHR-HD/DT (Sin	13.1	N-M	No		Indianapolis, Indiana
WTHR-Cozi TV	13.2	I-M	No		Indianapolis, Indiana
WTHR-Me-TV	13.3	I-M	No		Indianapolis, Indiana
WIPX	27	I	No		Bloomington, Indiana
WIPX-HD/DT (Sim	63.1	I-M	No		Bloomington, Indiana
WIPX-Qubo	63.2	I-M	No		Bloomington, Indiana
WIPX-Ion Life	63.3	I-M	No		Bloomington, Indiana
WFYI	21	Е	No		Indianapolis, Indiana
WFYI-HD/DT (Sim	20.1	E-M	No		Indianapolis, Indiana
WFYI-Kids	20.2	E-M	No		Indianapolis, Indiana
WFYI-Create	20.3	E-M	No		Indianapolis, Indiana

G

Primary Transmitters: Television

G

Primary

Transmitters:

Television

LEGAL NAME OF OWNER OF CABLE SYSTEM:

CMN-RUS, LLC

SYSTEM ID#
Name
Name

PRIMARY TRANSMITTERS: TELEVISION

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

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

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

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

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

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

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

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

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

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

		CHANN	EL LINE-UP	AN	
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION
WCLJ	42	I	No		Bloomington, Indiana
WTTV	48	N	No		Bloomington, Indiana
WTTV-HD/DT (Sin	4.1	N-M	No		Bloomington, Indiana
WTTV - CW	4.2	I-M	No		Bloomington, Indiana
WRTV	25	N	No		Indianapolis, Indiana
WRTV-HD/DT (Sin	6.1	N-M	No		Indianapolis, Indiana
WRTV-Grit	6.2	I-M	No		Indianapolis, Indiana
WRTV-Laff	6.3	I-M	No		Indianapolis, Indiana
WNDY	32	ı	No		Marion, Indiana
WNDY-HD/DT (Sir	23.1	I-M	No		Marion, Indiana
WNDY-Bounce TV	23.2	I-M	No		Marion, Indiana
WISH	9	ı	No		Indianapolis, Indiana
WISH-HD/DT (sim	8.1	I-M	No		Indianapolis, Indiana
WISH-getTV	8.2	I-M	No		Indianapolis, Indiana
WISH-Justice	8.3	I-M	No		Indianapolis, Indiana
WHMB	20	ı	No		Indianapolis, Indiana
WHMB-World Har	40.2	I-M	No		Indianapolis, Indiana
WXIN	45	I	No		Indianapolis, Indiana

G

Primary

Transmitters:

Television

LEGAL NAME OF OWNER OF CABLE SYSTEM:

CMN-RUS, LLC

SYSTEM ID#
Name

PRIMARY TRANSMITTERS: TELEVISION

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

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

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

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

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

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

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

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

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

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

CHANNEL LINE-UP AN (2)										
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					
WXIN-HD/DT (Sim	59.1	I-M	No		Indianapolis, Indiana					
WXIN-Antenna TV	59.2	I-M	No		Indianapolis, Indiana					
WXIN-This TV	59.3	I-M	No		Indianapolis, Indiana					
WTHR	13	N	No		Indianapolis, Indiana					
WTHR-HD/DT (Sin	13.1	N-M	No		Indianapolis, Indiana					
WTHR-Cozi TV	13.2	I-M	No		Indianapolis, Indiana					
WTHR-Me-TV	13.3	I-M	No		Indianapolis, Indiana					
WIPX	27	I	No		Bloomington, Indiana					
WIPX-HD/DT (Sim	63.1	I-M	No		Bloomington, Indiana					
WIPX-Qubo	63.2	I-M	No		Bloomington, Indiana					
WIPX-Ion Life	63.3	I-M	No		Bloomington, Indiana					
WFYI	21	E	No		Indianapolis, Indiana					
WFYI-HD/DT (Sim	20.1	E-M	No		Indianapolis, Indiana					
WFYI-Kids	20.2	E-M	No		Indianapolis, Indiana					
WFYI-Create	20.3	E-M	No		Indianapolis, Indiana					
WIPB	23	E	No		Muncie, Indiana					
WIPB-HD/DT (Sim	49.1	E-M	No		Muncie, Indiana					
WIPB-Create	49.2	E-M	No		Muncie, Indiana					

LEGAL NAME OF OWN	ER OF CARLE SV	STEM:			SYSTEM ID#	
CMN-RUS, LLC		STEWI.			062634	Name
PRIMARY TRANSMITTE	RS: TELEVISIO	N				
carried by your cable s FCC rules and regulati 76.59(d)(2) and (4), 76 substitute program bas	ystem during the ons in effect or .61(e)(2) and (4 sis, as explained	ne accounting n June 24, 198 1), or 76.63 (r d in the next p	period, except (81, permitting the referring to 76.61 paragraph.	1) stations carried e carriage of certa (e)(2) and (4))]; a	and low power television stations) I only on a part-time basis under in network programs [sections nd (2) certain stations carried on a able system on a substitute program	G 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	here in space of only on a substand also in spatformation concerm. h station's call associated with -2". Simulcasts are channel numbers, for example stem carried the in each case wentering the letersty, "E" (for no se terms, see property of the single cast), "E" (for no se terms, see property of the single cast).	G—but do list itute basis. ce I, if the sta erning substit sign. Do not r a station acceptreams must ber the FCC h a, WRC is Chae station. whether the stater "N" (for ne commercial page (v) of the	tit in space I (the tion was carried tute basis station report origination cording to its over the reported in comes as assigned to the annel 4 in Washi ation is a networ etwork), "N-M" (for I educational), or the general instruction	both on a substitues, see page (v) of a program services er-the-air designation of the television station of the television station of the television station of the television of the television station of the television of the television station of the television of television of the television of the television of the television of television of the television of television of the television of televis	int and Program Log)—if the itte basis and also on some other ithe general instructions located is such as HBO, ESPN, etc. Identify ion. For example, report multi- is stream separately; for example on for broadcasting over-the-air in may be different from the channel bendent station, or a noncommercial ast), "I" (for independent), "I-M" mmercial educational multicast). e paper SA3 form. s". If not, enter "No". For an ex-	
cable system carried the carried the distant static For the retransmiss of a written agreement the cable system and a tion "E" (exempt). For explanation of these the Column 6: Give the	ave entered "Ye ne distant statio on on a part-tin ion of a distant entered into or a primary transr simulcasts, also ree categories, e location of ear Canadian station	es" in column n during the a ne basis beca multicast stre n or before Ju nitter or an as o enter "E". If see page (v) ch station. Fo ns, if any, give inel line-ups,	4, you must comaccounting period use of lack of act am that is not some 30, 2009, bet association represent the compact of the general in the the name of the	nplete column 5, s d. Indicate by entectivated channel c ubject to a royalty ween a cable syst senting the primary channel on any oth instructions located ist the community e community with	tating the basis on which your bring "LAC" if your cable system apacity. payment because it is the subject em or an association representing y transmitter, enter the designater basis, enter "O." For a further it in the paper SA3 form. to which the station is licensed by the which the station is identifed.	
	1	CHANN	ILL LINL-OF	Al4 (3)		•
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	
WIPB - Weather	49.3	I-M	No		Muncie, Indiana	

PRIMARY TRANSMITTERS: TELEVISION

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

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

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

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

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

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

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

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

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

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

		CHANN	EL LINE-UP	AO	
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION
WMAQ-HD/DT	5.1	N	No		Chicago, Illinois
WMAQ-COZI TV	5.2	I-M	No		Chicago, Illinois
WBBM	12	N	No		Chicago, Illinois
WBBM-HD/DT (Sii	2.1	N-M	No		Chicago, Illinois
WLS	44	N	No		Chicago, Illinois
WLS-HD/DT (Simu	7.1	N-M	No		Chicago, Illinois
WPWR-CW	51	I	No		Gary, Indiana
WPWR-Movies!	50.2	I-M	No		Gary, Indiana
WPWR-Buzzr	50.4	I-M	No		Gary, Indiana
WCPX-HD/DT	38.1	I	No		Chicago, Illinois
WFLD-HD/DT	32.1	I	No		Chicago, Illinois
WTTV-HD/DT (Sim	4.1	N-M	No		Bloomington, Indiana
WYIN-HD/DT	56.1	E-M	No		Gary, Indiana
WYIN-NHK World	56.2	E-M	No		Gary, Indiana

G

Primary Transmitters: Television

PRIMARY TRANSMITTERS: TELEVISION

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

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

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

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

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

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

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

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
WILL	9	Е	No		Urbana, Illinois
WEEK-HD/DT	25.1	N	No		Bloomington, Illinois
WEEK-ABC	25.2	N-M	No		Bloomington, Illinois
WEEK-CW HD	25.3	I-M	No		Bloomington, Illinois
WMBD	30	N	No		Bloomington, Illinois
WMBD-Bounce	31.2	I-M	No		Bloomington, Illinois
WAOE	39	I	No		Bloomington, Illinois
WYZZ	28	I	No		Bloomington, Illinois
WYZZ-Get TV	43.3	I-M	No		Bloomington, Illinois
WTVP	46	Е	No		Peoria, Illinois
WTVP-Create/Wo	r 47.3	E-M	No		Peoria, Illinois

G

Primary Transmitters: Television

PRIMARY TRANSMITTERS: TELEVISION

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

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

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

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

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

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

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

		CHANN	EL LINE-UP	AQ	
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION
WILL	9	E	No		Urbana, Illinois
WEEK-HD/DT	25.1	N	No		Bloomington, Illinois
WEEK-ABC	25.2	N-M	No		Bloomington, Illinois
WEEK-CW HD	25.3	I-M	No		Bloomington, Illinois
WMBD	30	N	No		Bloomington, Illinois
WMBD-Bounce	31.2	I-M	No		Bloomington, Illinois
WAOE	39	I	No		Bloomington, Illinois
WYZZ	28	I	No		Bloomington, Illinois
WYZZ-Get TV	43.3	I-M	No		Bloomington, Illinois
WTVP	46	Е	No		Peoria, Illinois
WTVP-Create/Wo	47.3	E-M	No		Peoria, Illinois

G

Primary Transmitters: Television

PRIMARY TRANSMITTERS: TELEVISION

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

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

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

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

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

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

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

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

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

		CHANN	EL LINE-UP	AR		
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION	
WYIN-HD/DT	56.1	E-M	No		Gary, Indiana	
WYIN-NHK World	56.2	E-M	No		Gary, Indiana	
WMAQ-HD/DT	5.1	N	No		Chicago, Illinois	
WMAQ-COZI TV	5.2	I-M	No		Chicago, Illinois	
WBBM-HD/DT (Si	2.1	N-M	No		Chicago, Illinois	
WBBM-Decades	2.2	I-M	No		Chicago, Illinois	
WLS-HD/DT (Simu	7.1	N-M	No		Chicago, Illinois	
WLS-LivWell	7.2	I-M	No		Chicago, Illinois	
WPWR-CW	51	I	No		Gary, Indiana	
WCPX-HD/DT	38.1	I	No		Chicago, Illinois	
WFLD-HD/DT	32.1	I	No		Chicago, Illinois	
WTTW-HD/DT	11.1	E	No		Chicago, Illinois	
WSNS-HD/DT	44.1	I-M	No		Chicago, Illinois	
WSNS-T-Xitos	44.2	I-M	No		Chicago, Illinois	

G

Primary Transmitters: Television

PRIMARY TRANSMITTERS: TELEVISION

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

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

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

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		CHANN	EL LINE-UP	AS	
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION
WYIN-HD/DT	56.1	E-M	No		Gary, Indiana
WYIN-NHK World	56.2	E-M	No		Gary, Indiana
WMAQ-HD/DT	5.1	N	No		Chicago, Illinois
WMAQ-COZI TV	5.2	I-M	No		Chicago, Illinois
WBBM-HD/DT (Sir	2.1	N-M	No		Chicago, Illinois
WBBM-Decades	2.2	I-M	No		Chicago, Illinois
WLS-HD/DT (Simu	7.1	N-M	No		Chicago, Illinois
WLS-LivWell	7.2	I-M	No		Chicago, Illinois
WPWR-CW	51	I	No		Gary, Indiana
WCPX-HD/DT	38.1	I	No		Chicago, Illinois
WFLD-HD/DT	32.1	I	No		Chicago, Illinois
WFLD-Movies!	32.3	I-M	No		Chicago, Illinois
WFLD-Buzzr	32.4	I-M	No		Chicago, Illinois
WSNS-T-Xitos	44.2	I-M	No		Chicago, Illinois
WFLD-Movies!	32.3	I-M	No		Chicago, Illinois
	32.4	I-M	No		Chicago, Illinois

G

Primary Transmitters: Television

PRIMARY TRANSMITTERS: TELEVISION

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

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

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

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CHANNEL LINE-UP				AT	
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION
WKLE-HD/DT	46	Е	No		Lexington, Kentucky
WDKY-HD/DT	56.1	I	No		Danville, KY
WDKY-Comet	56.2	I-M	No		Danville, KY
WDKY-Charge!	56.3	I-M	No		Danville, KY
WDKY-TBD	56.4	I-M	No		Danville, KY
WKYT-HD/DT	27.1	N	No		Lexington, Kentucky
WKYT-CW	27.2	I-M	No		Lexington, Kentucky
WKYT-Local Rada	27.3	I-M	No		Lexington, Kentucky
WLEX-HD/DT	18.1	N	No		Lexington, Kentucky
WLEX-MeTV	18.2	I-M	No		Lexington, Kentucky
WLEX-Bounce	18.3	I-M	No		Lexington, Kentucky
WTVQ-HD/DT	36.1	N	No		Lexington, Kentucky
WTVQ-My Networ	36.2	I-M	No		Lexington, Kentucky
WTVQ-Justice	36.3	I-M	No		Lexington, Kentucky
WTVQ-Laff	36.4	I-M	No		Lexington, Kentucky
WTVQ-Escape	36.5	I-M	No		Lexington, Kentucky
WTVQ-Quest	36.6	I-M	No		Lexington, Kentucky
WTVQ-Grit	36.7	I-M	No		Lexington, Kentucky

G

Primary Transmitters: Television

LEGAL NAME OF OWN	ER OF CABLE SY	STEM:			SYSTEM ID#				
CMN-RUS, LLC	;				062634	Name			
PRIMARY TRANSMITTE	RS: TELEVISIO	N							
carried by your cable s	ystem during th	ne accounting	period, except (1) stations carried	and low power television stations) d only on a part-time basis under hin network programs [sections	G			
76.59(d)(2) and (4), 76 substitute program bas	6.61(e)(2) and (asis, as explaine	4), or 76.63 (r d in the next p	eferring to 76.61 paragraph.	(e)(2) and (4))]; a	able system on a substitute program	Primary Transmitters: Television			
basis under specifc FC Do not list the station	CC rules, regula here in space	itions, or auth G—but do list	orizations:		ent and Program Log)—if the				
• List the station here,	on was carried only on a substitute basis. e station here, and also in space I, if the station was carried both on a substitute basis and also on some other s. For further information concerning substitute basis stations, see page (v) of the general instructions located								
Column 1: List each multicast stream	ch station's call associated with	n a station acc	cording to its ove	r-the-air designat	s such as HBO, ESPN, etc. Identify ion. For example, report multi-				
WETA-simulcast).			·	•	n stream separately; for example on for broadcasting over-the-air in				
on which your cable sy	stem carried th	e station.		•	may be different from the channel pendent station, or a noncommercial				
	cast), "E" (for no	oncommercial	educational), or	"E-M" (for nonco	ast), "I" (for independent), "I-M" mmercial educational multicast).				
Column 4: If the standard planation of local servi	ation is outside ce area, see pa	the local servage (v) of the	rice area, (i.e. "d general instructio	istant"), enter "Ye ons located in the	s". If not, enter "No". For an ex- paper SA3 form.				
	ne distant statio	n during the a	accounting period	d. Indicate by ente	ering the basis on which your ering "LAC" if your cable system eapacity.				
of a written agreement	entered into or	n or before Ju	ne 30, 2009, bet	ween a cable sys	payment because it is the subject tem or an association representing y transmitter, enter the designa-				
tion "E" (exempt). For sexplanation of these th	simulcasts, also ree categories,	enter "E". If y see page (v)	you carried the c of the general ir	channel on any otl instructions located	ner basis, enter "O." For a further d in the paper SA3 form. to which the station is licensed by the				
	Canadian statio	ns, if any, give	e the name of the	e community with	which the station is identifed.				
		CHANN	EL LINE-UP	AT (2)					
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				
WUPX-lon	67.1	I	No	(II Blotalit)	Richmond, KY				
WUPX-Qubo	67.2	I-M	No	•	Richmond, KY				
WUPX-Ion Life	67.3	I-M	No		Richmond, KY				

PRIMARY TRANSMITTERS: TELEVISION

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

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

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

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

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

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

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

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

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

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

		CHANN	EL LINE-UP	AU	
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
KGCW-DT	26.1	I	No		Burlington, IA
KGCW-This TV	26.2	I-M	No		Burlington, IA
KGCW-Laff	26.3	I-M	No		Burlington, IA
KGCW-Bounce T\	26.4	I-M	No		Burlington, IA
KIIN-HD/DT	12.1	Е	No		lowa City, IA
KIIN-PBS Kids	12.2	E-M	No		lowa City, IA
KIIN-World	12.3	E-M	No		lowa City, IA
KIIN-Create	12.4	E-M	No		lowa City, IA
KLJB-HD/DT	18.1	I	No		Davenport, IA
KLJB-Me TV	18.2	I-M	No		Davenport, IA
KWQC-HD/DT	6.1	N	No		Davenport, IA
KWQC-ION	6.2	I-M	No		Davenport, IA
KWQC-Cozi TV	6.3	I-M	No		Davenport, IA
KWQC-H&I	6.4	I-M	No		Davenport, IA
WHBF-HD/DT	4.1	N	No		Rock Island, IL
WHBF-Grit	4.3	I-M	No		Rock Island, IL
WHBF-Court TV N	4.4	I-M	No		Rock Island, IL
WQAD-HD/DT	8.1	N			Moline, IL

G

Primary Transmitters: Television

FORM SA3E. PAGE 3.						NG PERIOD: 2023/2
LEGAL NAME OF OWNE	ER OF CABLE SY	STEM:			SYSTEM ID# 062634	Name
CMN-RUS, LLC	DC. TELEVISIO	<u> </u>			002034	
carried by your cable sy FCC rules and regulation	6, identify every ystem during th ons in effect or	television sta e accounting June 24, 198	period, except (31, permitting the	1) stations carried e carriage of certa	and low power television stations) only on a part-time basis under in network programs [sections nd (2) certain stations carried on a	G Primary
substitute program bas Substitute Basis S				carried by your ca	able system on a substitute program	Transmitters: Television
basis under specifc FC	C rules, regula	tions, or autho	orizations:		nt and Program Log)—if the	Television
basis. For further inf in the paper SA3 for	and also in spa formation conc m.	ce I, if the state erning substite	ute basis station	s, see page (v) of	tte basis and also on some other the general instructions located	
		-			s such as HBO, ESPN, etc. Identify on. For example, report multi-	
cast stream as "WETA- WETA-simulcast).	-2". Simulcast	streams must	be reported in c	olumn 1 (list each	stream separately; for example	
	e. For example	, WRC is Cha	-		on for broadcasting over-the-air in may be different from the channel	
					pendent station, or a noncommercial	
					nst), "I" (for independent), "I-M" mmercial educational multicast).	
	ation is outside	the local serv	ice area, (i.e. "d	istant"), enter "Yes	s". If not, enter "No". For an ex-	
planation of local service Column 5: If you ha					paper SA3 form. tating the basis on which your	
•		•	٠.	•	ering "LAC" if your cable system	
carried the distant station For the retransmissi	-				payment because it is the subject	
•				•	em or an association representing / transmitter, enter the designa-	
,			•	•	ner basis, enter "O." For a further	
					I in the paper SA3 form. to which the station is licensed by the	
					which the station is identifed.	
Note: If you are utilizing	g multiple chan	nel line-ups, ı	use a separate s	space G for each o	channel line-up.	
		CHANN	EL LINE-UP	AU (2)		
1. CALL	2. B'CAST	3. TYPE	4. DISTANT?	5. BASIS OF	6. LOCATION OF STATION	
SIGN	CHANNEL NUMBER	OF STATION	(Yes or No)	CARRIAGE (If Distant)		
WQAD-Antenna T	8.2	I-M	No	(ii Biotaint)	Moline, IL	
WQAD-MyNetworl	8.3	I-M	No		Moline, IL	
WQAD-True Crime	8.4	I-M	No		Moline, IL	
WQPT-HD/DT	24.1	E	No		Moline, IL	
WQPT-Deutsche V	24.2	E-M	No		Moline, IL	
			No			
			No			
			No			
			No			
			No			
	••••••		No			
			No		-	
			No			
			No		-	
			No			
			No			
	i e	I	l No			

PRIMARY TRANSMITTERS: TELEVISION

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

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

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

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

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

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

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

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

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

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

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

		CHANN	EL LINE-UP	AV	
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION
KAAL-HD/DT	6.1	N	No		Austin, MN
KAAL-This TV	6.2	I-M	No		Austin, MN
KIMT-HD/DT	3.1	N	No		Mason City, IA
KIMT-MyNetwork	3.2	I-M	No		Mason City, IA
KIMT-ION	3.3	I-M	No		Mason City, IA
KIMT-Antenna	3.4	I-M	No		Mason City, IA
KSMQ-HD/DT	15.1	E	No		Austin, MN
KSMQ-Worldview	15.2	E-M	No		Austin, MN
KSMQ-Create	15.3	E-M	No		Austin, MN
KSMQ-MN Chann	15.4	E-M	No		Austin, MN
KTTC-HD/DT	10.1	N	No		Rochester, MN
KTTC-CW	10.2	I-M	No		Rochester, MN
KTTC-H&I	10.3	I-M	No		Rochester, MN
KTTC-Court TV	10.4	I-M	No		Rochester, MN
KTTC-Justice	10.5	I-M	No		Rochester, MN
KXLT-HD/DT	47.1	I	No		Rochester, MN
KXLT-Me TV	47.2	I-M	No		Rochester, MN
KXLT-Laff	47.3	I-M			Rochester, MN

G

Primary Transmitters: Television

FORM SA3E. PAGE 3.					ACCOUNT	NG PERIOD: 2023/2
LEGAL NAME OF OWN		STEM:			SYSTEM ID#	Name
CMN-RUS, LLC					062634	
	6, identify every	television sta	, ,		and low power television stations) only on a part-time basis under	G
FCC rules and regulation	ons in effect on	June 24, 198	31, permitting the	e carriage of certa	in network programs [sections	
76.59(d)(2) and (4), 76 substitute program bas	. , . ,	,.	•	(e)(2) and (4))]; a	nd (2) certain stations carried on a	Primary Transmitters:
Substitute Basis S	stations: With r	espect to any	distant stations	carried by your ca	able system on a substitute program	Television
 basis under specifc FC Do not list the station station was carried 	here in space (G—but do list		Special Stateme	nt and Program Log)—if the	
List the station here, a	and also in spac formation conc	ce I, if the stat			tte basis and also on some other the general instructions located	
		sign. Do not r	eport origination	program services	s such as HBO, ESPN, etc. Identify	
			•	•	on. For example, report multi- stream separately; for example	
its community of licens	e. For example	, WRC is Cha	-		on for broadcasting over-the-air in may be different from the channel	
	in each case w	hether the sta			pendent station, or a noncommercial	
					est), "I" (for independent), "I-M" mmercial educational multicast).	
For the meaning of the	se terms, see p	age (v) of the	general instruc	tions located in the	e paper SA3 form.	
planation of local service	ce area, see pa	ge (v) of the g	general instruction	ons located in the	s". If not, enter "No". For an ex- paper SA3 form. tating the basis on which your	
•		•	٠.	•	ering "LAC" if your cable system	
carried the distant stati	-				payment because it is the subject	
•				•	em or an association representing / transmitter, enter the designa-	
tion "E" (exempt). For s	simulcasts, also	enter "E". If	ou carried the c	channel on any oth	ner basis, enter "O." For a further	
					I in the paper SA3 form. to which the station is licensed by the	
		. , ,		•	which the station is identifed.	
Note: If you are utilizin	g multiple chan		•		channel line-up.	
			EL LINE-UP	. ,		
1. CALL SIGN	2. B'CAST CHANNEL	3. TYPE OF	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE	6. LOCATION OF STATION	
SIGIN	NUMBER	STATION	,	(If Distant)		
KXLT-Escape	47.4	I-M	No		Rochester, MN	
KXLT-Quest	47.5	I-M	No		Rochester, MN	
KYIN-HD/DT	18.1	E	No		Mason City, IA	
KYIN-PBS Kids	18.2	E-M	No		Mason City, IA	
KYIN-World	18.3	E-M	No		Mason City, IA	
KYIN-Create	18.4	E-M	No		Mason City, IA	
					-	

PRIMARY TRANSMITTERS: TELEVISION

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

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

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

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

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

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

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

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

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

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

		CHANN	EL LINE-UP	AW	
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION
KCCI-HD/DT	8.1	N	No		Des Moines, IA
KCCI-Me TV	8.2	I-M	No		Des Moines, IA
KCCI-MyNetwork	8.3	I-M	No		Des Moines, IA
KCWI-CW	23.1	I-M	No		Des Moines, IA
KCWI-Court TV M	23.2	I-M	No		Des Moines, IA
KCWI-Bounce TV	23.3	I-M	No		Des Moines, IA
KCWI-Quest	23.4	I-M	No		Des Moines, IA
KDIN-HD/DT	11.1	Е	No		Des Moines, IA
KDIN-PBS Kids	11.2	E-M	No		Des Moines, IA
KDIN-World	11.3	E-M	No		Des Moines, IA
KDIN-Create	11.4	E-M	No		Des Moines, IA
KDSM-HD/DT	17.1	N	No		Des Moines, IA
KDSM-Comet	17.2	I-M	No		Des Moines, IA
KDSM-Charge!	17.3	I-M	No		Des Moines, IA
KDSM-TBD	17.4	I-M	No		Des Moines, IA
KFPX-HD/DT	39.1	I-M	No		Newton, IA
WHO-HD/DT	13.1	N	No		Des Moines, IA
WHO-Weather	13.2	I-M	No		Des Moines, IA

G

Primary Transmitters: Television

FORM SA3E. PAGE 3.					ACCOUNT	ING PERIOD: 2023/2
LEGAL NAME OF OWN	ER OF CABLE SY	STEM:			SYSTEM ID#	Name
CMN-RUS, LLC					062634	Nume
PRIMARY TRANSMITTE	RS: TELEVISIOI	N				
carried by your cable s FCC rules and regulati 76.59(d)(2) and (4), 76 substitute program bas	ystem during the ons in effect on .61(e)(2) and (4 is, as explained	ne accounting n June 24, 198 4), or 76.63 (re d in the next p	period, except (81, permitting the eferring to 76.61 aragraph.	1) stations carried e carriage of certa (e)(2) and (4))]; ar	and low power television stations) only on a part-time basis under in network programs [sections nd (2) certain stations carried on a	G Primary Transmitters: Television
basis under specifc FC Do not list the station	C rules, regula here in space (itions, or autho G—but do list	orizations:		nt and Program Log)—if the	1 Giovidio.
basis. For further in in the paper SA3 for	and also in spar formation conc rm.	ce I, if the stat erning substitu	ute basis station	s, see page (v) of	te basis and also on some other the general instructions located	
each multicast stream a cast stream as "WETA WETA-simulcast).	associated with -2". Simulcast s	a station acc streams must	ording to its ove be reported in c	r-the-air designati olumn 1 (list each	such as HBO, ESPN, etc. Identify on. For example, report multi- stream separately; for example	
its community of licens on which your cable sy	e. For example stem carried th	e, WRC is Cha e station.	annel 4 in Washi	ington, D.C. This r	on for broadcasting over-the-air in may be different from the channel pendent station, or a noncommercial	
(for independent multic For the meaning of the	ast), "E" (for no se terms, see p	oncommercial page (v) of the	educational), or general instruct	"E-M" (for noncor tions located in the	st), "I" (for independent), "I-M" mmercial educational multicast). e paper SA3 form. s". If not, enter "No". For an ex-	
planation of local service Column 5: If you hat cable system carried the	ce area, see pa ave entered "Ye ne distant statio	nge (v) of the ges" in column on during the a	general instruction 4, you must completed period	ons located in the aplete column 5, st d. Indicate by ente	paper SA3 form. ating the basis on which your ring "LAC" if your cable system	
of a written agreement the cable system and a tion "E" (exempt). For s explanation of these th	ion of a distant entered into on primary transr simulcasts, also ree categories,	multicast stre n or before Jur mitter or an as o enter "E". If y see page (v)	am that is not sume 30, 2009, bethe sociation represed to carried the conferral in	ubject to a royalty possessible systems a cable systems are primary thannel on any othestructions located	payment because it is the subject em or an association representing r transmitter, enter the designa- er basis, enter "O." For a further in the paper SA3 form.	
	Canadian station	ns, if any, give	the name of the	e community with	to which the station is licensed by the which the station is identifed. channel line-up.	
		CHANN	EL LINE-UP	AW (2)		
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	
WHO-Antenna TV	13.3	I-M	No		Des Moines, IA	
WHO-Court TV	13.4	I-M	No		Des Moines, IA	
WOI-HD/DT	5.1	N	No		Des Moines, IA	
WOI-Laff	5.2	I-M	No		Des Moines, IA	
WOI-Grit	5.3	I-M	No		Des Moines, IA	
WOI-Cozi TV	5.4	I-M	No		Des Moines, IA	

PRIMARY TRANSMITTERS: TELEVISION

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

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

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

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

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

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

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

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

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

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

		CHANN	EL LINE-UP	AX	
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION
WDTN-HD/DT	2.1	N	No		Dayton, OH
WDTN-Court TV M	2.2	I-M	No		Dayton, OH
WHIO-HD/DT	7.1	N	No		Dayton, OH
WHIO-MeTV	7.2	I-M	No		Dayton, OH
WHIO-Laff	7.3	I-M	No		Dayton, OH
WKEF-HD/DT	22.1	N	No		Dayton, OH
WKEF-Fox	22.2	N-M	No		Dayton, OH
WKEF-Antenna T\	22.3	I-M	No		Dayton, OH
WKOI-lon	43.1	I-M	No		Richmond, IN
WPTD-HD/DT	16.1	E	No		Dayton, OH
WPTD-Again	16.2	E-M	No		Dayton, OH
WPTD-Life	16.3	E-M	No		Dayton, OH
WPTD-Ohio Chan	16.4	E-M	No		Dayton, OH
WRGT-HD/DT	45.1	I-M	No		Dayton, OH
WRGT-Comet	45.3	I-M	No		Dayton, OH
WRGT-Charge!	45.4	I-M	No		Dayton, OH

G

Primary Transmitters: Television

PRIMARY TRANSMITTERS: TELEVISION

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

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

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

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

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

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

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

		CHANN	EL LINE-UP	AY		
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	
WILX-HD/DT	10.1	N	No		Lansing, MI	
WILX-Circle	10.3	I-M	No		Lansing, MI	
WILX-Antenna TV	10.5	I-M	No		Lansing, MI	
WILX-True Crime	10.6	I-M	No		Lansing, MI	
WKAR-HD/DT	23.1	Е	No		Lansing, MI	
WKAR-World	23.2	E-M	No		Lansing, MI	
WKAR-Create	23.3	E-M	No		Lansing, MI	
WKAR-PBS Kids	23.4	E-M	No		Lansing, MI	
WLAJ-HD/DT	53.1	N	No		Lansing, MI	
WLAJ-CW	53.2	I-M	No		Lansing, MI	
WLNS-HD/DT	6.1	N	No		Lansing, MI	
WSYM-HD/DT	47.1	N	No		Lansing, MI	
WSYM-MeTV	47.2	I-M	No		Lansing, MI	
WSYM-Bounce TV	47.3	I-M	No		Lansing, MI	
WSYM-My Networ	47.4	I-M	No		Lansing, MI	
WSYM-Court TV	47.5	I-M	No		Lansing, MI	

G

Primary Transmitters: Television

PRIMARY TRANSMITTERS: TELEVISION

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

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

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

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

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

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

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

		CHANN	EL LINE-UP	AZ	
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
WCTV-HD/DT	6.1	N	No		Tallahassee, FL
WCTV-MeTV	6.2	I-M	No		Tallahassee, FL
WCTV-Circle	6.3	I-M	No		Tallahassee, FL
WCTV-True Crime	6.5	I-M	No		Tallahassee, FL
WFSU-HD/DT	11.1	E	No		Tallahassee, FL
WFSU-The Florida	11.2	E-M	No		Tallahassee, FL
WFSU-Create	11.3	E-M	No		Tallahassee, FL
WFSU-PBS Kids	11.4	E-M	No		Tallahassee, FL
WTWC-HD/DT	40.1	N	No		Tallahassee, FL
WTWC-Charge	40.3	I-M	No		Tallahassee, FL
WTXL-HD/DT	27.1	N	No		Tallahassee, FL
WTXL-Bounce TV	27.2	I-M	No		Tallahassee, FL
WTXL-Grit	27.3	I-M	No		Tallahassee, FL
WTXL-Court TV M	27.4	I-M	No		Tallahassee, FL

G

Primary Transmitters: Television

PRIMARY TRANSMITTERS: TELEVISION

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

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

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

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

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

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

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

		CHANN	EL LINE-UP	BA	
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
KARE-HD/DT	11.1	N	No		Minneapolis-St Paul, MN
KARE-Court TV	11.2	I-M	No		Minneapolis-St Paul, MN
KARE-True Crime	11.3	I-M	No No		Minneapolis-St Paul, MN
KARE-Quest	11.4	I-M			Minneapolis-St Paul, MN
KARE-Circle	11.5	I-M	No		Minneapolis-St Paul, MN
KMSP-HD/DT	9.9	N	No		Minneapolis-St Paul, MN
KMSP-Buzzr	9.4	I-M	No		Minneapolis-St Paul, MN
KMSP-The Grio T	9.5	I-M	No		Minneapolis-St Paul, MN
KMSP-Decades	9.6	I-M	No		Minneapolis-St Paul, MN
KSTC-HD/DT	5.2	N	No		Minneapolis-St Paul, MN
KSTC-MeTV	5.3	I-M	No		Minneapolis-St Paul, MN
KSTC-Antenna T\	5.4	I-M	No		Minneapolis-St Paul, MN
KSTC-This TV	5.5	I-M	No		Minneapolis-St Paul, MN
KSTP-HD/DT	5.1	N	No		Minneapolis-St Paul, MN
KSTP-Heros & Ico	5.7	I-M	No		Minneapolis-St Paul, MN
WCCO-HD/DT	4.1	N	No		Minneapolis-St Paul, MN
WCCO-Start TV	4.2	I-M	No		Minneapolis-St Paul, MN
WCCO-Dabl	4.3	I-M	No		Minneapolis-St Paul, MN

G

Primary Transmitters: Television

FORM SA3E. PAGE 3.					ACCOUNT	ING PERIOD: 2023
LEGAL NAME OF OWN	ER OF CABLE SY	STEM:			SYSTEM ID#	Nama
CMN-RUS, LLC	;				062634	Name
PRIMARY TRANSMITTE	RS: TELEVISIO	N				
In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59[d)(2) and (4), 76.61 (e)(2) and (4), 76.63 (fe)(2) and (4), 76.63 (fe)(2) and (4)), 76.63 (fe)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specife FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "F" (for in						
Note: If you are utilizing		. ,		•		
		CHANN	EL LINE-UP	ВА		
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	
WFTC-HD/DT	9.1	N	No		Minneapolis-St Paul, MN	
WFTC-Movies	9.3	I-M	No		Minneapolis-St Paul, MN	
WUCW-HD/DT	23.1	I	No		Minneapolis-St Paul, MN	
WUCW-Comet	23.2	I-M	No		Minneapolis-St Paul, MN	
WUCW-Charge!	23.3	I-M	No		Minneapolis-St Paul, MN	
WUCW-TBD	23.4	I-M	No		Minneapolis-St Paul, MN	
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PRIMARY TRANSMITTERS: TELEVISION

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

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

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

		CHANN	EL LINE-UP	ВВ	
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
KGCW-DT	26.1	I	No		Burlington, IA
KGCW-This TV	26.2	I-M	No		Burlington, IA
KGCW-Laff	26.3	I-M	No		Burlington, IA
KIIN-Create	12.4	E-M	No		Iowa City, IA
KLJB-HD/DT	18.1	I	No		Davenport, IA
KLJB-Me TV	18.2	I-M	No		Davenport, IA
KWQC-HD/DT	6.1	N	No		Davenport, IA
KWQC-Cozi TV	6.3	I-M	No		Davenport, IA
KWQC-H&I	6.4	I-M	No		Davenport, IA
KWQC-Start TV	6.5	I-M	No		Davenport, IA
KWQC-Circle	6.6	I-M	No		Davenport, IA
WHBF-HD/DT	4.1	N	No		Rock Island, IL
WHBF-Grit	4.3	I-M	No		Rock Island, IL
WHBF-Court TV N	4.4	I-M	No		Rock Island, IL
WQAD-HD/DT	8.1	N	No		Moline, IL
WQAD-Antenna T	8.2	I-M	No		Moline, IL
WQAD-MyNetwor	8.3	I-M	No		Moline, IL
WQAD-True Crim	8.4	I-M	No		Moline, IL

G

Primary Transmitters: Television

FORM SA3E. PAGE 3.	ED OF CARLE SV	OTEM.			SYSTEM ID#				
CMN-RUS, LLC		STEM:			062634	Name			
PRIMARY TRANSMITTE	RS: TELEVISIO	N							
carried by your cable s FCC rules and regulati 76.59(d)(2) and (4), 76 substitute program bas	eneral: In space G, identify every television station (including translator stations and low power television stations) and by your cable system during the accounting period, except (1) stations carried only on a part-time basis under rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections of proceedings of the carriage of certain network programs [sections of proceedings of the carriage of the carriage of the carriage of certain network programs [sections of proceedings of the carriage of the car								
basis under specifc FC Do not list the station station was carried List the station here, basis. For further in in the paper SA3 fo Column 1: List eac each multicast stream cast stream as "WETA WETA-simulcast). Column 2: Give the its community of licens on which your cable sy Column 3: Indicate educational station, by (for independent multic For the meaning of the Column 4: If the st planation of local servi Column 5: If you he cable system carried th carried the distant stati For the retransmiss of a written agreement the cable system and a tion "E" (exempt). For e explanation of these th Column 6: Give the	CC rules, regular here in space only on a substand also in spation and also in spation and also in spation and also in spation associated with a spation and a section a partition of a distant entered into or a primary transis in location of ea Canadian station associated with the interest of the control of a distant entered into or a primary transis simulcasts, also a canadian station of a distant entered into or a primary transis simulcasts, also a canadian station of a distant entered into or a primary transis simulcasts, also a canadian station of ea Canadian station of a distant entered into or a primary transis simulcasts, also a canadian station of a canadian station of a canadian station of a distant entered into or a primary transis simulcasts, also a canadian station of a distant entered into or a primary transis simulcasts, also a canadian station of a distant entered into or a primary transis simulcasts, also a canadian station of a distant entered into or a primary transis simulcasts, also a canadian station of a distant entered into or a primary transis simulcasts, also a canadian station of a distant entered into or a primary transis simulcasts, also a canadian station of a distant entered into or a primary transis simulcasts, also a canadian station of a distant entered into or a primary transis simulcasts, also a canadian station of a distant entered into or a primary transis simulcasts, also a canadian station of a distant entered into or a primary transis simulcasts, also a canadian station of a distant entered into or a primary transis simulcasts.	ations, or auth- G—but do list itute basis. ce I, if the sta erning substit sign. Do not r n a station acc streams must per the FCC h a, WRC is Cha e station. whether the stater "N" (for ne concommercial coage (v) of the state (v) of the station on during the a me basis beca multicast stre n or before Ju mitter or an as of enter "E". If see page (v) ch station. Fo ns, if any, give	orizations: it in space I (the i	both on a substitus, see page (v) or a program service er-the-air designar column 1 (list each the television statington, D.C. This like station, an indefer network multicer "E-M" (for noncettions located in the plete column 5, s.d. Indicate by enticivated channel or dubject to a royalty ween a cable systematical on any other tructions located in the plete column 5, s.d. Indicate by enticivated channel or any other tructions locate is the community with	ent and Program Log)—if the ute basis and also on some other if the general instructions located is such as HBO, ESPN, etc. Identify ition. For example, report multi- in stream separately; for example ion for broadcasting over-the-air in imay be different from the channel expendent station, or a noncommercial ast), "I" (for independent), "I-M" commercial educational multicast). The paper SA3 form. The paper SA3 form. The stating the basis on which your tering "LAC" if your cable system capacity. To payment because it is the subject term or an association representing The transmitter, enter the designa- ther basis, enter "O." For a further d in the paper SA3 form. To which the station is licensed by the To which the station is identifed.	Television			
<u> </u>		CHANN	IEL LINE-UP	ВВ					
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				
WQPT-HD/DT	24.1	E	No		Moline, IL				
WQPT-Deutsche	24.2	E-M	No		Moline, IL				
WUPX-Ion	67.1		Yes	0	Richmond, KY				

G

Primary

Transmitters:

Television

SYSTEM ID# LEGAL NAME OF OWNER OF CARLE SYSTEM Name 062634 CMN-RUS, LLC

PRIMARY TRANSMITTERS: TELEVISION

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

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

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

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

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

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

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

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

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

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

		CHANN	EL LINE-UP	ВС			
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		
WLFL-HD/TV	22.1	I	No		Raleigh, NC		
WLFL-Stadium	22.2	I-M	No		Raleigh, NC		
WLFL-TBD	22.3	I-M	No		Raleigh, NC		
WLFL-Antenna TV	22.4	I-M	No		Raleigh, NC		
WNCN-HD/TV	17.1	N	No		Goldsboro, NC		
WNCN-Rewind TV	17.2	I-M	No		Goldsboro, NC		
WNCN-Grit	17.3	I-M	No		Goldsboro, NC		
WNCN-Circle	17.4	I-M	No		Goldsboro, NC		
WRAL-HD/TV	5.1	N	No		Raleigh, NC		
WRAL-Cozi	5.2	I-M	No		Raleigh, NC		
WRAL-Start TV	5.3	I-M	No		Raleigh, NC		
WRAZ-HD/TV	50.1	N	No		Raleigh, NC		
WRAZ-MeTV	50.2	I-M	No		Raleigh, NC		
WRAZ-Dabl	50.3	I-M	No		Raleigh, NC		
WRDC-MyNetworl	28.1	I	No		Durham, NC		
WRDC-Charge!	28.2	I-M	No		Durham, NC		
WRDC-Comet	28.3	I-M	No		Durham, NC		
WTVD-HD/TV	11.1	N	No		Durham, NC		

LEGAL NAME OF OWN	IER OF CABLE SY	STEM:			SYSTEM ID#	Name		
CMN-RUS, LLC					062634	Name		
PRIMARY TRANSMITTE	RS: TELEVISIO	N						
					and low power television stations)	G		
	able system during the accounting period, except (1) stations carried only on a part-time basis under egulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 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							
•	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							
	gram basis, as explained in the next paragraph. Basis Stations: With respect to any distant stations carried by your cable system on a substitute program							
basis under specifc FC	fc FCC rules, regulations, or authorizations: ation here in space G—but do list it in space I (the Special Statement and Program Log)—if the rried only on a substitute basis.							
	the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the as carried only on a substitute basis.							
basis. For further in	nformation conc				ute basis and also on some other fthe general instructions located			
in the paper SA3 fo		sian. Do not r	eport origination	program service	s such as HBO, ESPN, etc. Identify			
		-			ion. For example, report multi-			
cast stream as "WETA NETA-simulcast).	\-2". Simulcast s	streams must	be reported in o	column 1 (list each	n stream separately; for example			
ts community of licens	se. For example	e, WRC is Cha	U		on for broadcasting over-the-air in may be different from the channel			
on which your cable sy Column 3: Indicate			ation is a networ	rk station, an inde	pendent station, or a noncommercial			
					ast), "I" (for independent), "I-M"			
•	,		,.	•	mmercial educational multicast).			
For the meaning of the Column 4: If the st					e paper SA3 form. s". If not, enter "No". For an ex-			
olanation of local servi	ice area, see pa	age (v) of the	general instructi	ons located in the	paper SA3 form.			
•			•	-	stating the basis on which your			
cable system carried the carried the carried the distant state		-		•	ering "LAC" if your cable system			
	-				payment because it is the subject			
•				•	tem or an association representing			
					y transmitter, enter the designa- ner basis, enter "O." For a further			
explanation of these th	ree categories,	see page (v)	of the general ir	nstructions located	d in the paper SA3 form.			
				•	to which the station is licensed by the			
Note: If you are utilizir				•	which the station is identifed.			
•			EL LINE-UP		'			
1. CALL	2. B'CAST	3. TYPE	4. DISTANT?	5. BASIS OF	6. LOCATION OF STATION			
SIGN	CHANNEL	OF	(Yes or No)	CARRIAGE	6. EGGATION OF GTATION			
	NUMBER	STATION	,	(If Distant)				
WTVD-Localish	11.2	I-M	No		Durham, NC			
WTVD-ThisTV	11.3	I-M	No		Durham, NC			
WUPX-lon	67.1	ı	Yes	0	Richmond, KY			
WUNU-HD/TV	31	Е	No		Fayetteville, NC			
			No					
			No					
			No					
			No					
			No					
			No					
			No					
			No No					
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			No					
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No

ACCOUNTING PERIOD: 2023/2 FORM SA3E. PAGE 4.

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name 062634 CMN-RUS. LLC PRIMARY TRANSMITTERS: RADIO Н In General: List every radio station carried on a separate and discrete basis and list those FM stations carried on an all-band basis whose signals were "generally receivable" by your cable system during the accounting period. **Primary** Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally Transmitters: receivable if (1) it is carried by the system whenever it is received at the system's headend, and (2) it can be expected, Radio on the basis of monitoring, to be received at the headend, with the system's FM antenna, during certain stated intervals. For detailed information about the the Copyright Office regulations on this point, see page (vi) of the general instructions located in the paper SA3 form. Column 1: Identify the call sign of each station carried. Column 2: State whether the station is AM or FM. Column 3: If the radio station's signal was electronically processed by the cable system as a separate and discrete signal, indicate this by placing a check mark in the "S/D" column. Column 4: Give the station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified). CALL SIGN LOCATION OF STATION CALL SIGN LOCATION OF STATION AM or FM S/D AM or FM S/D

FURM SAJE. PAGE 5.						ACCOUNTING	1 PERIOD: 2023/2		
LEGAL NAME OF OWNER OF CMN-RUS, LLC	CABLE SYST	EM:			\$	062634	Name		
SUBSTITUTE CARRIAGE	E: SPECIA	L STATEME	NT AND PROGRAM LOC						
In General: In space I, identify every nonnetwork television program broadcast by a distant station that your cable system carried on a substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a further explanation of the programming that must be included in this log, see page (v) of the general instructions located in the paper SA3 form.									
1. SPECIAL STATEMENT							Carriage: Special		
• During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program broadcast by a distant station? Yes XNo									
Note: If your answer is "No log in block 2.			ge blank. If your answer is	"Yes," you m	ust complete the progra	m			
2. LOG OF SUBSTITUTE In General: List each subs			ate line. I lee abbreviations	wherever no	ssible if their meaning is	2	I		
clear. If you need more spa				wherever po	ssible, if their meaning is	•	1		
Column 1: Give the title	of every no	nnetwork telev	ision program (substitute p						
period, was broadcast by a under certain FCC rules, re SA3 form for futher informa titles, for example, "I Love I	gulations, o tion. Do no	r authorization ot use general o	s. See page (vi) of the ger categories like "movies", o	eral instructi	ons located in the paper				
Column 2: If the program Column 3: Give the call	n was broad sign of the s	dcast live, ente station broadca	er "Yes." Otherwise enter "I asting the substitute progra he community to which the	am.	ensed by the FCC or in				
the case of Mexican or Can	adian statio	ons, if any, the	community with which the	station is ide	entified).				
first. Example: for May 7 give		when your sys	tem carried the substitute	program. Us	e numerals, with the mo	nth			
Column 6: State the tim to the nearest five minutes.			ogram was carried by your			ely			
stated as "6:00–6:30 p.m."	Example. a	a program cam	ed by a system nom o.o r.	15 p.111. to 6.	26.30 p.m. should be		1		
Column 7: Enter the lett to delete under FCC rules a			was substituted for progra			ed			
gram was substituted for pr							1		
effect on October 19, 1976.									
S	UBSTITUT	E PROGRAM	1	1	EN SUBSTITUTE	7. REASON			
TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. TIMES FROM — TO	FOR DELETION			
					_				
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ACCOUNTING PERIOD: 2023/2 FORM SA3E. PAGE 6.

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 062634 CMN-RUS. LLC 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 parttime carriage due to lack of activated channel capacity, you are required to complete this log giving the total dates and hours your system carried that station. If you need more space, please attach additional pages. Column 1 (Call sign): Give the call sign of every distant station whose basis of carriage you identified by "LAC" in Part-Time column 5 of space G. Carriage Column 2 (Dates and hours of carriage): For each station, list the dates and hours when part-time carriage oc-Log curred during the accounting period. Give the month and day when the carriage occurred. Use numerals, with the month first. Example: for April 10 give State the starting and ending times of carriage to the nearest quarter hour. In any case where carriage ran to the end of the television station's broadcast day, you may give an approximate ending hour, followed by the abbreviation "app." Example: "12:30 a.m.- 3:15 a.m. app." You may group together any dates when the hours of carriage were the same. Example: "5/10-5/14, 6:00 p.m.-12:00 p.m.' DATES AND HOURS OF PART-TIME CARRIAGE WHEN CARRIAGE OCCURRED WHEN CARRIAGE OCCURRED **CALL SIGN CALL SIGN** HOURS HOURS DATE FROM то DATE FROM TO

	L NAME OF OWNER OF CABLE SYSTEM: N-RUS, LLC			SYSTEM ID# 062634	Mama			
Inst all a (as i page	OSS RECEIPTS ructions: The figure you give in this space determines the form you fle and the amount y mounts (gross receipts) paid to your cable system by subscribers for the system's secondentifed in space E) during the accounting period. For a further explanation of how to core (vii) of the general instructions. Gross receipts from subscribers for secondary transmission service(s) during the accounting period. DRTANT: You must complete a statement in space P concerning gross receipts.	dary tra	nsmissio	on service	K 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. If part 8 or part 9, block A, of the DSE schedule was completed, the base rate fee should be entered on line 1 of								
▶ If pa 3 be ▶ If pa	x 3 below. rt 6 of the DSE schedule was completed, the amount from line 7 of block C should be en low. rt 7 or part 9, block B, of the DSE schedule was completed, the surcharge amount should block 4 below.							
1	MINIMUM FEE: All cable systems with semiannual gross receipts of \$527,600 or more are required to pay at							
	This is your minimum fee. DISTANT TELEVISION STATIONS CARRIED: Your answer here must agree with the in space G. If, in space G, you identifed any stations as "distant" by stating "Yes" in column "Yes" in this block. • Did your cable system carry any distant television stations during the accounting period XX Yes—Complete the DSE schedule. No—Leave block 3 below blank and co	4, you !?	must che	eck				
Block 3	Line 1. BASE RATE FEE: Enter the base rate fee from either part 8, section 3 or 4, or part 9, block A of the DSE schedule. If none, enter zero Line 2. 3.75 Fee: Enter the total fee from line 7, block C, part 6 of the DSE		\$	8,393.44				
	schedule. If none, enter zero Line 3. Add lines 1 and 2 and enter here	\$		8,393.44				
4	Line 1. BASE RATE FEE/3.75 FEE or MINIMUM FEE: Enter either the minimum fee from block 1 or the sum of the base rate fee / 3.75 fee from block 3, line 3, whichever is larger Line 2. SYNDICATED EXCLUSIVITY SURCHARGE: Enter the fee from either part 7		\$	59,497.14	Cable systems			
	(block D, section 3 or 4) or part 9 (block B) of the DSE schedule. If none, enter zero. Line 3. INTEREST CHARGE: Enter the amount from line 4, space Q, page 9 (Interest Worksheet)			0.00	additional deposits under Section 111(d)(7) should contact the Licensing			
	Line 4. FILING FEE TOTAL ROYALTY AND FILING FEES DUE FOR ACCOUNTING PERIOD.		\$	725.00	additional fees. Division for the appropriate			
	Add Lines 1, 2 and 3 of block 4 and enter total here	\$ ee page	e (i) of the	60,222.14	form for submitting the additional fees.			

ACCOUNTING PERIOD: 2023/2
FORM SA3E PAGE 8

Name		STEM ID# 062634								
M Channels	CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations to its subscribers and (2) the cable system's total number of activated channels, during the accounting period. 1. Enter the total number of channels on which the cable									
	system carried television broadcast stations 2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services 300									
N Individual to Be Contacted	Name ED CORR Telephone 913-794-3121 Address 8837 BOND STREET (Number, street, rural route, apartment, or suite number)									
for Further Information										
	City, town, state, zip) Email Fax (optional)									
O Certifcation	CERTIFICATION (This statement of account must be certifed and signed in accordance with Copyright Office regulations.) I, the undersigned, hereby certify that (Check one, but only one, of the boxes.) (Owner other than corporation or partnership) I am the owner of the cable system as identifed in line 1 of space B; or									
	(Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as identified in line 1 of space B and that the owner is not a corporation or partnership; or (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner of the cable system in line 1 of space B.									
	I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith. [18 U.S.C., Section 1001(1986)]									
	Enter an electronic signature on the line above using an "/s/" signature to certify this statement. (e.g., /s/ John Smith). Before entering the first forward slash of the /s/ signature, place your cursor in the box and press the "F2" button, then type /s/ and your name. Pressing the "F" button will avoid enabling Excel's Lotus compatibility settings. Typed or printed name: ED CORR									
	Title: VICE PRESIDENT TAX (Title of official position held in corporation or partnership) Date: February 22, 2024									

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

LEGAL NAME OF OWNER OF CABLE SYSTEM:	STEM ID#	Name
CMN-RUS, LLC	062634	
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 secribers 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 transmission made by satellite carriers to satellite dish owners? X NO YES. Enter the total here and list the satellite carrier(s) below	sub- ,	P Special Statement Concerning Gross Receipts Exclusion
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 underpayme For an explanation of interest assessment, see page (viii) of the general instructions in the paper SA3 form.	nt.	Q
Line 1 Enter the amount of late payment or underpayment		Interest Assessment
Line 2 Multiply line 1 by the interest rate* and enter the sum here	- days	
Line 3 Multiply line 2 by the number of days late and enter the sum here	_ ·	
Line 4 Multiply line 3 by 0.00274** enter here and on line 3, block 4,		
space L, (page 7)	-	
* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf . For further assistance plead contact the Licensing Division at (202) 707-8150 or licensing@loc.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 Office, please list below the owner, address, first community served, accounting period, and ID number as given in the origin filing.	ase	
Owner Address		
First community served		
Accounting period		
ID number		

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

ACCOUNTING PERIOD: 2023/2 DSE SCHEDULE. PAGE 10.

INSTRUCTIONS FOR DSE SCHEDULE WHAT IS A "DSE"

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

FORMULAS FOR COMPUTING A STATION'S DSE

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

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

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

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

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

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

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

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

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

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

TOTAL OF DSEs

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

THE ROYALTY FEE

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

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

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

The Minimum Fee/Base Rate Fee/3.75 Percent Fee. All cable systems fling SA3E (Long Form) must pay at least the minimum fee, which is 1.064 percent of gross receipts. The cable system pays either the minimum

fee or the sum of the base rate fee and the 3.75 percent fee, whichever is larger, and a Syndicated Exclusivity Surcharge, as applicable.

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

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

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

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

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

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

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

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

COMPUTING THE BASE RATE FEE—PART 8 OF THE DSE

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
 (1) the rates given above;
 (2) the total number of DSEs for that group's complement of stations;
 and
 (3) the amount of gross receipts attributable to that group.
- 6. Add together the base rate fees for each subscriber group to determine the system's total base rate fee.
- 7. If any portion of the cable system is located in whole or in part within a major television market, you may also need to complete part 9, block B of the Schedule to determine the Syndicated Exclusivity Surcharge.

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

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

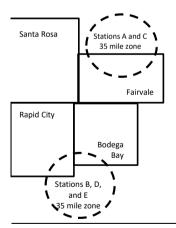
- When the fourth decimal point is 1, 2, 3, or 4, the third decimal remains unchanged (example: .34647 is rounded to .346).
- When the fourth decimal point is 5, 6, 7, 8, or 9, the third decimal is rounded up (example: .34651 is rounded to .347).

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

EXAMPLE:

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

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



Distant Stations Carr	ied	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

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)

4	LEGAL NAME OF OWNER OF CABLE	SYSTEM:				SYSTEM ID#				
1	CMN-RUS, LLC									
	SUM OF DSEs OF CATEGOR	V "O" STATION	IC.			062634				
	Add the DSEs of each station		13.							
	Enter the sum here and in line	2.50								
2	Instructions:									
	In the column headed "Call Sign": list the call signs of all distant stations identified by the letter "O" in column 5 of space G (page 3).									
Computation	In the column headed "DSE"	: for each indep	endent station, give the DSI	F as "1 0": for	each network or noncor	n-				
of DSEs for	mercial educational station, giv			_ 40,						
Category "O"			CATEGORY "O" STATIOI	NS: DSEs						
Stations	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE				
	WFYI	0.250		0.250	WFYI-Create	0.250				
	WIPB	0.250	WIPB-Create	0.250	WIPB-Weather	0.250				
	WUPX-lon	1.000	Will B-Greate	0.200	Wii B-Weather	0.200				
	WOI X-IOII	1.000				·····				
										
Add rows as										
necessary.				<u> </u>						
Remember to copy all										
formula into new										
rows.										
TOWS.										
				·						
				 						
				 		·····				
				 						
				 						
				 		·····				
		1								

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name CMN-RUS, LLC 062634 Instructions: CAPACITY Column 1: List the call sign of all distant stations identified by "LAC" in column 5 of space G (page 3). Column 2: For each station, give the number of hours your cable system carried the station during the accounting period. This figure should correspond with the information given in space J. Calculate only one DSE for each station. Column 3: For each station, give the total number of hours that the station broadcast over the air during the accounting period. Computation of DSEs for Column 4: Divide the figure in column 2 by the figure in column 3, and give the result in decimals in column 4. This figure must be carried out at least to the third decimal point. This is the "basis of carriage value" for the station. Stations Carried Part Column 5: For each independent station, give the "type-value" as "1.0." For each network or noncommercial educational station, Time Due to give the type-value as ".25." Column 6: Multiply the figure in column 4 by the figure in column 5, and give the result in column 6. Round to no less than the Lack of Activated third decimal point. This is the station's DSE. (For more information on rounding, see page (viii) of the general instructions in the paper Channel SA3 form. Capacity CATEGORY LAC STATIONS: COMPUTATION OF DSEs 2. NUMBER 3. NUMBER 4. BASIS OF 5. TYPE 6. DSE 1 CALL OF HOURS VALUE OF HOURS SIGN **CARRIAGE CARRIED BY** STATION VALUE SYSTEM ON AIR SUM OF DSEs OF CATEGORY LAC STATIONS: Add the DSFs of each station 0.00 Enter the sum here and in line 2 of part 5 of this schedule, Instructions: Column 1: Give the call sign of each station listed in space I (page 5, the Log of Substitute Programs) if that station: 4 Was carried by your system in substitution for a program that your system was permitted to delete under FCC rules and regulartions in effect on October 19, 1976 (as shown by the letter "P" in column 7 of space I); and Computation • Broadcast one or more live, nonnetwork programs during that optional carriage (as shown by the word "Yes" in column 2 of of DSEs for space I). Substitute-Column 2: For each station give the number of live, nonnetwork programs carried in substitution for programs that were deleted **Basis Stations** at your option. This figure should correspond with the information in space I. Column 3: Enter the number of days in the calendar year: 365, except in a leap year. Column 4: Divide the figure in column 2 by the figure in column 3, and give the result in column 4. Round to no less than the third decimal point. This is the station's DSE (For more information on rounding, see page (viii) of the general instructions in the paper SA3 form). SUBSTITUTE-BASIS STATIONS: COMPUTATION OF DSEs 2. NUMBER 3. NUMBER 1. CALL 3. NUMBER 1. CALL 4. DSE 2. NUMBER 4. DSE SIGN OF DAYS SIGN OF DAYS OF OF **PROGRAMS** IN YEAR **PROGRAMS** IN YEAR SUM OF DSEs OF SUBSTITUTE-BASIS STATIONS: Add the DSEs of each station. 0.00 Enter the sum here and in line 3 of part 5 of this schedule, TOTAL NUMBER OF DSEs: Give the amounts from the boxes in parts 2, 3, and 4 of this schedule and add them to provide the total 5 number of DSEs applicable to your system. 2.50 **Total Number** 1. Number of DSEs from part 2 ● 0.00 of DSEs 2. Number of DSEs from part 3 ● 0.00 3. Number of DSEs from part 4 • 2.50 TOTAL NUMBER OF DSEs

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

LEGAL NAME OF C		SYSTEM:					S	YSTEM ID#	Name
CMN-RUS, LL	<u> </u>							062634	Name
Instructions: Block In block A: • If your answer if schedule.	·		art 6 and part 7	of the DSE schedu	le blank and	complete part 8	, (page 16) of the		6
If your answer if '	'No," complete blo	cks B and C		EL EVIOLONI MA	NOVETO				Computation of
le the cable eveter	a located whelly o	staida of all m		ELEVISION MA		ion 76 E of FCC	rules and regulati	one in	3.75 Fee
effect on June 24, Yes—Com	1981?	schedule—D	•	r markets as define ETE THE REMAIN			, rules and regulati	Olis III	
		BI O	CK B: CARR	IAGE OF PERM	MITTED DS	Fs			}
Column 1: CALL SIGN	FCC rules and re	of distant sta gulations pric e DSE Scheo	ations listed in p or to June 25, 19 dule. (Note: The	art 2, 3, and 4 of th 981. For further exp letter M below refe	is schedule to	hat your system ermitted station	s, see the		
Column 2: BASIS OF PERMITTED CARRIAGE	(Note the FCC ru A Stations carrie 76.61(b)(c)] B Specialty static C Noncommerica D Grandfathered instructions fo E Carried pursua *F A station pre	les and reguled pursuant to on as defined all educational station (76.6 r DSE schedunt to individuationally carrie HF station wield produced pursuant to individuationally carrie	ations cited beloon the FCC mark I in 76.5(kk) (76. I station [76.59(S5) (see paragraule). I all waiver of FC do n a part-time ithin grade-B co	or substitute basis entour, [76.59(d)(5),	in effect on J 57, 76.59(b), 1), 76.63(a) r (a) referring to itution of gran	une 24, 1981.) 76.61(b)(c), 76. eferring to 76.6 o 76.61(d)] ndfathered stati	1(e)(1) ons in the		
Column 3:		stations ider	ntified by the let	parts 2, 3, and 4 of ter "F" in column 2,			sheet on page 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	
WFYI	C	0.25	WFYI-Kids	С	0.25	WFYI-Crea	С	0.25	
WIPB	C	0.25	WIPB-Crea	С	0.25	WIPB-Wea	С	0.25	
WUPX-lon	М	1.00							
								2.50	
		1	BLOCK C: CO	MPUTATION OF	3.75 FEE				
Line 1: Enter the	total number of	DSEs from	part 5 of this s	chedule					
Line 2: Enter the	sum of permitte	d DSEs fron	า block B abov	/e					
				of DSEs subject to of this schedule)		ate.			
Line 4: Enter gro	ss receipts from	space K (pa	age 7)				x 0.03	75	Do any of the DSEs represent
Line 5: Multiply li	ne 4 by 0.0375 a	ınd enter su	m here				х		partially permited/ partially nonpermitted
Line 6: Enter tota	al number of DSE	Es from line	3						carriage? If yes, see part 9 instructions.
Line 7: Multiply li	ne 6 by line 5 an	d enter here	e and on line 2	2, block 3, space l	L (page 7)			0.00	

LEGAL NAME OF OWNER OF CABLE SYSTEM: CMN-RUS, LLC 062634							Name		
BLOCK A: TELEVISION MARKETS (CONTINUED)									
1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	6
									Computation of
									3.75 Fee

					l				

	1		1			1			

ACCOUNTING PERIOD: 2023/2

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name **CMN-RUS. LLC** 062634 Instructions: You must complete this worksheet for those stations identified 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 76.59(d)(1),76.61(e)(1), or 76.63 (referring to 76.61(e)(1)). Carriage 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** DSE DSE 7 Instructions: Block A must be completed. 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 defined by section 76.5 of FCC rules in effect June 24, 1981? Surcharge X 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 to former FCC rule 76.159) or in part, over the cable system? 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 DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE 0.00 0.00 TOTAL DSEs TOTAL DSEs

LEGAL NA	ME OF OWNER OF CABLE SYSTEM: CMN-RUS, LLC	062634	Name
	BLOCK D: COMPUTATION OF THE SYNDICATED EXCLUSIVITY SURCHARGE		
Section 1	Enter the amount of gross receipts from space K (page 7)	,591,836.86	7
Section 2	A. Enter the total DSEs from block B of part 7	0.00	Computation of the
	B. Enter the total number of exempt DSEs from block C of part 7	0.00	Syndicated Exclusivity
	C. Subtract line B from line A and enter here. This is the total number of DSEs subject to the surcharge computation. If zero, proceed to part 8	0.00	Surcharge
• Is an	y portion of the cable system within a top 50 television market as defined by the FCC? Yes—Complete section 3 below.		
	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? Yes—Complete part 9 of this schedule. No—Complete the applicable section below.		
	If the figure in section 2, line C is 4.000 or less, compute your surcharge here and leave section 3b blank. NOTE: If the DSE is 1.0 or less, multiply the gross receipts by .00599 by the DSE. Enter the result on line A below.		
	A. Enter 0.00599 of gross receipts (the amount in section1)		
	B. Enter 0.00377 of gross receipts (the amount in section .1)		
	C. Subtract 1.000 from total permitted DSEs (the figure on		
	D. Multiply line B by line C and enter here		
	E. Add lines A and D. This is your surcharge.		
	E. Add lifes A and D. This is your suicharge. Enter here and on line 2 of block 4 in space L (page 7) Syndicated Exclusivity Surcharge		
Section 3b	If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 3a blank.		
	A. Enter 0.00599 of gross receipts (the amount in section 1)		
	B. Enter 0.00377 of gross receipts (the amount in section 1)		
	C. Multiply line B by 3.000 and enter here		
	D. Enter 0.00178 of gross receipts (the amount in section 1)		
	E. Subtract 4.000 from total DSEs (the fgure on line C in section 2) and enter here		
	F. Multiply line D by line E and enter here		
	G. Add lines A, C, and F. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7) Syndicated Exclusivity Surcharge		
	SECTION 4: SECOND 50 TELEVISION MARKET		
	Did your cable system retransmit the signals of any partially distant television stations during the accounting period?		
Section 4a	X Yes—Complete part 9 of this schedule. No—Complete the applicable section below.		
	If the figure in section 2, line C is 4.000 or less, compute your surcharge here and leave section 4b blank. NOTE: If the DSE is 1.0 or less, multiply the gross receipts by 0.003 by the DSE. Enter the result on line A below. A. Enter 0.00300 of gross receipts (the amount in section 1)		
	B. Enter 0.00189 of gross receipts (the amount in section 1)		
	C.Subtract 1.000 from total permitted DSEs (the fgure on line C in section 2) and enter here		
	D. Multiply line B by line C and enter here		
	E. Add lines A and D. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7) Syndicated Exclusivity Surcharge		

Name		ME OF OWNER OF CABLE SYSTEM: CMN-RUS, LLC	SYSTEM ID# 062634
7	Section 4b	If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 4a blank.	
Computation		A. Enter 0.00300 of gross receipts (the amount in section 1) ▶	
of the Syndicated		B. Enter 0.00189 of gross receipts (the amount in section 1) ▶ \$	
Exclusivity Surcharge		C. Multiply line B by 3.000 and enter here	
		D. Enter 0.00089 of gross receipts (the amount in section 1) ▶ \$	
		E. Subtract 4.000 from the total DSEs (the figure on line C in section 2) and enter here.	
		F. Multiply line D by line E and enter here	
		G. Add lines A, C, and F. This is your surcharge. Enter here and on line 2, block 4, space L (page 7)	
		Syndicated Exclusivity Surcharge.	<u></u>
	Instru	tions:	
8		ust complete this part of the DSE schedule for the SUM OF PERMITTED DSEs in part 6, block B; however, if block A of p checked "Yes," use the total number of DSEs from part 5.	part
		ck A, indicate, by checking "Yes" or "No," whether your system carried any partially distant stations.	
Computation of	_	ir answer is "No," compute your system's base rate fee in block B. Leave part 9 blank.	alow.
Base Rate Fee	blank	ır answer is "Yes" (that is, if you carried one or more partially distant stations), you must complete part 9. Leave block B be	eiow
		is a partially distant station? A station is "partially distant" if, at the time your system carried it, some of your subscribers	
		ocated within that station's local service area and others were located outside that area. For the definition of a station's "loc e area," see page (v) of the general instructions.	cal
		sales, see page (1, state general mediacione)	
		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	Enter the total number of permitted DSEs from block B, part 6 of this schedule.	
	2	(If block A of part 6 was checked "Yes," use the total number of DSEs from part 5.). ▶	
	0 "	use the total number of DSES from part 3.).	
	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
		Base Rate Fee	<u></u>

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

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM IC	#
CMN-RUS, LLC 06263	4 Name
Section If the figure in section 2 is more than 4.000, compute your base rate fee here and leave section 3 blank.	
4	8
A. Enter 0.01064 of gross receipts (the amount in section 1) * \$	
B. Enter 0.00701 of gross receipts (the amount in section 1) * \$	Computation of
	Base Rate Fee
C. Multiply line B by 3.000 and enter here	
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.	Ţ
Enter here and in block 3, line 1, space L (page 7) Base Rate Fee	
	<u> </u>
IMPORTANT: It is no longer necessary to report television signals on a system-wide basis. Carriage of television broadcast signals shall	
instead be reported on a community-by-community basis (subscriber groups) if the cable system reported multiple channel line-ups in Space G.	9
In General: If any of the stations you carried were partially distant, the statute allows you, in computing your base 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 this exclusion, you must:	of
	Base Rate Fee and
First: Divide all of your subscribers into subscriber groups, each group consisting entirely of subscribers that are distant to the same station or the same group of stations. Next: Treat each subscriber group as if it were a separate cable system. Determine the number of	Syndicated
DSEs and the portion of your system's gross receipts attributable to that group, and calculate a separate base rate fee for each group.	Exclusivity Surcharge
Finally: Add up the separate base rate fees for each subscriber group. That total is the base rate fee for your system.	for
NOTE: If any portion of your cable system is located within the top 100 television market and the station is not exempt in part 7, you must also compute a Syndicated Exclusivity Surcharge for each subscriber group. In this case, complete both block A and B below. However,	Partially if Distant
your cable system is wholly located outside all major television markets, complete block A only.	Stations, and for Partially
How to Identify a Subscriber Group for Partially Distant Stations	Permitted
Step 1: For each community served, determine the local service area of each wholly distant and each partially distant station you carried to that community.	Stations
Step 2: For each wholly distant and each partially distant station you carried, determine which of your subscribers were located	
outside the station's local service area. A subscriber located outside the local service area of a station is distant to that station (and, by 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 are distant. Each	
subscriber group must consist entirely of subscribers who are distant to exactly the same complement of stations. Note that a cable syste will have only one subscriber group when the distant stations it carried have local service areas that coincide.	n
	_
Computing the base rate fee for each subscriber group: Block A contains separate sections, one for each of your system's subscribe groups.	
In each section:	
• Identify the communities/areas represented by each subscriber group.	
• Give the call sign for each of the stations in the subscriber group's complement—that is, each station that is distant to all of the subscribers in the group.	
• If:	
1) your system is located wholly outside all major and smaller television markets, give each station's DSE as you gave it in parts 2, 3, and	4
of this schedule; or, 2) any portion of your system is located in a major or smaller televison market, give each station's DSE as you gave it in block B, part 6 of this schedule.	
Add the DSEs for each station. This gives you the total DSEs for the particular subscriber group.	
Calculate gross receipts for the subscriber group. For further explanation of gross receipts see page (vii) of the general instructions	
in the paper SA3 form.	
Compute a base rate fee for each subscriber group using the formula outline in block B of part 8 of this schedule on the preceding page. In making this computation, use the DSE and gross receipts figure applicable to the particular subscriber group (that is, the total	
DSEs for that group's complement of stations and total gross receipts from the subscribers in that group). You do not need to show your actual calculations on the form.	

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	STEM ID#
Name	CMN-RUS, LLC	062634
	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	е
	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 OWNE	R OF CABLE	E SYSTEM:				Sì	O62634	Name
	BLOCK A:	COMPUTATION OF	BASE RA	ATE FEES FOR EACH	SUBSCRI	BER GROUP		
	FIRST	SUBSCRIBER GROU)		SECOND	SUBSCRIBER GROUP)	_
COMMUNITY/ AREA	GREEN	CASTLE		COMMUNITY/ AREA	SEYMO	UR/NORTH VERNO	N	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
								Syndicated
								Exclusivity
								Surcharge
								for
		-						Partially
			ļ		<u> </u>		<u> </u>	Distant
	<u> </u>				-			Stations
					<u>-</u>		<u> </u>	
							<u> </u>	
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						Ц		
Total DSEs		-	0.00	Total DSEs			0.00	
Gross Receipts First Gr	roup	s 133	,646.06	Gross Receipts Second	d Group	\$ 36	55,370.18	
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Second		\$	0.00	
	THIRD	SUBSCRIBER GROU	D		FOURTH	SUBSCRIBER GROUP)	
COMMUNITY/ AREA	VINCE	INES		COMMUNITY/ AREA	MADISC	DN		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
			<u> </u>					
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	Group	\$ 176	,388.32	Gross Receipts Fourth	Group	\$ 26	9,278.28	
Base Rate Fee Third G	Group	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
Rasa Rata Fac: Add th	e hase rate	foos for each subseri	ner aroun o	s shown in the boxes abo	ove			
Enter here and in block			ooi gioup a	S CHOWIT III WIE DONES ADO		\$	8,393.44	

LEGAL NAME OF OWNER CMN-RUS, LLC	R OF CABLE	E SYSTEM:				•	062634	Name
	BLOCK A:	COMPUTATION C	OF BASE R	ATE FEES FOR EACH	SUBSCRI	BER GROUP		
	FIFTH	SUBSCRIBER GRO	UP		SIXTH	SUBSCRIBER GRO	UP	•
COMMUNITY/ AREA	WABAS	SH		COMMUNITY/ AREA	NORTH	MANCHESTER		9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
WFYI	0.25	WFYI-Kids	0.25					Base Rate Fe
WFYI-Create	0.25							and
		H	••••					Syndicated
			·····				······	Exclusivity
			····					
							·····	Surcharge
								for
								Partially
								Distant
								Stations
	<mark></mark>							
	1	<u> </u>		1	-1			
Total DSEs			0.75	Total DSEs			0.00	
Gross Receipts First G	roup	<u>\$ 12</u>	4,096.65	Gross Receipts Secon	d Group	\$	48,300.18	
Base Rate Fee First Gi	roup	\$	990.29	Base Rate Fee Secon	d Group	\$	0.00	
	SEVENTH	SUBSCRIBER GRO	UP		EIGHTH	SUBSCRIBER GRO	UP	
COMMUNITY/ AREA	HUNTIN	NGTON		COMMUNITY/ AREA	CONNE	RSVILLE		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
				WFYI	0.25	WFYI-Kids	0.25	
				WFYI-Create	0.25			
			•••••••••••					
	<u> </u>				<u> </u>			
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	. 							
Total DSEs			0.00	Total DSEs			0.75	
O Di-t- Third O	·	. 13	7,250.07	0 Di-t- Ft	0	•	103,050.21	
Gross Receipts Third G	поир	\$ 13	7,250.07	Gross Receipts Fourth	Gloup	\$	103,030.21	
Base Rate Fee Third G	Group	\$	0.00	Base Rate Fee Fourth	Group	\$	822.34	
Danie Bate Es A 1100		- form for						
Base Rate Fee: Add th Enter here and in block			criber group	as shown in the boxes at	oove.	\$		
Linei neie and in biock	υ, ιιιι ο Ι, δ	pade L (page 1)				4		

Computati of Base Rate l and Syndicate	P	BER GROUP SUBSCRIBER GROUI	CLIDCCDII					
Computati of Base Rate l and Syndicate		COBCONIBEN CINCON			COMPUTATION OF SUBSCRIBER GROU		E	
Base Rate I and Syndicate						ASTLE	NEW C	COMMUNITY/ AREA
and Syndicate					DSE	CALL SIGN	DSE	CALL SIGN
Syndicate	0.25	WIPB-Create	0.25	WIPB				
*****			0.25	WIPB-Weather				
Evolucivi							<u>-</u>	
Exclusivit Surcharg								
for							·	
Partially								
Distant								
Stations								
			ļ		ļ		<mark>-</mark>	
								
								
-	0.75			Total DSEs	0.00			otal DSEs
_	41,569.69	\$ 14	d Group	Gross Receipts Second	,901.63	\$ 145	oup	Gross Receipts First Gr
	1,129.73	\$	d Group	Base Rate Fee Second	0.00	\$	oup	Base Rate Fee First Gr
	Р	SUBSCRIBER GROU	TWELVTH		IP	SUBSCRIBER GROU	LEVENTH	E
		TTE	LAFAYE	COMMUNITY/ AREA	D	LIN/GREENWOOI	FRANK	COMMUNITY/ AREA
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
	0.25	WIPB-Create	0.25	WIPB				
			0.25	WIPB-Weather				
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	0.75			Total DSEs	0.00			otal DSEs
_			Group	Gross Receipts Fourth	,890.43	\$ 391,	roup	
_	34,110.90	\$ 6	Огоар					Gross Receipts Third G

LEGAL NAME OF OWNER CMN-RUS, LLC	R OF CABLE	E SYSTEM:				S	YSTEM ID# 062634	Name
E	BLOCK A:	COMPUTATION OF	BASE RA	ATE FEES FOR EACH	SUBSCRI	BER GROUP		
THI	RTEENTH	SUBSCRIBER GROU	P	FOL	JRTEENTH	SUBSCRIBER GROUI	D	
COMMUNITY/ AREA	CRAW	FORDSVILLE		COMMUNITY/ AREA	WESTFI	ELD/FISHERS/CAI	RMEL/ZION	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
								Syndicated
						H	 	Exclusivity
								Surcharge
								for
								Partially
								Distant
	<mark> </mark>		ļ		<u>.</u>			Stations
	<u> </u>							
T / LDG=		<u> </u>		T / LB3-	1	<u> </u>	0.00	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gr	roup	\$ 214	,424.54	Gross Receipts Secon	d Group	\$ 4	59,065.36	
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Second	d Group	\$	0.00	
FI	IFTEENTH	SUBSCRIBER GROU	Р	S	IXTEENTH	SUBSCRIBER GROU	>	
COMMUNITY/ AREA	PLAINF	TELD/ROMEOVIL	LE	COMMUNITY/ AREA	BLOOM	INGTON		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
					<u> </u>			
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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	Group	\$ 78	792.10	Gross Receipts Fourth	Group	\$ 2	66,579.76	
Base Rate Fee Third G	Group	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
Rasa Rata Fao: Add th	e hase rate	a face for each subcor	iher group	as shown in the boxes ab	ove			
Enter here and in block			ibei gioup i	as shown in the boxes ab	OVG.	\$		
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LEGAL NAME OF OWNER CMN-RUS, LLC	R OF CABLE	E SYSTEM:				S	YSTEM ID# 062634	Name
E	BLOCK A:	COMPUTATION OF	BASE R	ATE FEES FOR EACH	SUBSCRI	BER GROUP		
SEVE	NTEENTH	SUBSCRIBER GROU	Р	EIC	GHTEENTH	SUBSCRIBER GROUP)	•
COMMUNITY/ AREA	OSWE	GO/PLANO/YORK	VILLE	COMMUNITY/ AREA	BATAVI	A/GENEVA/N AUR	ORA/S EL(9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
								Syndicated
								Exclusivity
								Surcharge
								for
								Partially
								Distant
	<u></u>				<u> </u>			Stations
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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gr	roup	\$ 105	141.90	Gross Receipts Secon	d Group	\$ 19	92,244.80	
Base Rate Fee First Gr	roup	\$	0.00	Base Rate Fee Second	d Group	\$	0.00	
NI	NTEENTH	SUBSCRIBER GROU	Р	T	WENTIETH	SUBSCRIBER GROUP	5	
COMMUNITY/ AREA	DEKAL	B/SYCAMORE		COMMUNITY/ AREA	LEXING	TON/VERSAILLES	/RICHMON	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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Total DSEs			0.00	Total DSEs			0.00	
Gross Bossints Third C	roup	¢ 00	220 00	Gross Possints Farmet	Group	e 3.	16 083 44	
Gross Receipts Third G	огоир	\$ 88	220.90	Gross Receipts Fourth	Group	\$ 34	46,083.44	
Base Rate Fee Third G	Group	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
Raco Poto Ecc. Add 4-	o haga ====	o face for each subser-	hor grave	as shown in the haves	2010			
Enter here and in block			bei group	as shown in the boxes ab	ove.	\$		
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LEGAL NAME OF OWNER CMN-RUS, LLC	R OF CABLE	SYSTEM:				S	062634	Name
E	BLOCK A:	COMPUTATION OF	BASE R	ATE FEES FOR EACH	SUBSCRI	BER GROUP		
		SUBSCRIBER GROU				SUBSCRIBER GROU	IP	
COMMUNITY/ AREA	DAVEN	PORT/BETTENDO	ORF	COMMUNITY/ AREA	ROCHE	STER		9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
								Syndicated
***************************************	·				······································	-		Exclusivity
***************************************	·				······································			Surcharge
								for
								Partially
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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gr	oup	<u>\$ 178</u>	,816.85	Gross Receipts Secon	d Group	\$	86,003.01	
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Secon	d Group	\$	0.00	
TWEN	TY-THIRD	SUBSCRIBER GROU	IP	TWENT	Y-FOURTH	SUBSCRIBER GROU	IP	
COMMUNITY/ AREA	AMES			COMMUNITY/ AREA	ENGLE	NOOD/CLAYTON/	TIPP CITY/	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	iroup	\$ 52	,540.34	Gross Receipts Fourth	Group	\$	67,681.32	
Base Rate Fee Third G	iroup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
Base Rate Fee: Add th Enter here and in block			iber group	as shown in the boxes ab	oove.	\$		

LEGAL NAME OF OWNE CMN-RUS, LLC	R OF CABLE	E SYSTEM:					062634	Name
	BLOCK A:	COMPUTATION O	BASE R	ATE FEES FOR EACH	SUBSCRI	BER GROUP		
		SUBSCRIBER GROU		II		SUBSCRIBER GROU	JP	•
COMMUNITY/ AREA	LANSIN	IG/EAST LANSIN	G	COMMUNITY/ AREA	TALLAH	ASSEE		9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
								Syndicated
								Exclusivity
								Surcharge
		 			······································	_		for
		†			······································			Partially
		 			······································	_		Distant
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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	roup	\$ 8	,758.03	Gross Receipts Secon	d Group	\$	47,137.08	
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Second	d Group	\$	0.00	
TWENTY-	SEVENTH	SUBSCRIBER GROU	JP	TWEN	TY-EIGHTH	SUBSCRIBER GROU	JP	
COMMUNITY/ AREA	JAGUA	R		COMMUNITY/ AREA	ROCK IS	SLAND		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		-		WUPX-Ion	1.00			
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Total DSEs			0.00	Total DSEs			1.00	
Gross Receipts Third G	iroup	\$ 692	,758.11	Gross Receipts Fourth	Group	\$	15,400.73	
Base Rate Fee Third G	Group	\$	0.00	Base Rate Fee Fourth	Group	\$	163.86	
Page Pate Eag. Add 4-	o hage rate	a foos for each sub	ibor grave	as shown in the haves	2010			
Enter here and in block			inei gioup	as shown in the boxes ab	ove.	\$		

LEGAL NAME OF OWNE	ER OF CABLE	SYSTEM:					062634	Name
	BLOCK A:	COMPUTATION O	F BASE RA	ATE FEES FOR EAC	H SUBSCR	IBER GROUP		
TWEN	NTY-NINTH	SUBSCRIBER GRO	UP		THIRTIETH	SUBSCRIBER GROU	JP	•
COMMUNITY/ AREA	FAYET	TEVILLE		COMMUNITY/ AREA			0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
WUPX-lon	1.00							Base Rate Fee
								and
								Syndicated
								Exclusivity
								Surcharge
								for
								Partially
								Distant
								Stations
	<u> </u>		<u> </u>					
	<u></u>							
	<u></u>		<u> </u>					
	 		-					
			4.55			++		
Total DSEs			1.00	Total DSEs			0.00	
Gross Receipts First G	roup	\$ 2	1,335.99	Gross Receipts Seco	nd Group	\$	0.00	
Base Rate Fee First G	roup	\$	227.01	Base Rate Fee Seco	nd Group	\$	0.00	
THII	RTY-FIRST	SUBSCRIBER GRO	UP	THIR	TY-SECOND	SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third (Group	\$	0.00	Gross Receipts Fourt	th Group	\$	0.00	
Base Rate Fee Third (Group	\$	0.00	Base Rate Fee Fourt	th Group	\$	0.00	
Dana Beta Es A 1100	- beer	. face for						
Base Rate Fee: Add the Enter here and in block			riber group	as shown in the boxes a	apove.	\$		

LEGAL NAME OF OWNE	R OF CABL	E SYSTEM:				\$	062634	Name
		COMPUTATION C		ATE FEES FOR EACH		IBER GROUP SUBSCRIBER GROU	JP	
COMMUNITY/ AREA		ICASTLE		COMMUNITY/ AREA		OUR/NORTH VERN		9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of Base Rate Fe
								and
								Syndicated Exclusivity
								Surcharge
								for Partially
								Distant
								Stations
Fotal DSEs	_	Ш	0.00	Total DSEs	-	11	0.00	
Gross Receipts First G	roup	s 13	3,646.06	Gross Receipts Secon	d Group	\$	365,370.18	
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Secon	d Group	\$	0.00	
COMMUNITY/ AREA	THIRD	SUBSCRIBER GRO	UP	COMMUNITY/ AREA	FOURTH	I SUBSCRIBER GROU	JP	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
Fotal DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third C	Group	\$ 17	6,388.32	Gross Receipts Fourth	Group	\$	269,278.28	
Base Rate Fee Third C	Group	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
				Ш		-		
Base Rate Fee: Add the Enter here and in block			criber group	as shown in the boxes at	oove.	\$	0.00	

LEGAL NAME OF OWNE	R OF CABLI	E SYSTEM:				S	062634	Name
l		COMPUTATION C SUBSCRIBER GRO		ATE FEES FOR EACH		IBER GROUP I SUBSCRIBER GROU	IP .	
COMMUNITY/ AREA	WABA	SH		COMMUNITY/ AREA	NORTH	MANCHESTER		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
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	roup	\$ 12	4,096.65	Gross Receipts Secon	nd Group	\$	48,300.18	
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Secon	id Group	\$	0.00	
		SUBSCRIBER GRO	UP			SUBSCRIBER GROU	IP	
COMMUNITY/ AREA	HUNTII	NGTON		COMMUNITY/ AREA	CONNE	RSVILLE		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	Group	<u>\$ 13</u>	7,250.07	Gross Receipts Fourth	n Group	<u>\$</u> 1	03,050.21	
Base Rate Fee Third G	Group	\$	0.00	Base Rate Fee Fourth	n Group	\$	0.00	
	ne base rat	e fees for each subsc		as shown in the boxes at		\$	0.00	

LEGAL NAME OF OWNE	R OF CABLI	E SYSTEM:				\$	062634	Name
		COMPUTATION C		ATE FEES FOR EACH		IBER GROUP I SUBSCRIBER GROU	JP	•
COMMUNITY/ AREA	NEW C	ASTLE		COMMUNITY/ AREA	LEBAN	ON		9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and Syndicated
								Exclusivity
								Surcharge for
								Partially
								Distant
								Stations
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	roup	\$ 14	5,901.63	Gross Receipts Secon	d Group	\$	141,569.69	
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Secon	d Group	\$	0.00	
E	LEVENTH	SUBSCRIBER GRO	UP		TWELVTH	SUBSCRIBER GROU	JP	
COMMUNITY/ AREA	FRANK	LIN/GREENWOO	D	COMMUNITY/ AREA	LAFAY	ETTE		
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	<u>\$</u> 39	1,890.43	Gross Receipts Fourth	Group	\$	634,110.90	
Base Rate Fee Third G	Group	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
Base Rate Fee: Add th Enter here and in block			riber group	as shown in the boxes ab	oove.	\$		

LEGAL NAME OF OWNE CMN-RUS, LLC	R OF CABLE	E SYSTEM:				\$	062634	Name
		COMPUTATION O		ATE FEES FOR EACH		IBER GROUP	JP	
COMMUNITY/ AREA	CRAWI	FORDSVILLE		COMMUNITY/ AREA	WESTF	IELD/FISHERS/CA	RMEL/ZION	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
	<u> </u>							
			0.00				0.00	
Total DSEs Gross Receipts First G	roup	s 21	0.00 4,424.54	Total DSEs Gross Receipts Secon	d Group	\$	0.00 459,065.36	
orosa Necelpta i iist o	юцр	<u> </u>	7,727.07	Closs Necelpts Secon	u Gloup	y	+03,000.00	
Base Rate Fee First G		\$	0.00	Base Rate Fee Secon		\$	0.00	
F COMMUNITY/ AREA		SUBSCRIBER GRO		COMMUNITY/ AREA		I SUBSCRIBER GROUMINGTON	JP	
SOMMONT 17 / NCL/C					DL001			
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	Group	\$ 7	8,792.10	Gross Receipts Fourth	Group	\$ 2	266,579.76	
Base Rate Fee Third G	Group	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
Base Rate Fee: Add th Enter here and in block			criber group a	as shown in the boxes ab	oove.	\$		

LEGAL NAME OF OWNE CMN-RUS, LLC	R OF CABLE	E SYSTEM:				•	062634	Name	
		COMPUTATION C SUBSCRIBER GRO		ATE FEES FOR EACH		IBER GROUP	JP		
COMMUNITY/ AREA	GO/PLANO/YORI	KVILLE	COMMUNITY/ AREA	BATAVIA/GENEVA/N AURORA/S ELC			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	
Total DSEs			0.00	Total DSEs 0.00					
Gross Receipts First G	roup	\$ 10	5,141.90	Gross Receipts Secon	d Group	\$	192,244.80		
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Secon	d Group	\$	0.00		
		SUBSCRIBER GRO	UP	TWENTIETH SUBSCRIBER GROUP COMMUNITY/ AREA LEXINGTON/VERSAILLES/RICHMON					
COMMUNITY/ AREA	DENAL	B/SYCAMORE		COMMUNITY/ AREA					
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE		
Total DSEs 0.00			Total DSEs			0.00			
Gross Receipts Third Group \$ 88,220.90		Gross Receipts Fourth	Group	\$	346,083.44				
Base Rate Fee Third Group \$ 0.00		0.00	Base Rate Fee Fourth Group \$		0.00				
Base Rate Fee: Add th Enter here and in block			criber group	as shown in the boxes ab	oove.	\$			

LEGAL NAME OF OWNE	R OF CABLE	E SYSTEM:					062634	Name
				ATE FEES FOR EACH				
TWENTY-FIRST SUBSCRIBER GROUP COMMUNITY/ AREA DAVENPORT/BETTENDORF			TWENT COMMUNITY/ AREA	Y-SECOND SUBSCRIBER GROUP ROCHESTER			9	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Base Rate Fee
								and
			<u></u>					Syndicated
			····					Exclusivity Surcharge
								for
								Partially
			<u></u>					Distant Stations
								Stations
			<u></u>					
	···		·					
Total DSEs	•		0.00	Total DSEs	-		0.00	
Gross Receipts First G	roup	<u>\$ 17</u>	8,816.85	Gross Receipts Secon	Gross Receipts Second Group \$ 86,003.01			
Base Rate Fee First G		\$	0.00	Base Rate Fee Secon		\$	0.00	
		SUBSCRIBER GRO	UP	ll .		SUBSCRIBER GROU		
COMMUNITY/ AREA	AMES			COMMUNITY/ AREA	ENGLE	WOOD/CLAYTON	/TIPP CITY/	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
			<u></u>					
			····		<u> </u>			
			····					
			<u></u>					
	····		····					
Total DSEs 0.00			Total DSEs			0.00		
Gross Receipts Third Group \$ 52,540.34			Gross Receipts Fourth	Group	\$	67,681.32		
Base Rate Fee Third Group \$ 0.00		0.00	Base Rate Fee Fourth Group \$ 0.0		0.00			
Base Rate Fee: Add the Enter here and in block			criber group a	II as shown in the boxes ab	oove.	\$		

LEGAL NAME OF OWNER CMN-RUS, LLC	R OF CABLE	E SYSTEM:	·			S	062634	Name
E	BLOCK A:	COMPUTATION O	F BASE RA	ATE FEES FOR EACH	SUBSCR	IBER GROUP		
TWEN	ITY-FIFTH	SUBSCRIBER GROU	JP	TWENTY-SIXTH SUBSCRIBER GROUP			IP	^
COMMUNITY/ AREA	LANSIN	IG/EAST LANSIN	G	COMMUNITY/ AREA	TALLAHASSEE			9
CALL SIGN	Dec	CALLEICN	Dec	CALL SIGN	Dec	I CALL SIGN	DOE	Computation of
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	or Base Rate Fee
						H		and
			<u> </u>		<u></u>			Syndicated
								Exclusivity
								Surcharge
								for
								Partially
								Distant
								Stations
			<u></u>			<u> </u>		
			<u> </u>					
					<u></u>			
							0.00	
Total DSEs			0.00	Total DSEs				
Gross Receipts First Gr	oup	\$ 8	3,758.03	Gross Receipts Secon	Gross Receipts Second Group \$ 47,137.08			
Base Rate Fee First G	oup	\$	0.00	Base Rate Fee Second Group \$ 0.00				
TWENTY-	SEVENTH	SUBSCRIBER GROU	JP	TWEN	TY-EIGHTH	SUBSCRIBER GROU	IP	
COMMUNITY/ AREA	JAGUA	R		COMMUNITY/ AREA				
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 \$ 692,758.11			Gross Receipts Fourth Group \$ 15,400.73			15,400.73		
Base Rate Fee Third Group \$ 0.00			Base Rate Fee Fourth	Group	\$	0.00		
Base Rate Fee: Add th Enter here and in block			riber group	as shown in the boxes ab	oove.	\$		

LEGAL NAME OF OWNE	R OF CABLI	E SYSTEM:				:	062634	Name
		COMPUTATION O		ATE FEES FOR EAC		IBER GROUP	UP	
COMMUNITY/ AREA		TEVILLE		COMMUNITY/ AREA	0	9 Computation		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fed and
								Syndicated Exclusivity
								Surcharge
								for Partially
								Distant
								Stations
Total DSEs	•		0.00	Total DSEs	•		0.00	
Gross Receipts First G	roup	\$ 2	1,335.99	Gross Receipts Sec	ond Group	\$	0.00	
3ase Rate Fee First G	roup	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
	RTY-FIRST	SUBSCRIBER GRO		THIRTY-SECOND SUBSCRIBER GROUP COMMUNITY/ AREA 0				
COMMUNITY/ AREA			0	COMMUNITY/ ARE				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
Total DSEs	1		0.00	Total DSEs			0.00	
Gross Receipts Third Group \$ 0.00			0.00	Gross Receipts Fou	rth Group	\$	0.00	
Base Rate Fee Third Group \$ 0.00		0.00	Base Rate Fee Fourth Group \$		0.00			
Base Rate Fee: Add the Enter here and in block			criber group a	II	above.	\$		

Cable
Worksheet

Cabl Work		Cal	ble	Total amount of remittance		Number of SAs red	c'd	Initials			
		rksheet	sheet Check EFT FILING FEE								
				Date of remittance	 e						
Cable ID #							Amount	Initials			
Examined by			Reviewed by	Date examinatio completed	n	Allocation number					
S A		January 1	June 20, 2017	☐ July 1 - Docom	bor 21, 1	2017					
Space A Accounting		Letter sent	:	☐ Information re	ceived						
Period		Accepted	Accepted Phone call/Date/Contact								
		Letter sent		☐ Information re							
Space B		Accepted		☐ Phone call/Dat	e/Contac	t					
Owner											
		Letter sent	:	☐ Information re	celved						
		Accepted		☐ Phone call/Dat	e/Contac	t					
Space D Area Served		Letter sent	:	☐ Information re	ceived						
		Accepted		□ Phone call/Dat	e/Contac	t					
Space E Secondary		Letter sent	ent								
Transission		Accepted		☐ Phone call/Da	te/Contac	ct					
Service Subscribers:											
and Rates		Accepted		☐ Phone call/Da	te/Contac	ct					
Space G											
Primary Transmitters:											
Television											
Sr□detHr sent				Information received							
Primary _{pted}	□ Phone call/Date/Contact										
Transmitters: Radio											
ndulu											
				Information received							
☐ Accepted				Phone call/Date/Contact							

☐ Letter sent	☐ Information received	Space I Substitute
☐ Letter sent	☐ Phone call/Date/Contact	Carriage
_		
Royalty Fee should be	☐ Kerunu Tequest to riscar	Space J
☐ Letter sent	☐ Information received	Part-time Carriage Log
☐ Accepted	☐ Phoe call/Date/Contact	(SA3 only)
	Tafematics received	
☐ Accepted	☐ Phone call/Date/Contact	Space K Gross Receipts
·	, ,	Gross Receipts
Letter sent	☐ Information received	
- Accepted	☐ Phone call/Date/Contact	Smara I
		Space L Copyright Filing
		and Royalty Fees
☐ Letter sent	☐ Information received	
Accepted	☐ Phone call/Date/Contact	
		Cura a M
☐ Letter sent	☐ Info/add'l fee received	Space M Channels
☐ Accepted	☐ Phone call/Date/Contact	
		Space O
		Certification
		Space P
		Statement of
		Gross Receipts
		Space Q
		Interest
		Assessment