Α	ACCOUNTING PERIOD COV	ERED BY THIS STATEMENT:
Accounting	2023/2	(enter four digit year and /1 (for Jan-Jun period) or /2 (for Jul-Dec period) No spaces)
Period		-

	INSTR	RUCTIONS:								
В	Give the full legal name of the owner of the cable system in line 1. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation.									
Owner										
		2, list any other 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. 63492									
	1 LEGAL NAME OF OWNER OF CABLE SYSTEM:									
		NORTHERN IOWA COMMUNICATIONS PARTNERS								
	2	BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT):								
	3	MAILING ADDRESS OF OWNER OF CABLE SYSTEM:								
		107 S STATE STREET, P.O. BOX 100								
		(Number, street, rural route, spartment, or suite number)	1							
		TERRIL, IA 51364								
		(City, Iown, state, zip)								
	INSTR	UCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these								
	names	already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B.								
С										
System	1	IDENTIFICATION OF CABLE SYSTEM:								
		MAILING ADDRESS OF CABLE SYSTEM:								
	2	(Number, street, rural route, apartment, or suite number)								
	2	(Number, sures, runa roue, apariment, or suite number)								
		(City, Swn, state, 20 code)	4							

	BLOC	K 1					
E		NO. OF					
	CATEGORY OF SERVICE	SUBSCRIBERS	RATE				
Secondary	Residential:						
Transmission	Service to first set	2,856	52.07				
Service: Sub- scribers and	Service to additional set(s)						
scribers and Rates	FM radio (if separate rate) Motel. hotel						
Rates	Motel, notel Commercial						
	Converter						
	Residential						
	Non-residential						
			BLOCK 1				
F	CATEGORY OF SERVICE	RATE	CATEGORY O		RATE		
F	Continuing Services:		Installation: No				
Services	Pay cable			Motel, hotel     Commercial			
Other Than	Pay cable—add'l channel     Fire protection			Pay cable			
Secondary	Burglar protection			Pay cable-add'l channel	••••••		
Transmissions:	Installation: Residential			Fire protection			
Rates	First set	46.84		Burglar protection			
	<ul> <li>Additional set(s)</li> </ul>	37.19	Other services				
	FM radio (if separate rate)			Reconnect	28.94		
	Converter			Disconnect	N/C		
				Outlet relocation	56.94		
				Move to new address	50.83		
	CHANNELS						
м	Instructions: You must give (	1) the number of	channels on wi	nich the cable system carrie	d television broadc	ast stations	
	to its subscribers and (2) the c	able system's tota	al number of a	ctivated channels, during the	e accounting period	l.	
Channels							
	1. Enter the total number of ch	annels on which t	the cable			41	
	system carried television b	roadcast stations				41	
	-,						
	2. Enter the total number of ac	tivated channels					
				N			
	on which the cable system		broadcast sta	uons		346	
	and nonbroadcast services	•		• • • • • • • • • • • • • • • • • • • •			
N	INDIVIDUAL TO BE CONTAC			ON IS NEEDED: (Identify an	n individual		
	we can contact about this state	ement of account.	)				
Individual to							
Be Contacted							
for Further	Name	DANA LORIN	G		Telephone	712-853-6121	
Information							
	Address	107 S STATE			->		
				oute, apartment, or suite numbe	ir)		
		TERRIL, IA 5					
		(City,	town, state, zip)				
	Email (optional)	dana@terril.c	com		Fax (optional	712-853-6185	
	CERTIFICATION (This statement						
0	Signature Space O - this form will					forget to enter an electronic	
Certifcation	signature by typing "/s/" followed b	y your name in th	e signature bo	x in Space O of tab "page 8	, space M-O".		
			Typed or prir	ited name: Ivan Dal	len		
			. ,pod 0. pm				
			Title	Dresident			
			Title:	President (Title of official position he	ld in comporation or an	rtnershin)	
				( nue or ornicial position he	u in corporation of pa	nuersnip)	
1	1						
			Data	Eabruary 12, 2024			
			Date:	February 13, 2024			

Total Gross Receipts			\$	830,087.76
				ОК
Subgroup Gross Receipts Total			\$	830,087.76
Subgroup		Subgroup/Community Name		Gross Receipts
	1	TITONKA-BURT	\$	53,376.30
	2			,
THIRD		RUTHVEN	\$	92,700.00
FOURTH	4	ROYAL	\$	31,365.00
FIFTH	5	ARMSTRONG	\$	52,092.60
SIXTH	6	TERRIL	\$	23,625.00
SEVENTH	7	RINGSTED	\$	30,662.10
EIGHTH	8	PALMER	\$	29,640.00
NINTH	9	POCAHONTAS	\$ \$	35,370.00
TENTH	10	PLOVER		4,951.80
ELEVENTH	11	CURLEW	\$ \$	707.40
TWELVTH	12	ROLFE		13,440.60
THIRTEENTH	13	MALLARD	\$ \$	8,842.50
FOURTEENTH	14	WEST BEND	\$	45,627.30
FIFTEENTH	15	HAVELOCK	\$	15,209.10
SIXTEENTH	16	WHITTEMORE	\$	17,685.00
SEVENTEENTH	17	AYRSHIRE - GILLETTE GROVE	\$	9,903.60
EIGHTEENTH	18	SWEA CITY	\$ \$	18,463.20
NINTEENTH	19	ALGONA	\$	239,626.26
TWENTIETH	20	GRAETTINGER - WALLINGFORD	\$	106,800.00
TWENTY-FIRST	21			
TWENTY-SECOND	22			
TWENTY-THIRD	23			
TWENTY-FOURTH	24			
TWENTY-FIFTH	25			
TWENTY-SIXTH	26			
TWENTY-SEVENTH	27			
TWENTY-EIGHTH	28			
TWENTY-NINTH	29			
THIRTIETH	30			
THIRTY-FIRST	31			
THIRTY-SECOND	32			
THIRTY-THIRD	33			
THIRTY-FOURTH	34			
THIRTY-FIFTH	35			
THIRTY-SIXTH	36			
THIRTY-SEVENTH	37			
THIRTY-EIGHTH	38			
THIRTY-NINTH	39			
FORTIETH	40			

	2. B'cast Channel	3. Type of			Space G Basis of
1. Call Sign	Number	Station	6. Location of Station	DSE	Carriage
KDIN	11.1	Е	DES MOINES, IA	0.250	
KDINDT2	11.2	E-M	DES MOINES, IA	0.250	
KDINDT3	11.3	E-M	DES MOINES, IA	0.250	
KDINDT4	11.4	E-M	DES MOINES, IA	0.250	
KEYCDT	12.1	Ν	MANKATO, MN	0.250	0
KEYCDT2	12.2	N-M	MANKATO, MN	0.250	0
KCCIDT	8.1	Ν	DES MOINES, IA	0.250	
KCCIDT2	8.2	N-M	DES MOINES, IA	0.250	
KCCIDT3	8.3	N-M	DES MOINES, IA	0.250	
KCWIDT	23.1	Ν	DES MOINES, IA	0.250	
KCWIDT3	23.3	N-M	DES MOINES, IA	0.250	
KCWIDT4	23.4	N-M	DES MOINES, IA	0.250	
WOIDT	5.1	Ν	DES MOINES, IA	0.250	
WOIDT3	5.3	N-M	DES MOINES, IA	0.250	
WOIDT4	5.4	N-M	DES MOINES, IA	0.250	
KDSMDT	17.1	N	DES MOINES, IA	0.250	
KDSMDT2	17.1	N-M	DES MOINES, IA	0.250	
KDSMDT2	17.3	N-M	DES MOINES, IA	0.250	
KDSMDT4	17.4	N-M	DES MOINES, IA	0.250	
WHODT	13.1	N	DES MOINES, IA	0.250	
WHODT2	13.1	N-M	DES MOINES, IA	0.250	
WHODT3	13.3	N-M	DES MOINES, IA	0.250	
WHODT4	13.4	N-M	DES MOINES, IA	0.250	
	19.1		DES MOINES, IA	1.000	
KDMIDT3	56.3	I-M	DES MOINES, IA	1.000	
KEPXDT	39.1		DES MOINES, IA	1.000	
KTIVDT	4.1	N	SIOUX CITY, IA	0.250	
KTIVDT2	4.2	N-M	SIOUX CITY, IA	0.250	
KTIVDT3	4.3	N-M	SIOUX CITY, IA	0.250	
KTIVDT4	4.4	N-M	SIOUX CITY, IA	0.250	
KCAUDT	9.1	N	SIOUX CITY, IA	0.250	
KCAUDT2	9.2	N-M	SIOUX CITY, IA	0.250	
KCAUDT3	9.3	N-M	SIOUX CITY, IA	0.250	
KCAUDT4	9.4	N-M	SIOUX CITY, IA	0.250	
KPTHDT	44.1	N	SIOUX CITY, IA	0.250	
KPTHDT2	44.2	N-M	SIOUX CITY, IA	0.250	
KPTHDT3	44.3	N	SIOUX CITY, IA	0.250	
KPTHDT4	44.4	N-M	SIOUX CITY, IA	0.250	
KMEGDT2	14.2	N-M	SIOUX CITY, IA	0.250	
KMEGDT2	14.3	N-M	SIOUX CITY, IA	0.250	
KMEGDT4	14.4	N-M	SIOUX CITY, IA	0.250	
			,		
				#N/A	
				#N/A #N/A	
				πIN/A	

	2. B'cast Channel	3. Type of	DCF	Space G Basis of
1. Call Sign	Number	Station 6. Location of Station	DSE	Carriage
			#N/A	
			#N/A #N/A	
			#N/A #N/A	
			#N/A	
			#N/A	
			#N/A	
			, #N/A	
			#N/A	
			#N/A #N/A	
			#N/A #N/A	
			#N/A #N/A	
			#N/A	
			#N/A	
			#N/A	
			, #N/A	
			#N/A	
			#N/A #N/A	
			#N/A	
			, #N/A	

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1. Call Sign	Number	Station 6. Location of Station	DSE	Carriage
			#N/A	
			#N/A #N/A	
			#N/A #N/A	
			#N/A #N/A	
			#N/A	
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1. Call Sign	Number	Station 6. Location of Station	DSE	Carriage
			#N/A	
			#N/A #N/A	
			#N/A #N/A	
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			#N/A	
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1. Call Sign	Number	Station 6. Location of Station	DSE	Carriage
			#N/A	
			#N/A #N/A	
			#N/A #N/A	
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1. Call Sign	Number	Station 6. Location of Station	DSE	Carriage
			#N/A	
			#N/A #N/A	
			#N/A #N/A	
			#N/A #N/A	
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			#N/A	
			#N/A #N/A	
			#N/A #N/A	
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1. Call Sign	Number	Station 6. Location of Station	DSE	Carriage
			#N/A	
			#N/A #N/A	
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			#N/A	
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1. Call Sign	Number	Station 6. Location of Station	DSE	Carriage
			#N/A	
			#N/A #N/A	
			#N/A #N/A	
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			#N/A #N/A	
			#N/A	
			, #N/A	

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			#N/A	
			#N/A #N/A	
			#N/A #N/A	
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			#N/A	
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1. Call Sign	Number	Station 6. Location of Station	DSE	Carriage
			#N/A	
			#N/A #N/A	
			#N/A #N/A	
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			#N/A #N/A	
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			#N/A #N/A	
			#N/A	
			, #N/A	

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1. Call Sign	Number	Station 6. Location of Station	DSE	Carriage
			#N/A	
			#N/A #N/A	
			#N/A #N/A	
			#N/A #N/A	
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			#N/A	
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			#N/A	
			#N/A #N/A	
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			#N/A	
			#N/A #N/A	
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			#N/A	
			#N/A #N/A	
			#N/A #N/A	
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			#N/A	
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			#N/A	
			#N/A #N/A	
			#N/A #N/A	
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			#N/A	
			#N/A #N/A	
			#N/A #N/A	
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			#N/A	
			, #N/A	

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			#N/A	
			#N/A #N/A	
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			#N/A #N/A	
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1. Call Sign	Number	Station 6. Location of Station	DSE	Carriage
			#N/A	
			#N/A #N/A	
			#N/A #N/A	
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	2. B'cast Channel	3. Type of	DCF	Space G Basis of
1. Call Sign	Number	Station 6. Location of Station	DSE	Carriage
			#N/A	
			#N/A #N/A	
			#N/A #N/A	
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			#N/A #N/A	
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1. Call Sign	Number	Station 6. Location of Station	DSE	Carriage
			#N/A	
			#N/A #N/A	
			#N/A #N/A	
			#N/A	
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			#N/A	
			, #N/A	

	2. B'cast Channel	3. Type of	DCF	Space G Basis of
1. Call Sign	Number	Station 6. Location of Station	DSE	Carriage
			#N/A	
			#N/A #N/A	
			#N/A #N/A	
			#N/A	
			#N/A	
			#N/A	
			, #N/A	
			#N/A	
			#N/A #N/A	
			#N/A #N/A	
			#N/A #N/A	
			#N/A	
			#N/A	
			#N/A	
			, #N/A	
			#N/A	
			#N/A #N/A	
			#N/A	
			, #N/A	

	2. B'cast Channel	3. Type of	DCF	Space G Basis of
1. Call Sign	Number	Station 6. Location of Station	DSE	Carriage
			#N/A	
			#N/A #N/A	
			#N/A #N/A	
			#N/A	
			#N/A	
			#N/A	
			, #N/A	
			#N/A	
			#N/A #N/A	
			#N/A #N/A	
			#N/A #N/A	
			#N/A	
			#N/A	
			#N/A	
			, #N/A	
			#N/A	
			#N/A #N/A	
			#N/A	
			, #N/A	

	2. B'cast Channel	3. Type of	DCF	Space G Basis of
1. Call Sign	Number	Station 6. Location of Station	DSE	Carriage
			#N/A	
			#N/A #N/A	
			#N/A #N/A	
			#N/A #N/A	
			#N/A	
			#N/A	
			, #N/A	
			#N/A	
			#N/A #N/A	
			#N/A #N/A	
			#N/A #N/A	
			#N/A	
			#N/A	
			#N/A	
			, #N/A	
			#N/A	
			#N/A #N/A	
			#N/A	
			, #N/A	

	2. B'cast Channel	3. Type of	DCF	Space G Basis of
1. Call Sign	Number	Station 6. Location of Station	DSE	Carriage
			#N/A	
			#N/A #N/A	
			#N/A #N/A	
			#N/A	
			#N/A	
			#N/A	
			, #N/A	
			#N/A	
			#N/A #N/A	
			#N/A #N/A	
			#N/A #N/A	
			#N/A	
			#N/A	
			#N/A	
			, #N/A	
			#N/A	
			#N/A #N/A	
			#N/A	
			, #N/A	

	2. B'cast Channel	3. Type of	DCF	Space G Basis of
1. Call Sign	Number	Station 6. Location of Station	DSE	Carriage
			#N/A	
			#N/A #N/A	
			#N/A #N/A	
			#N/A	
			#N/A	
			#N/A	
			, #N/A	
			#N/A	
			#N/A #N/A	
			#N/A #N/A	
			#N/A #N/A	
			#N/A	
			#N/A	
			#N/A	
			, #N/A	
			#N/A	
			#N/A #N/A	
			#N/A	
			, #N/A	

	2. B'cast Channel	3. Type of	DCF	Space G Basis of
1. Call Sign	Number	Station 6. Location of Station	DSE	Carriage
			#N/A	
			#N/A #N/A	
			#N/A #N/A	
			#N/A	
			#N/A	
			#N/A	
			, #N/A	
			#N/A	
			#N/A #N/A	
			#N/A #N/A	
			#N/A #N/A	
			#N/A	
			#N/A	
			#N/A	
			, #N/A	
			#N/A	
			#N/A #N/A	
			#N/A	
			, #N/A	

	2. B'cast Channel	3. Type of			Space G Basis of
1. Call Sign	Number	Station	6. Location of Station	DSE	Carriage
				#N/A	

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

Return completed workbook by email to:

## coplicsoa@copyright.gov

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

Α ACCOUNTING PERIOD COVERED BY THIS STATEMENT: 2023/2 Accounting Period Instructions: Β Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corpo-Owner rate 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. 63492 LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM NORTHERN IOWA COMMUNICATIONS PARTNERS 634922023/2 63492 2023/2 107 S STATE STREET, P.O. BOX 100 **TERRIL, IA 51364** INSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these С names already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B. System IDENTIFICATION OF CABLE SYSTEM: 1 MAILING ADDRESS OF CABLE SYSTEM: 2 (Number, street, rural route, apartment, or suite number) (City, town, state, zip code) D Instructions: For complete space D instructions, see page 1b. Identify only the frst community served below and relist on page 1b with all communities. Area Served CITY OR TOWN STATE **TITONKA-BURT** IA First Community Below is a sample for reporting communities if you report multiple channel line-ups in Space G CITY OR TOWN (SAMPLE) STATE CH LINE UP SUB GRP# MD Alda 1 Α Sample Alliance MD 2 R MD Gering в 3 Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Offce to collect the personally identifying information (PII) requested on this 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

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AMOUNT

ALLOCATION NUMBER

DATE RECEIVED

for Secondary Transmissions by Cable Systems (Long Form)

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

LEGAL NAME OF OWNER OF CABLE SYSTEM:			SYSTEM ID#	
NORTHERN IOWA COMMUNICATIONS PARTNERS			63492	
<b>Instructions:</b> List each separate community served by the cable system. A "community" in FCC rules: "a separate and distinct community or municipal entity (including unincorporates and including single, discrete unincorporated areas." 47 C.F.R. §76.5(dd). The frs of system identification hereafter known as the "first community." Please use it as the first	orated communitie t community that y	es within unincorp you list will serve a	orated	D Area Served
<b>Note:</b> Entities and properties such as hotels, apartments, condominiums, or mobile hom below the identified city or town.	e parks should be	e reported in pare	ntheses	
If all communities receive the same complement of television broadcast stations (i.e., or all communities with the channel line-up "A" in the appropriate column below or leave th on a partially distant or partially permitted basis in the DSE Schedule, associate each re designated by a number (based on your reporting from Part 9).	e column blank. If levant community	you report any st with a subscriber	ations group,	
When reporting the carriage of television broadcast stations on a community-by-commu channel line-up designated by an alpha-letter(s) (based on your Space G reporting) and (based on your reporting from Part 9 of the DSE Schedule) in the appropriate columns b	a subscriber grou		anumber	-
CITY OR TOWN	STATE	CH LINE UP	SUB GRP#	_
TITONKA-BURT	IA	Α	1	First
				Community
RUTHVEN	IA	В	3	
ROYAL	IA	В	4	
ARMSTRONG	IA	С	5	
TERRIL	IA	В	6	See instructions for
RINGSTED	IA	C	7	additional information
PALMER	IA	D	8	on alphabetization.
POCAHONTAS	IA	E	9	
PLOVER	IA	E	10	
CURLEW	IA	E	11	Add rows as necessary.
ROLFE	IA	E	12	,
MALLARD	IA	E	13	
WEST BEND	IA	E	14	
HAVELOCK		E	15	
	IA IA	E	16	
AYRSHIRE - GILLETTE GROVE		F	17	
	IA IA	G	18	
ALGONA		H	19 20	
GRAETTINGER - WALLINGFORD	IA	В	20	

FORM SA3E. PAGE 1b.

 	 ••••••	•••••••••••••••••••••••••••••••••••••••	

Nama	LEGAL NAME OF OWNER OF CABLE	E SYSTEM:						S	YSTE	EM ID
Name	NORTHERN IOWA COM	MUNICATIO	DNS PA	ARTNERS					6	6349
-	SECONDARY TRANSMISSION	SERVICE: SL	JBSCRI	BERS AND F	ATES					
E	In General: The information in s	•		0						
Secondary	system, that is, the retransmissi about other services (including p									
Secondary Transmission	last day of the accounting period						Inose exist	ing on the		
Service: Sub-	Number of Subscribers: Bot						ble system	, broken		
scribers and	down by categories of secondar	•				•				
Rates	each category by counting the n separately for the particular serv <b>Rate:</b> Give the standard rate of	ice at the rate	indicate	d—not the nu	mber of set	ts receiving serv	/ice).	-		
	unit in which it is generally billed category, but do not include disc <b>Block 1:</b> In the left-hand block	ounts allowed	for adva	ince paymen						
	systems most commonly provide									
	that applies to your system. Not									
	categories, that person or entity						•			
	subscriber who pays extra for ca first set" and would be counted of					d in the count ur	nder "Servio	e to the		
	Block 2: If your cable system					service that are	e different f	rom those		
	printed in block 1 (for example, t	-		-						
	with the number of subscribers a	and rates, in the	e right-h	and block. A	two- or thre	e-word descript	ion of the s	ervice is		
	sufficient.	OCK 1					BLOC			
		NO. OF	-				BLUC	NO. OF		
	CATEGORY OF SERVICE	SUBSCRIB	ERS	RATE	CAT	EGORY OF SE	RVICE	SUBSCRIBERS	R	RATE
	Residential:									
	Service to first set		2,856	\$ 52.07	•• ••	EXPANDED		2,634		50.
	• Service to additional set(s)				TIER 3 -	PREMIER		1,799	\$	61.
	• FM radio (if separate rate) Motel, hotel									
	Commercial									
	Converter									
	Residential									
	Non-residential									
	SERVICES OTHER THAN SEC				-					
F	In General: Space F calls for ra	-								
•	not covered in space E, that is, t service for a single fee. There a									
Services	furnished at cost or (2) services									
Other Than	amount of the charge and the ur	nit in which it is								
Secondary	enter only the letters "PP" in the									
ransmissions: Rates	Block 1: Give the standard ra Block 2: List any services that							were not		
Rates	listed in block 1 and for which a									
	brief (two- or three-word) descrip									
		BLO	CK 1					BLOCK 2		
	CATEGORY OF SERVICE	RATE		GORY OF SE	RVICE	RATE	CATEGO	DRY OF SERVICE	R	RATE
	Continuing Services:			ation: Non-re						
	• Pay cable		• Mo	tel, hotel			нво		\$	17.
	• Pay cable—add'l channel		• Cor	mmercial				X	\$	14.
	Fire protection		- 1	/ cable			SHOWT	IME	\$	10.9
	•Burglar protection			/ cable-add'l	channel		STARZ		\$	10.0
	Installation: Residential			e protection			PLAYBO	γ	\$	12.9
	• First set	\$ 46.84	•	glar protectic	n					
	Additional set(s)	\$ 37.19	Other s	services:						
			-			¢ • • • • •				
	• FM radio (if separate rate)		•	connect		\$ 28.94				
	<ul> <li>FM radio (if separate rate)</li> <li>Converter</li> </ul>		• Dis	connect		N/C				
			• Dis • Out							

## ACCOUNTING PERIOD: 2023/2

LEGAL NAME OF OW	INER OF CABLE SYS			s	SYSTE 6	M ID# 3492	Name
PRIMARY TRANSMIT	TERS: TELEVISIO	N					
					nd low power television stations)		G
					only on a part-time basis under n network programs [sections		9
′6.59(d)(2) and (4), <sup>·</sup>	76.61(e)(2) and (4	4), or 76.63 (re	eferring to 76.61	0	nd (2) certain stations carried on a		Primary
ubstitute program b Substitute Basis				carried by your ca	ble system on a substitute program		Transmitters: Television
asis under specifc F	CC rules, regula	tions, or autho	orizations:				
Do not list the station station was carrie			it in space I (the	Special Statemer	t and Program Log)—if the		
List the station here	e, and also in spa	ce I, if the stat			e basis and also on some other		
basis. For further in the paper SA3		erning substitu	ite basis stations	s, see page (v) of	the general instructions located		
Column 1: List e	ach station's call	-			such as HBO, ESPN, etc. Identify		
					on. For example, report multi- stream separately; for example		
VETA-simulcast).							
			•		n for broadcasting over-the-air in ay be different from the channel		
n which your cable	system carried th	e station.		•			
					endent station, or a noncommercial st), "I" (for independent), "I-M"		
for independent mul	lticast), "E" (for no	ncommercial	educational), or	"E-M" (for noncor	nmercial educational multicast).		
For the meaning of the Column 4: If the					e paper SA3 form. ". If not, enter "No". For an ex-		
lanation of local ser	vice area, see pa	ge (v) of the g	eneral instructio	ons located in the	paper SA3 form.		
			-		ating the basis on which your ring "LAC" if your cable system		
carried the distant st							
					payment because it is the subject		
					em or an association representing transmitter, enter the designa-		
					er basis, enter "O." For a further		
					in the paper SA3 form. to which the station is licensed by the		
CC. For Mexican o	r Canadian statio	ns, if any, give	the name of the	e community with	which the station is identifed.		
lote: If you are utiliz	ang multiple chan	•			iannei line-up.		
			EL LINE-UP	٨			
		CHANN		A			
1. CALL	2. B'CAST	3. TYPE	4. DISTANT?	5. BASIS OF	6. LOCATION OF STATION		
1. CALL SIGN	CHANNEL	3. TYPE OF		5. BASIS OF CARRIAGE	6. LOCATION OF STATION		
SIGN	CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF			
SIGN	CHANNEL NUMBER 11.1	3. TYPE OF STATION E	4. DISTANT? (Yes or No) <b>No</b>	5. BASIS OF CARRIAGE	DES MOINES, IA		
SIGN KDIN KDINDT2	CHANNEL NUMBER 11.1 11.2	3. TYPE OF STATION E E-M	4. DISTANT? (Yes or No) No	5. BASIS OF CARRIAGE	DES MOINES, IA DES MOINES, IA		See instructions for
KDIN KDINDT2 KDINDT3	CHANNEL NUMBER 11.1 11.2 11.3	3. TYPE OF STATION E E-M E-M	4. DISTANT? (Yes or No) No No	5. BASIS OF CARRIAGE	DES MOINES, IA DES MOINES, IA DES MOINES, IA		See instructions for additional information on alphabetization.
SIGN KDIN KDINDT2 KDINDT3 KDINDT4	CHANNEL NUMBER 11.1 11.2 11.3 11.4	3. TYPE OF STATION E.M E-M E-M	4. DISTANT? (Yes or No) No	5. BASIS OF CARRIAGE	DES MOINES, IA DES MOINES, IA		additional information
SIGN KDIN KDINDT2 KDINDT3 KDINDT4	CHANNEL NUMBER 11.1 11.2 11.3	3. TYPE OF STATION E E-M E-M	4. DISTANT? (Yes or No) No No	5. BASIS OF CARRIAGE	DES MOINES, IA DES MOINES, IA DES MOINES, IA		additional information
SIGN KDIN KDINDT2 KDINDT3	CHANNEL NUMBER 11.1 11.2 11.3 11.4	3. TYPE OF STATION E.M E-M E-M	4. DISTANT? (Yes or No) No No No	5. BASIS OF CARRIAGE	DES MOINES, IA DES MOINES, IA DES MOINES, IA DES MOINES, IA		additional information
SIGN KDIN KDINDT2 KDINDT3 KDINDT4 KCCIDT	CHANNEL NUMBER 11.1 11.2 11.3 11.4 8.1	3. TYPE OF STATION E-M E-M N	4. DISTANT? (Yes or No) No No No No	5. BASIS OF CARRIAGE	DES MOINES, IA DES MOINES, IA DES MOINES, IA DES MOINES, IA DES MOINES, IA		additional information
SIGN KDINDT2 KDINDT3 KDINDT4 KCCIDT KCCIDT2	CHANNEL NUMBER 11.1 11.2 11.3 11.4 8.1 8.2	3. TYPE OF E E-M E-M E-M N N-M	4. DISTANT? (Yes or No) No No No No No	5. BASIS OF CARRIAGE	DES MOINES, IA DES MOINES, IA DES MOINES, IA DES MOINES, IA DES MOINES, IA DES MOINES, IA		additional information
SIGN KDINDT2 KDINDT3 KDINDT4 KCCIDT KCCIDT2 KCCIDT3 KEYCDT	CHANNEL NUMBER 11.1 11.2 11.3 11.4 8.1 8.2 8.3	3. TYPE OF STATION E-M E-M E-M N N-M N-M	4. DISTANT? (Yes or No) No No No No No No	5. BASIS OF CARRIAGE (If Distant)	DES MOINES, IA DES MOINES, IA DES MOINES, IA DES MOINES, IA DES MOINES, IA DES MOINES, IA		additional information
SIGN KDINDT2 KDINDT3 KDINDT4 KCCIDT KCCIDT2 KCCIDT3 KEYCDT	CHANNEL NUMBER 11.1 11.2 11.3 11.4 8.1 8.2 8.3 12.1	3. TYPE OF STATION E-M E-M E-M N N-M N-M N-M	4. DISTANT? (Yes or No) No No No No No Yes	5. BASIS OF CARRIAGE (If Distant)	DES MOINES, IA DES MOINES, IA DES MOINES, IA DES MOINES, IA DES MOINES, IA DES MOINES, IA DES MOINES, IA MANKATO, MN		additional informatio
SIGN KDINDT2 KDINDT3 KDINDT4 KCCIDT KCCIDT2 KCCIDT3 KEYCDT KCWIDT	CHANNEL NUMBER 11.1 11.2 11.3 11.4 8.1 8.2 8.3 12.1	3. TYPE OF STATION E-M E-M E-M N N-M N-M N-M	4. DISTANT? (Yes or No) No No No No No Yes	5. BASIS OF CARRIAGE (If Distant)	DES MOINES, IA DES MOINES, IA DES MOINES, IA DES MOINES, IA DES MOINES, IA DES MOINES, IA DES MOINES, IA MANKATO, MN		additional informatio
SIGN KDINDT2 KDINDT3 KDINDT4 KCCIDT4 KCCIDT2 KCCIDT3 KEYCDT KCWIDT3	CHANNEL NUMBER 11.1 11.2 11.3 11.4 8.1 8.2 8.3 12.1 23.1 23.3	3. TYPE OF STATION E-M E-M N N-M N-M N N N N	4. DISTANT? (Yes or No) No No No No Yes No	5. BASIS OF CARRIAGE (If Distant)	DES MOINES, IA DES MOINES, IA DES MOINES, IA DES MOINES, IA DES MOINES, IA DES MOINES, IA MANKATO, MN DES MOINES, IA DES MOINES, IA		additional information
SIGN KDINDT2 KDINDT3 KDINDT4 KCCIDT2 KCCIDT2 KCCIDT3 KEYCDT KCWIDT3 KCWIDT3 KCWIDT3	CHANNEL NUMBER 11.1 11.2 11.3 11.4 8.1 8.2 8.3 12.1 23.1 23.3 23.4	3. TYPE OF STATION E-M E-M N-M N-M N-M N N-M N-M N-M	4. DISTANT? (Yes or No) No No No No Yes No No No	5. BASIS OF CARRIAGE (If Distant)	DES MOINES, IA DES MOINES, IA DES MOINES, IA DES MOINES, IA DES MOINES, IA DES MOINES, IA MANKATO, MN DES MOINES, IA DES MOINES, IA		additional informatio
SIGN KDINDT2 KDINDT3 KDINDT4 KCCIDT2 KCCIDT2 KCCIDT3 KEYCDT KCWIDT3 KCWIDT3 KCWIDT3	CHANNEL NUMBER 11.1 11.2 11.3 11.4 8.1 8.2 8.3 12.1 23.1 23.3	3. TYPE OF STATION E-M E-M N N-M N-M N N N N	4. DISTANT? (Yes or No) No No No No Yes No	5. BASIS OF CARRIAGE (If Distant)	DES MOINES, IA DES MOINES, IA DES MOINES, IA DES MOINES, IA DES MOINES, IA DES MOINES, IA MANKATO, MN DES MOINES, IA DES MOINES, IA		additional information
SIGN KDINDT2 KDINDT3 KDINDT4 KCCIDT KCCIDT2 KCCIDT3 KEYCDT KCWIDT3 KCWIDT3 KCWIDT4 WOIDT	CHANNEL NUMBER 11.1 11.2 11.3 11.4 8.1 8.2 8.3 12.1 23.1 23.3 23.4 5.1	3. TYPE OF STATION E-M E-M N-M N-M N N-M N N-M N-M N-M N-M	4. DISTANT? (Yes or No) No No No No Yes No No No No No	5. BASIS OF CARRIAGE (If Distant)	DES MOINES, IA DES MOINES, IA DES MOINES, IA DES MOINES, IA DES MOINES, IA DES MOINES, IA MANKATO, MN DES MOINES, IA DES MOINES, IA DES MOINES, IA		additional information
SIGN KDINDT2 KDINDT3 KDINDT4 KCCIDT KCCIDT2 KCCIDT2 KCCIDT3 KEYCDT KCWIDT3 KCWIDT4 WOIDT4 KCWIDT4 KCWIDT4 KCWIDT4 KCWIDT4 KCWIDT3	CHANNEL NUMBER 11.1 11.2 11.3 11.4 8.1 8.2 8.3 12.1 23.1 23.3 23.4 5.1 5.3	3. TYPE OF STATION E-M E-M N-M N-M N-M N-M N-M N-M	4. DISTANT? (Yes or No) No No No No Yes No No No No No	5. BASIS OF CARRIAGE (If Distant)	DES MOINES, IA DES MOINES, IA DES MOINES, IA DES MOINES, IA DES MOINES, IA DES MOINES, IA MANKATO, MN DES MOINES, IA DES MOINES, IA DES MOINES, IA DES MOINES, IA		additional informatio
SIGN KDINDT2 KDINDT3 KDINDT4 KCCIDT KCCIDT2 KCCIDT2 KCCIDT3 KEYCDT KCWIDT3 KCWIDT4 WOIDT3 WOIDT4	CHANNEL NUMBER 11.1 11.2 11.3 11.4 8.1 8.2 8.3 12.1 23.1 23.3 23.4 5.1 5.3 5.4	3. TYPE OF STATION E-M E-M N N-M N-M N-M N-M N-M N-M N-M N-M	4. DISTANT? (Yes or No) No No No No Yes No No No No No No No	5. BASIS OF CARRIAGE (If Distant)	DES MOINES, IA DES MOINES, IA DES MOINES, IA DES MOINES, IA DES MOINES, IA DES MOINES, IA DES MOINES, IA MANKATO, MN DES MOINES, IA DES MOINES, IA DES MOINES, IA DES MOINES, IA		additional information
SIGN KDINDT2 KDINDT3 KDINDT4 KCCIDT KCCIDT2 KCCIDT3 KCVIDT3 KCWIDT3 KCWIDT4 WOIDT4 WOIDT4 WOIDT4 KDSMDT	CHANNEL NUMBER 11.1 11.2 11.3 11.4 8.1 8.2 8.3 12.1 23.1 23.3 23.4 5.1 5.3 5.4 17.1	3. TYPE OF STATION E-M E-M N-M N-M N-M N-M N-M N-M N-M N-M N-M N	4. DISTANT? (Yes or No) No No No No Yes No No No No No No No No	5. BASIS OF CARRIAGE (If Distant)	DES MOINES, IA DES MOINES, IA DES MOINES, IA DES MOINES, IA DES MOINES, IA DES MOINES, IA DES MOINES, IA MANKATO, MN DES MOINES, IA DES MOINES, IA DES MOINES, IA DES MOINES, IA DES MOINES, IA		additional information
SIGN KDINDT2 KDINDT3 KDINDT4 KCCIDT KCCIDT2 KCCIDT3 KCCIDT3 KCWIDT3 KCWIDT4 KCWIDT4 KCWIDT4 KOIDT3 WOIDT3 WOIDT4 KDSMDT2	CHANNEL NUMBER 11.1 11.2 11.3 11.4 8.1 8.2 8.3 12.1 23.1 23.3 23.4 5.1 5.3 5.4 17.1 17.2	3. TYPE OF STATION E-M E-M N-M N-M N-M N-M N-M N-M N-M N-M N-M N	4. DISTANT? (Yes or No) No No No No Yes No No No No No No No No No No No No	5. BASIS OF CARRIAGE (If Distant)	DES MOINES, IA DES MOINES, IA DES MOINES, IA DES MOINES, IA DES MOINES, IA DES MOINES, IA DES MOINES, IA MANKATO, MN DES MOINES, IA DES MOINES, IA DES MOINES, IA DES MOINES, IA DES MOINES, IA DES MOINES, IA DES MOINES, IA		additional information
SIGN CDINDT2 CDINDT3 CDINDT4 CCIDT CCCIDT2 CCCIDT3 CCCIDT3 CCVIDT3 CCWIDT4 CCWIDT4 COVIDT4 COVIDT4 CDSMDT2 CDSMDT2 CDSMDT3	CHANNEL NUMBER 11.1 11.2 11.3 11.4 8.1 8.2 8.3 12.1 23.1 23.3 23.4 5.1 5.3 5.4 17.1 17.2 17.3	3. TYPE OF STATION E-M E-M N-M N-M N-M N-M N-M N-M N-M N-M N-M N	4. DISTANT? (Yes or No) No No No No Yes No Yes No No No No No No No No No No	5. BASIS OF CARRIAGE (If Distant)	DES MOINES, IA DES MOINES, IA DES MOINES, IA DES MOINES, IA DES MOINES, IA DES MOINES, IA DES MOINES, IA MANKATO, MN DES MOINES, IA DES MOINES, IA		additional informatio
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SIGN CDINDT2 CDINDT3 CDINDT4 CCIDT CCIDT2 CCIDT2 CCIDT3 CCIDT3 CCVIDT3 CCWIDT3 CCWIDT3 CCWIDT4 COSMDT4 COSMDT4 CDSMDT4 CDSMDT2 CDSMDT4 CDS	CHANNEL NUMBER 11.1 11.2 11.3 11.4 8.1 8.2 8.3 12.1 23.3 23.4 5.1 23.3 23.4 5.1 5.3 5.4 17.1 17.2 17.3 17.4 13.1 13.2 13.3 13.4 19.1	3. TYPE OF STATION E-M E-M N M-M N-M N-M N-M N-M N-M N-M N-M N-M	4. DISTANT? (Yes or No) No No No No No Yes No Yes No No No No No No No No No No No No No	5. BASIS OF CARRIAGE (If Distant)	DES MOINES, IA DES MOINES, IA		additional informatio

<ul> <li>carried by your cable syst</li> <li>FCC rules and regulations</li> <li>76.59(d)(2) and (4), 76.61</li> <li>substitute program basis,</li> <li>Substitute Basis Stat</li> <li>basis under specific FCC (10)</li> <li>Do not list the station here, and basis. For further inform in the paper SA3 form.</li> <li>Column 1: List each seach multicast stream ass</li> <li>cast stream as "WETA-2"</li> <li>WETA-simulcast).</li> <li>Column 2: Give the chits community of license.</li> </ul>	dentify every term during th s in effect on l(e)(2) and (4 as explained tions: With ra rre in space ( ly on a substi d also in space tation's call s sociated with	television sta e accounting June 24, 198 J, or 76.63 (rd d in the next p espect to any tions, or autho G—but do list itute basis. ce I, if the sta erning substit	period, except i 81, permitting th eferring to 76.61 baragraph. distant stations orizations: it in space I (th tion was carried	(1) stations carrie e carriage of certa I (e)(2) and (4))]; a carried by your c e Special Stateme	and low power television stations) d only on a part-time basis under ain network programs [sections and (2) certain stations carried on a cable system on a substitute program ent and Program Log)—if the tute basis and also on some other	G Primary Transmitters Television
carried by your cable syst FCC rules and regulations 76.59(d)(2) and (4), 76.61 substitute program basis, <b>Substitute Basis Stat</b> basis under specifc FCC ( • Do not list the station he station was carried onl • List the station here, and basis. For further inforn in the paper SA3 form. <b>Column 1:</b> List each s each multicast stream ass cast stream as "WETA-2" WETA-simulcast). <b>Column 2:</b> Give the ch its community of license.	tem during the s in effect on l(e)(2) and (4 as explained tions: With re- rules, regular ere in space ( ly on a substit d also in space mation conce tation's call s sociated with	e accounting June 24, 198 J, or 76.63 (red in the next p espect to any tions, or author G—but do list itute basis. ce I, if the sta erning substitut sign. Do not re	period, except i 81, permitting th eferring to 76.61 baragraph. distant stations orizations: it in space I (th tion was carried	(1) stations carrie e carriage of certa I (e)(2) and (4))]; a carried by your c e Special Stateme	d only on a part-time basis under ain network programs [sections and (2) certain stations carried on a cable system on a substitute program ent and Program Log)—if the	Primary Transmitters
<ul> <li>basis under specifc FCC i</li> <li>Do not list the station he station was carried onl</li> <li>List the station here, and basis. For further inform in the paper SA3 form.</li> <li>Column 1: List each s each multicast stream as seat stream as "WETA-2" WETA-simulcast).</li> <li>Column 2: Give the chits community of license.</li> </ul>	rules, regulat ere in space ( ly on a substi d also in space mation conce station's call s sociated with	tions, or autho G—but do list itute basis. ce I, if the sta erning substitu sign. Do not re	orizations: it in space I (th tion was carried	e Special Statemo	ent and Program Log)—if the	Television
<ul> <li>station was carried onl</li> <li>List the station here, and basis. For further inform in the paper SA3 form.</li> <li>Column 1: List each s</li> <li>each multicast stream ass</li> <li>cast stream as "WETA-2"</li> <li>WETA-simulcast).</li> <li>Column 2: Give the ch</li> <li>its community of license.</li> </ul>	ly on a substi d also in space mation conce station's call s sociated with	itute basis. ce I, if the sta erning substiti sign. Do not n	tion was carried	·		
basis. For further inform in the paper SA3 form. <b>Column 1:</b> List each s each multicast stream ass cast stream as "WETA-2" WETA-simulcast). <b>Column 2:</b> Give the ch its community of license.	mation conce tation's call s sociated with	erning substiti sign. Do not r		l both on a substit	tute basis and also on some other	
Column 1: List each s each multicast stream as cast stream as "WETA-2" WETA-simulcast). Column 2: Give the ch ts community of license.	tation's call s sociated with	-		ns, see page (v) o	of the general instructions located	
cast stream as "WETA-2" WETA-simulcast). <b>Column 2:</b> Give the ch its community of license.					es such as HBO, ESPN, etc. Identify	
Column 2: Give the ch ts community of license.			•	•	ition. For example, report multi- h stream separately; for example	
ts community of license.	honnol numb		·			
مقمينه والمامم ويتمني مامتوانين مرم			0		may be different from the channel	
on which your cable syste			ation is a netwo	rk station an inde	ependent station, or a noncommercial	
					ast), "I" (for independent), "I-M"	
(for independent multicas For the meaning of these			· · ·	•	ommercial educational multicast).	
					es". If not, enter "No". For an ex-	
planation of local service Column 5: If you have					e paper SA3 form. stating the basis on which your	
•			-	-	tering "LAC" if your cable system	
carried the distant station						
					y payment because it is the subject stem or an association representing	
					ry transmitter, enter the designa-	
explanation of these three					ther basis, enter "O." For a further ed in the paper SA3 form.	
Column 6: Give the lo	cation of eac	ch station. For	U.S. stations,	list the community	y to which the station is licensed by the	
FCC. For Mexican or Can <b>Note:</b> If you are utilizing n					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 2.	CHANNEL	OF	(Yes or No)	CARRIAGE	0. LOCATION OF STATION	
	NUMBER	STATION	, ,	(If Distant)		
KDIN	11.1	E	yes	E	DES MOINES, IA	
KDINDT2	11.2	E-M	Yes	E	DES MOINES, IA	
KDINDT3	11.3	E-M	Yes	E	DES MOINES, IA	
KDINDT4	11.4	E-M	Yes	E	DES MOINES, IA	
KTIVDT	4.1	N	No		SIOUX CITY, IA	
KTIVDT2	4.2	N-M	No		SIOUX CITY, IA	
KTIVDT3	4.3	N-M	No		SIOUX CITY, IA	
KTIVDT4	4.4	N-M	No		SIOUX CITY, IA	
	9.1	N	No		SIOUX CITY, IA	
KCAUDI	9.2	N-M	No		SIOUX CITY, IA	
					SIOUX CITY, IA	
KCAUDT2	9.3	N-M	No			
KCAUDT2 KCAUDT3						
KCAUDT2 KCAUDT3 KCAUDT4	9.4	N-M	No		SIOUX CITY, IA	
KCAUDT2 KCAUDT3 KCAUDT4 KPTHDT	9.4 44.1	N-M N	No No		SIOUX CITY, IA SIOUX CITY, IA	
KCAUDT2 KCAUDT3 KCAUDT4 KPTHDT KPTHDT2	9.4 44.1 44.2	N-M N N-M	No No No		SIOUX CITY, IA SIOUX CITY, IA SIOUX CITY, IA	
KCAUDT2 KCAUDT3 KCAUDT4 KPTHDT KPTHDT2 KPTHDT3	9.4 44.1 44.2 44.3	N-M N N-M N	No No No No		SIOUX CITY, IA SIOUX CITY, IA SIOUX CITY, IA SIOUX CITY, IA	
KCAUDT2 KCAUDT3 KCAUDT4 KPTHDT KPTHDT2 KPTHDT3 KPTHDT4	9.4 44.1 44.2 44.3 44.4	N-M N N-M N-M	No No No No		SIOUX CITY, IA SIOUX CITY, IA SIOUX CITY, IA SIOUX CITY, IA SIOUX CITY, IA	
KCAUDT2 KCAUDT2 KCAUDT3 KCAUDT4 KPTHDT KPTHDT2 KPTHDT3 KPTHDT4 KMEGDT4 KMEGDT2	9.4 44.1 44.2 44.3	N-M N N-M N	No No No No		SIOUX CITY, IA SIOUX CITY, IA SIOUX CITY, IA SIOUX CITY, IA	

FORM SA3E. PAGE 3.

FORM SA3E. PAGE 3.		

NORTHERN IO	WA COMMU			S	SYSTEM ID# 63492	Name
PRIMARY TRANSMITT	ERS: TELEVISIO	N				
					and low power television stations)	6
	, ,	•		,	d only on a part-time basis under	G
					ain network programs [sections and (2) certain stations carried on a	Primary
substitute program ba	sis, as explained	d in the next p	aragraph.			Transmitters:
Substitute Basis basis under specifc F				carried by your o	cable system on a substitute program	Television
•				e Special Stateme	ent and Program Log)—if the	
station was carried			ion was corried	hoth on a substit	ute basis and also an some other	
					ute basis and also on some other of the general instructions located	
in the paper SA3 fo		aion Da natro	nort origination		a such as LIPO. ESPN, sta. Identify	
		-			s such as HBO, ESPN, etc. Identify tion. For example, report multi-	
cast stream as "WETA			-	-	h stream separately; for example	
WETA-simulcast).	e channel numh	er the ECC h	as assigned to t	he television stat	ion for broadcasting over-the-air in	
			0		may be different from the channel	
on which your cable s			ation is a natural	k station on inde	ependent station, or a noncommercial	
				,	ependent station, of a honcommercial areas and a station and a station and a station areas areas and a station areas areas areas and a station areas	
(for independent multi	cast), "E" (for no	oncommercial	educational), or	"E-M" (for nonco	ommercial educational multicast).	
For the meaning of the Column 4: If the st	, ,	0 ()	0		ne paper SA3 form. es". If not, enter "No". For an ex-	
planation of local serv	ice area, see pa	age (v) of the g	general instructi	ons located in the	e paper SA3 form.	
-			-	-	stating the basis on which your tering "LAC" if your cable system	
cable system carried t carried the distant sta		•	• •	•	<b>o</b> , ,	
					payment because it is the subject	
•		n or before Jur	ne 30, 2009, bet	ween a cable sv	stem or an association representing	
the caple system and	a primary transr	nitter or an as	sociation repres			
				senting the prima	ry transmitter, enter the designa- her basis, enter "O." For a further	
tion "E" (exempt). For explanation of these tl	simulcasts, also nree categories,	o enter "E". If y see page (v)	ou carried the c of the general in	senting the prima channel on any ot nstructions locate	ry transmitter, enter the designa- her basis, enter "O." For a further ed in the paper SA3 form.	
tion "E" (exempt). For explanation of these th <b>Column 6:</b> Give th	simulcasts, also nree categories, e location of eac	enter "E". If y see page (v) ch station. For	ou carried the c of the general ir U.S. stations, li	senting the prima channel on any of nstructions locate ist the community	ry transmitter, enter the designa- her basis, enter "O." For a further	
tion "E" (exempt). For explanation of these th <b>Column 6:</b> Give th FCC. For Mexican or	simulcasts, also nree categories, e location of eac Canadian station	enter "E". If y see page (v) ch station. For ns, if any, give	ou carried the c of the general in U.S. stations, li the name of the	senting the prima channel on any of nstructions locate ist the community e community with	ry transmitter, enter the designa- her basis, enter "O." For a further ed in the paper SA3 form. / to which the station is licensed by the n which the station is identifed.	
tion "E" (exempt). For explanation of these th <b>Column 6:</b> Give th FCC. For Mexican or	simulcasts, also nree categories, e location of eac Canadian station	enter "E". If y see page (v) ch station. For ns, if any, give nel line-ups, u	ou carried the c of the general in U.S. stations, li the name of the	senting the prima channel on any of nstructions locate ist the community e community with space G for each	ry transmitter, enter the designa- her basis, enter "O." For a further ed in the paper SA3 form. / to which the station is licensed by the n which the station is identifed.	
tion "E" (exempt). For explanation of these th <b>Column 6:</b> Give th FCC. For Mexican or <b>Note:</b> If you are utilizin	simulcasts, also nree categories, e location of eac Canadian station ng multiple chan	o enter "E". If y see page (v) ch station. For ns, if any, give nel line-ups, u CHANN	rou carried the c of the general in U.S. stations, li the name of the use a separate s EL LINE-UP	senting the prima channel on any of instructions locate ist the community e community with space G for each C	ry transmitter, enter the designa- ther basis, enter "O." For a further ad in the paper SA3 form. to which the station is licensed by the a which the station is identifed. channel line-up.	
tion "E" (exempt). For explanation of these th <b>Column 6:</b> Give th FCC. For Mexican or	simulcasts, also nree categories, e location of eac Canadian station	enter "E". If y see page (v) ch station. For ns, if any, give nel line-ups, u	rou carried the c of the general in U.S. stations, li the name of the use a separate s	senting the prima channel on any of nstructions locate ist the community e community with space G for each	ry transmitter, enter the designa- her basis, enter "O." For a further ed in the paper SA3 form. / to which the station is licensed by the n which the station is identifed.	
tion "E" (exempt). For explanation of these th <b>Column 6:</b> Give th FCC. For Mexican or <b>Note:</b> If you are utilizin 1. CALL	simulcasts, also nree categories, e location of eac Canadian station ng multiple chan 2. B'CAST	o enter "E". If y see page (v) ch station. For ns, if any, give nel line-ups, u CHANN 3. TYPE	ou carried the c of the general in U.S. stations, li the name of the use a separate s <b>EL LINE-UP</b> 4. DISTANT?	senting the prima channel on any of instructions locate ist the community e community with space G for each C 5. BASIS OF	ry transmitter, enter the designa- ther basis, enter "O." For a further ad in the paper SA3 form. to which the station is licensed by the a which the station is identifed. channel line-up.	
tion "E" (exempt). For explanation of these th <b>Column 6:</b> Give th FCC. For Mexican or <b>Note:</b> If you are utilizin 1. CALL SIGN	simulcasts, also nree categories, e location of ead Canadian station ng multiple chan 2. B'CAST CHANNEL	o enter "E". If y see page (v) ch station. For ns, if any, give nel line-ups, u CHANN 3. TYPE OF	ou carried the c of the general in U.S. stations, li the name of the use a separate s <b>EL LINE-UP</b> 4. DISTANT?	senting the prima channel on any of instructions locate ist the community e community with space G for each C 5. BASIS OF CARRIAGE	ry transmitter, enter the designa- ther basis, enter "O." For a further ad in the paper SA3 form. It to which the station is licensed by the a which the station is identifed. I channel line-up.	
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	E 3. OWNER OF CABLE SY I IOWA COMMU			6	SYSTEM ID# 63492	Name
PRIMARY TRANSM	NITTERS: TELEVISIO	N				
In General: In spa	ace G, identify every	television sta	tion (including tr	anslator stations a	and low power television stations)	•
		•		,	only on a part-time basis under	G
					n network programs [sections nd (2) certain stations carried on a	Primary
substitute program	n basis, as explaine	d in the next p	aragraph.			Transmitters
	fc FCC rules, regula			carried by your ca	ble system on a substitute program	Television
Do not list the sta	ation here in space	G—but do list		Special Statemer	nt and Program Log)—if the	
<ul> <li>List the station he basis. For furth</li> </ul>	ner information conc	ce I, if the stat			te basis and also on some other the general instructions located	
each multicast stre	t each station's call eam associated with	n a station acc	ording to its ove	r-the-air designati	such as HBO, ESPN, etc. Identify on. For example, report multi-	
cast stream as "W WETA-simulcast).		streams must	be reported in c	olumn 1 (list each	stream separately; for example	
Column 2: Giv	e the channel numb		-		on for broadcasting over-the-air in	
	icense. For example ble system carried th		nnel 4 in Washi	ngton, D.C. This r	nay be different from the channel	
Column 3: Indi	icate in each case w	whether the sta			endent station, or a noncommercial	
					st), "I" (for independent), "I-M" nmercial educational multicast).	
For the meaning o	of these terms, see p	bage (v) of the	general instruct	ions located in the	e paper SA3 form.	
	ne station is outside service area, see pa				s". If not, enter "No". For an ex-	
					ating the basis on which your	
					ring "LAC" if your cable system	
	station on a part-tin mission of a distant				apacity. payment because it is the subject	
of a written agreer	ment entered into or	n or before Jur	ne 30, 2009, betv	ween a cable syst	em or an association representing	
•			•	• • •	/ transmitter, enter the designa- er basis, enter "O." For a further	
explanation of the	se three categories,	see page (v)	of the general in	structions located	in the paper SA3 form.	
					to which the station is licensed by the which the station is identifed.	
	tilizing multiple chan					
		CHANN	EL LINE-UP	D		
4 0411	2 B'CAST					
1. CALL SIGN	2. B'CAST CHANNEL	3. TYPE OF	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE	6. LOCATION OF STATION	
	NUMBER	STATION	(100 01 100)	(If Distant)		
KDIN	11.1	Е	No		DES MOINES, IA	
KDINDT2	11.2	E-M	No			
KDINDT3					DES MOINES, IA	
	11.3	E-M	No		······	
KDINDT4	11.3	E-M	No		DES MOINES, IA	
	11.4	E-M	No		DES MOINES, IA DES MOINES, IA	
KCCIDT	11.4 8.1	E-M N	No No		DES MOINES, IA DES MOINES, IA DES MOINES, IA	
KCCIDT KCCIDT2	11.4 8.1 8.2	E-M N N-M	No No No		DES MOINES, IA DES MOINES, IA DES MOINES, IA DES MOINES, IA	
KDINDT4 KCCIDT KCCIDT2 KCCIDT3	11.4 8.1 8.2 8.3	E-M N N-M N-M	No No No No		DES MOINES, IA DES MOINES, IA DES MOINES, IA DES MOINES, IA DES MOINES, IA	
KCCIDT KCCIDT2 KCCIDT3	11.4 8.1 8.2	E-M N N-M	No No No		DES MOINES, IA DES MOINES, IA DES MOINES, IA DES MOINES, IA	
KCCIDT KCCIDT2 KCCIDT3 KCWIDT	11.4 8.1 8.2 8.3 23.1	E-M N N-M N-M N	No No No No		DES MOINES, IA DES MOINES, IA DES MOINES, IA DES MOINES, IA DES MOINES, IA	
KCCIDT KCCIDT2 KCCIDT3 KCWIDT KCWIDT3	11.4 8.1 8.2 8.3 23.1 23.3	E-M N-M N-M N-M	No No No No No		DES MOINES, IA DES MOINES, IA DES MOINES, IA DES MOINES, IA DES MOINES, IA DES MOINES, IA	
KCCIDT KCCIDT2 KCCIDT3 KCWIDT KCWIDT3 KCWIDT4	11.4 8.1 8.2 8.3 23.1 23.3 23.4	E-M N-M N-M N-M N-M	No No No No No No No		DES MOINES, IA DES MOINES, IA	
KCCIDT KCCIDT2 KCCIDT3 KCWIDT KCWIDT3 KCWIDT4	11.4 8.1 8.2 8.3 23.1 23.3	E-M N-M N-M N-M	No No No No No		DES MOINES, IA DES MOINES, IA DES MOINES, IA DES MOINES, IA DES MOINES, IA DES MOINES, IA	
KCCIDT KCCIDT2 KCCIDT3 KCWIDT KCWIDT3 KCWIDT4 WOIDT	11.4 8.1 8.2 8.3 23.1 23.3 23.4 5.1	E-M N-M N-M N-M N-M N-M	No No No No No No No		DES MOINES, IA DES MOINES, IA	
KCCIDT KCCIDT2 KCCIDT3 KCWIDT KCWIDT3 KCWIDT4 WOIDT WOIDT3	11.4 8.1 8.2 8.3 23.1 23.3 23.4 5.1 5.3	E-M N-M N-M N-M N-M N-M N-M	No No No No No No No		DES MOINES, IA DES MOINES, IA	
KCCIDT KCCIDT2 KCCIDT3 KCWIDT KCWIDT3 KCWIDT4 WOIDT WOIDT3	11.4 8.1 8.2 8.3 23.1 23.3 23.4 5.1 5.3 5.4	E-M N-M N-M N-M N-M N-M N-M N-M	No No No No No No No No No		DES MOINES, IA DES MOINES, IA	
KCCIDT KCCIDT2 KCCIDT3 KCWIDT KCWIDT3 KCWIDT4 WOIDT WOIDT3 WOIDT4	11.4 8.1 8.2 8.3 23.1 23.3 23.4 5.1 5.3	E-M N-M N-M N-M N-M N-M N-M	No No No No No No No		DES MOINES, IA DES MOINES, IA	
KCCIDT KCCIDT2 KCCIDT3 KCWIDT KCWIDT3 KCWIDT4 WOIDT WOIDT3 WOIDT4 KDSMDT	11.4 8.1 8.2 8.3 23.1 23.3 23.4 5.1 5.3 5.4	E-M N-M N-M N-M N-M N-M N-M N-M	No No No No No No No No No		DES MOINES, IA DES MOINES, IA	
KCCIDT KCCIDT2 KCCIDT3 KCWIDT KCWIDT3 KCWIDT4 WOIDT3 WOIDT4 KDSMDT2 KDSMDT3	11.4 8.1 8.2 8.3 23.1 23.3 23.4 5.1 5.3 5.4 17.1 17.2 17.3	E-M N-M N-M N-M N-M N-M N-M N-M N-M N-M N	No No No No No No No No No No No No		DES MOINES, IA DES MOINES, IA	
KCCIDT KCCIDT2 KCCIDT3 KCWIDT KCWIDT3 KCWIDT4 WOIDT4 WOIDT4 KDSMDT2 KDSMDT2 KDSMDT3 KDSMDT4	11.4 8.1 8.2 8.3 23.1 23.3 23.4 5.1 5.3 5.4 17.1 17.2 17.3 17.4	E-M N-M N-M N-M N-M N-M N-M N-M N-M N-M N	No No No No No No No No No No No No No N		DES MOINES, IA DES MOINES, IA	
KCCIDT KCCIDT2 KCCIDT3 KCWIDT KCWIDT3 KCWIDT4 WOIDT4 WOIDT3 WOIDT4 KDSMDT2 KDSMDT2 KDSMDT3 KDSMDT4 WHODT	11.4           8.1           8.2           8.3           23.1           23.3           23.4           5.1           5.3           5.4           17.1           17.2           17.3           17.4	E-M N-M N-M N-M N-M N-M N-M N-M N-M N-M N	No No No No No No No No No No No No No N		DES MOINES, IA DES MOINES, IA	
KCCIDT KCCIDT2 KCCIDT3 KCWIDT KCWIDT3 KCWIDT4 WOIDT4 WOIDT4 KDSMDT4 KDSMDT2 KDSMDT2 KDSMDT4 WHODT	11.4         8.1         8.2         8.3         23.1         23.3         23.4         5.1         5.3         5.4         17.1         17.2         17.3         17.4         13.1	E-M N-M N-M N-M N-M N-M N-M N-M N-M N-M N	No No No No No No No No No No No No No N		DES MOINES, IA DES MOINES, IA	
KCCIDT KCCIDT2 KCCIDT3 KCWIDT KCWIDT3 KCWIDT4 WOIDT4 WOIDT3 WOIDT4 KDSMDT2 KDSMDT2 KDSMDT3 KDSMDT4 WHODT WHODT2 WHODT3	11.4           8.1           8.2           8.3           23.1           23.3           23.4           5.1           5.3           5.4           17.1           17.2           17.3           17.4	E-M N-M N-M N-M N-M N-M N-M N-M N-M N-M N	No No No No No No No No No No No No No N		DES MOINES, IA DES MOINES, IA	
KCCIDT KCCIDT2 KCCIDT3 KCWIDT KCWIDT3 KCWIDT4 WOIDT4 WOIDT3 WOIDT4 KDSMDT2 KDSMDT2 KDSMDT3 KDSMDT4 WHODT WHODT2 WHODT3 WHODT3 WHODT3	11.4         8.1         8.2         8.3         23.1         23.3         23.4         5.1         5.3         5.4         17.1         17.2         17.3         17.4         13.1         13.2         13.3	E-M N-M N-M N-M N-M N-M N-M N-M N-M N-M N	No No No No No No No No No No No No No N		DES MOINES, IA DES MOINES, IA	
KCCIDT KCCIDT2 KCCIDT3 KCWIDT KCWIDT3 KCWIDT4 WOIDT3 WOIDT4 KDSMDT2 KDSMDT2 KDSMDT2 KDSMDT3 WHODT3 WHODT2 WHODT3 WHODT3 WHODT4 KDMIDT	11.4           8.1           8.2           8.3           23.1           23.3           23.4           5.1           5.3           5.4           17.1           17.2           17.3           17.4           13.1           13.2           13.3           13.4           19.1           56.3	E-M N-M N-M N-M N-M N-M N-M N-M N-M N-M N	No No No No No No No No No No No No No N		DES MOINES, IA DES MOINES, IA	
KCCIDT KCCIDT2 KCCIDT3 KCWIDT KCWIDT3 KCWIDT4 WOIDT3 WOIDT4 KDSMDT4 KDSMDT2 KDSMDT2 KDSMDT4 WHODT3 WHODT2 WHODT3 WHODT4 KDMIDT KDMIDT	11.4         8.1         8.2         8.3         23.1         23.3         23.4         5.1         5.3         5.4         17.1         17.2         17.3         17.4         13.1         13.2         13.3         13.4         19.1	E-M N-M N-M N-M N-M N-M N-M N-M N-M N-M N	No No No No No No No No No No No No No N		DES MOINES, IA DES MOINES, IA	
KCCIDT KCCIDT2 KCCIDT3 KCWIDT KCWIDT3 KCWIDT4 WOIDT3 WOIDT3 WOIDT4 KDSMDT4 KDSMDT2 KDSMDT4 WHODT2 WHODT2 WHODT2 WHODT3 WHODT4 KDMIDT3 KDMIDT3 KFPXDT	11.4         8.1         8.2         8.3         23.3         23.4         5.1         5.3         5.4         17.1         17.2         17.3         17.4         13.1         13.3         13.4         19.1         56.3         39.1	E-M N-M N-M N-M N-M N-M N-M N-M N-M N-M N	No No No No No No No No No No No No No N		DES MOINES, IA DES MOINES, IA	
KCCIDT KCCIDT2 KCCIDT3 KCWIDT KCWIDT3 KCWIDT4 WOIDT3 WOIDT4 KDSMDT4 KDSMDT2 KDSMDT4 WHODT2 WHODT2 WHODT3 WHODT3 WHODT3 KDSMIDT4 KDMIDT3 KDMIDT3 KFPXDT KTIVDT	11.4         8.1         8.2         8.3         23.1         23.3         23.4         5.1         5.3         5.4         17.1         17.2         17.3         17.4         13.1         13.2         13.3         13.4         19.1         56.3         39.1         4.1	E-M N-M N-M N-M N-M N-M N-M N-M N-M N-M N	No No No No No No No No No No No No No N		DES MOINES, IA DES MOINES, IA	
KCCIDT KCCIDT2 KCCIDT3 KCWIDT KCWIDT3 KCWIDT4 WOIDT3 WOIDT4 KDSMDT4 KDSMDT2 KDSMDT2 KDSMDT4 WHODT3 WHODT2 WHODT3 WHODT4 KDMIDT KDMIDT	11.4         8.1         8.2         8.3         23.3         23.4         5.1         5.3         5.4         17.1         17.2         17.3         17.4         13.1         13.3         13.4         19.1         56.3         39.1	E-M N-M N-M N-M N-M N-M N-M N-M N-M N-M N	No No No No No No No No No No No No No N		DES MOINES, IA DES MOINES, IA	

	3. WNER OF CABLE SY: IOWA COMMU		S PARTNER	3	SYSTEM ID# 63492	Name
PRIMARY TRANSMIT	TTERS: TELEVISIO	N				
In General: In spac	e G, identify every	television sta	tion (including tr	anslator stations	and low power television stations)	~
	, ,	0		,	l only on a part-time basis under	G
					in network programs [sections nd (2) certain stations carried on a	Primary
substitute program	basis, as explained	in the next p	aragraph.			Transmitters
basis under specifc				carried by your ca	able system on a substitute program	Television
<ul> <li>Do not list the stat</li> </ul>	ion here in space (	G—but do list		Special Stateme	nt and Program Log)—if the	
<ul> <li>List the station her</li> </ul>		ce I, if the stat			ite basis and also on some other the general instructions located	
	each station's call s				such as HBO, ESPN, etc. Identify ion. For example, report multi-	
cast stream as "WE WETA-simulcast).	TA-2". Simulcast	streams must	be reported in c	olumn 1 (list each	stream separately; for example	
	the channel numb	er the FCC ha	as assigned to th	ne television statio	on for broadcasting over-the-air in	
its community of lice on which your cable			innel 4 in Washi	ngton, D.C. This r	nay be different from the channel	
			ation is a networ	k station, an indep	pendent station, or a noncommercial	
					ist), "I" (for independent), "I-M"	
(for independent mu For the meaning of					mmercial educational multicast). e paper SA3 form.	
Column 4: If the	station is outside	the local servi	ice area, (i.e. "di	stant"), enter "Yes	s". If not, enter "No". For an ex-	
planation of local se Column 5: If you					paper SA3 form. tating the basis on which your	
cable system carrie	d the distant statio	n during the a	ccounting period	d. Indicate by ente	ering "LAC" if your cable system	
carried the distant s For the retransm					apacity. payment because it is the subject	
of a written agreem	ent entered into on	or before Jur	ne 30, 2009, bet	ween a cable syst	em or an association representing	
•			•		y transmitter, enter the designa- ner basis, enter "O." For a further	
explanation of these	e three categories,	see page (v)	of the general in	structions located	in the paper SA3 form.	
					to which the station is licensed by the which the station is identifed.	
Note: If you are utili				•		
-	-					1
		CHANN		F		
			EL LINE-UP			
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE	6. LOCATION OF STATION	
SIGN	CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF		
SIGN	CHANNEL NUMBER 11.1	3. TYPE OF STATION E	4. DISTANT? (Yes or No) <b>No</b>	5. BASIS OF CARRIAGE	DES MOINES, IA	
SIGN KDIN KDINDT2	CHANNEL NUMBER 11.1 11.2	3. TYPE OF STATION E E-M	4. DISTANT? (Yes or No) No No	5. BASIS OF CARRIAGE	DES MOINES, IA DES MOINES, IA	
SIGN KDIN KDINDT2 KDINDT3	CHANNEL NUMBER 11.1 11.2 11.3	3. TYPE OF STATION E E-M E-M	4. DISTANT? (Yes or No) No No	5. BASIS OF CARRIAGE	DES MOINES, IA DES MOINES, IA DES MOINES, IA	
SIGN KDIN KDINDT2 KDINDT3 KDINDT4	CHANNEL NUMBER 11.1 11.2 11.3 11.4	3. TYPE OF STATION E.M E-M E-M	4. DISTANT? (Yes or No) No No No	5. BASIS OF CARRIAGE	DES MOINES, IA DES MOINES, IA DES MOINES, IA DES MOINES, IA	
SIGN KDINDT2 KDINDT3 KDINDT4 KCCIDT	CHANNEL NUMBER 11.1 11.2 11.3 11.4 8.1	3. TYPE OF EAM E-M E-M N	4. DISTANT? (Yes or No) No No No No	5. BASIS OF CARRIAGE	DES MOINES, IA DES MOINES, IA DES MOINES, IA DES MOINES, IA DES MOINES, IA	
SIGN KDINDT2 KDINDT3 KDINDT4 KCCIDT	CHANNEL NUMBER 11.1 11.2 11.3 11.4	3. TYPE OF STATION E.M E-M E-M	4. DISTANT? (Yes or No) No No No	5. BASIS OF CARRIAGE	DES MOINES, IA DES MOINES, IA DES MOINES, IA DES MOINES, IA	
SIGN	CHANNEL NUMBER 11.1 11.2 11.3 11.4 8.1	3. TYPE OF EAM E-M E-M N	4. DISTANT? (Yes or No) No No No No	5. BASIS OF CARRIAGE	DES MOINES, IA DES MOINES, IA DES MOINES, IA DES MOINES, IA DES MOINES, IA	
SIGN KDINDT2 KDINDT3 KDINDT4 KCCIDT KCCIDT2	CHANNEL NUMBER 11.1 11.2 11.3 11.4 8.1 8.2	3. TYPE OF STATION E-M E-M N N-M	4. DISTANT? (Yes or No) No No No No No	5. BASIS OF CARRIAGE	DES MOINES, IA DES MOINES, IA DES MOINES, IA DES MOINES, IA DES MOINES, IA DES MOINES, IA	
SIGN KDINDT2 KDINDT3 KDINDT4 KCCIDT KCCIDT2 KCCIDT3	CHANNEL NUMBER 11.1 11.2 11.3 11.4 8.1 8.2 8.3	3. TYPE OF EAM E-M E-M N N-M N-M	4. DISTANT? (Yes or No) No No No No No No	5. BASIS OF CARRIAGE	DES MOINES, IA DES MOINES, IA DES MOINES, IA DES MOINES, IA DES MOINES, IA DES MOINES, IA	
SIGN KDINDT2 KDINDT3 KDINDT4 KCCIDT KCCIDT2 KCCIDT3 KCWIDT	CHANNEL NUMBER 11.1 11.2 11.3 11.4 8.1 8.2 8.3	3. TYPE OF EAM E-M E-M N N-M N-M	4. DISTANT? (Yes or No) No No No No No No	5. BASIS OF CARRIAGE	DES MOINES, IA DES MOINES, IA DES MOINES, IA DES MOINES, IA DES MOINES, IA DES MOINES, IA	
SIGN KDINDT2 KDINDT3 KDINDT4 KCCIDT KCCIDT2 KCCIDT3 KCWIDT3	CHANNEL NUMBER 11.1 11.2 11.3 11.4 8.1 8.2 8.3 23.1	3. TYPE OF STATION E-M E-M N N-M N-M N-M	4. DISTANT? (Yes or No) No No No No No No	5. BASIS OF CARRIAGE	DES MOINES, IA DES MOINES, IA DES MOINES, IA DES MOINES, IA DES MOINES, IA DES MOINES, IA DES MOINES, IA	
SIGN KDINDT2 KDINDT3 KDINDT4 KCCIDT2 KCCIDT2 KCCIDT3 KCWIDT3 KCWIDT4	CHANNEL NUMBER 11.1 11.2 11.3 11.4 8.1 8.2 8.3 23.1 23.3	3. TYPE OF STATION E-M E-M N-M N-M N-M N-M	4. DISTANT? (Yes or No) No No No No No No No	5. BASIS OF CARRIAGE	DES MOINES, IA DES MOINES, IA	
SIGN KDINDT2 KDINDT3 KDINDT4 KCCIDT2 KCCIDT2 KCCIDT3 KCWIDT3 KCWIDT4	CHANNEL NUMBER 11.1 11.2 11.3 11.4 8.1 8.2 8.3 23.1 23.3 23.4	3. TYPE OF STATION E-M E-M N-M N-M N-M N-M N-M	4. DISTANT? (Yes or No) No No No No No No No No	5. BASIS OF CARRIAGE	DES MOINES, IA DES MOINES, IA	
SIGN KDINDT2 KDINDT3 KDINDT4 KCCIDT KCCIDT2 KCCIDT3 KCWIDT3 KCWIDT3 KCWIDT4 WOIDT	CHANNEL NUMBER 11.1 11.2 11.3 11.4 8.1 8.2 8.3 23.1 23.3 23.4 5.1	3. TYPE OF E-M E-M E-M N-M N-M N-M N-M N-M N-M N-M	4. DISTANT? (Yes or No) No No No No No No No No No	5. BASIS OF CARRIAGE	DES MOINES, IA DES MOINES, IA	
SIGN KDINDT2 KDINDT3 KDINDT4 KCCIDT KCCIDT2 KCCIDT3 KCWIDT3 KCWIDT4 WOIDT3	CHANNEL NUMBER 11.1 11.2 11.3 11.4 8.1 8.2 8.3 23.1 23.3 23.4 5.1 5.3	3. TYPE OF STATION E-M E-M E-M N-M N-M N-M N-M N-M N-M N-M	4. DISTANT? (Yes or No) No No No No No No No No No No No	5. BASIS OF CARRIAGE	DES MOINES, IA DES MOINES, IA	
SIGN KDINDT2 KDINDT3 KDINDT4 KCCIDT KCCIDT2 KCCIDT3 KCWIDT3 KCWIDT4 WOIDT3 WOIDT4	CHANNEL NUMBER 11.1 11.2 11.3 11.4 8.1 8.2 8.3 23.1 23.3 23.4 5.1 5.3 5.4	3. TYPE OF STATION E-M E-M N-M N-M N-M N-M N-M N-M N-M N-M	4. DISTANT? (Yes or No) No No No No No No No No No No No	5. BASIS OF CARRIAGE	DES MOINES, IA DES MOINES, IA	
SIGN KDINDT2 KDINDT3 KDINDT4 KCCIDT2 KCCIDT2 KCCIDT3 KCWIDT3 KCWIDT4 WOIDT4 WOIDT4 KDINDT4	CHANNEL NUMBER 11.1 11.2 11.3 11.4 8.1 8.2 8.3 23.1 23.3 23.4 5.1 5.3 5.4 17.1	3. TYPE OF STATION E-M E-M N-M N-M N-M N-M N-M N-M N-M N-M N-M N	4. DISTANT? (Yes or No) No No No No No No No No No No No No No	5. BASIS OF CARRIAGE	DES MOINES, IA DES MOINES, IA	
SIGN KDINDT2 KDINDT3 KDINDT4 KCCIDT KCCIDT3 KCCIDT3 KCWIDT4 KCWIDT4 WOIDT WOIDT3 WOIDT3 WOIDT4 KDSMDT KDSMDT2	CHANNEL NUMBER 11.1 11.2 11.3 11.4 8.1 8.2 8.3 23.1 23.3 23.4 5.1 5.3 5.4 17.1 17.2	3. TYPE OF STATION E-M E-M N-M N-M N-M N-M N-M N-M N-M N-M N-M N	4. DISTANT? (Yes or No) No No No No No No No No No No No No No	5. BASIS OF CARRIAGE	DES MOINES, IA DES MOINES, IA	
SIGN KDINDT2 KDINDT3 KDINDT4 KCCIDT2 KCCIDT2 KCCIDT3 KCWIDT3 KCWIDT4 WOIDT3 WOIDT4 WOIDT4 KDSMDT2 KDSMDT3	CHANNEL NUMBER 11.1 11.2 11.3 11.4 8.1 8.2 8.3 23.1 23.3 23.4 5.1 5.3 5.4 17.1 17.2 17.3	3. TYPE OF STATION E-M E-M N-M N-M N-M N-M N-M N-M N-M N-M N-M N	4. DISTANT? (Yes or No) No No No No No No No No No No No No No	5. BASIS OF CARRIAGE	DES MOINES, IA DES MOINES, IA	
SIGN KDINDT2 KDINDT3 KDINDT4 KCCIDT KCCIDT2 KCCIDT3 KCWIDT3 KCWIDT4 WOIDT4 WOIDT4 WOIDT4 KDSMDT2 KDSMDT2 KDSMDT4	CHANNEL NUMBER 11.1 11.2 11.3 11.4 8.1 8.2 8.3 23.1 23.3 23.4 5.1 5.3 5.4 17.1 17.2 17.3 17.4	3. TYPE OF STATION E-M E-M N-M N-M N-M N-M N-M N-M N-M N-M N-M N	4. DISTANT? (Yes or No) No No No No No No No No No No No No No	5. BASIS OF CARRIAGE	DES MOINES, IA DES MOINES, IA	
SIGN KDINDT2 KDINDT3 KDINDT4 KCCIDT KCCIDT2 KCCIDT3 KCWIDT3 KCWIDT4 WOIDT4 WOIDT4 WOIDT4 KDSMDT2 KDSMDT2 KDSMDT4 WHODT	CHANNEL NUMBER 11.1 11.2 11.3 11.4 8.1 8.2 8.3 23.1 23.3 23.4 5.1 5.3 5.4 17.1 17.2 17.3	3. TYPE OF STATION E-M E-M N-M N-M N-M N-M N-M N-M N-M N-M N-M N	4. DISTANT? (Yes or No) No No No No No No No No No No No No No	5. BASIS OF CARRIAGE	DES MOINES, IA DES MOINES, IA	
SIGN KDINDT2 KDINDT3 KDINDT4 KCCIDT KCCIDT2 KCCIDT3 KCWIDT3 KCWIDT4 WOIDT4 WOIDT4 WOIDT4 KDSMDT KDSMDT2 KDSMDT3 KDSMDT4 WHODT2	CHANNEL NUMBER 11.1 11.2 11.3 11.4 8.1 8.2 8.3 23.1 23.3 23.4 5.1 5.3 5.4 17.1 17.2 17.3 17.4 13.1	3. TYPE OF STATION E-M E-M N-M N-M N-M N-M N-M N-M N-M N-M N-M N	4. DISTANT? (Yes or No) No No No No No No No No No No No No No	5. BASIS OF CARRIAGE	DES MOINES, IA DES MOINES, IA	
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FORM SA3E. PAGE 3.	

	NER OF CABLE SY	STEM:			SYSTEM ID#	
NORTHERN IC			S PARTNERS	6	63492	Name
PRIMARY TRANSMITT	ERS: TELEVISIO	N				
carried by your cable FCC rules and regula 76.59(d)(2) and (4), 7 substitute program ba <b>Substitute Basis</b> basis under specifc F • Do not list the statio station was carried • List the station here basis. For further i in the paper SA3 ff <b>Column 1:</b> List ea each multicast stream cast stream as "WET WETA-simulcast). <b>Column 2:</b> Give th its community of licer on which your cable s <b>Column 3:</b> Indicat educational station, b (for independent mult For the meaning of th <b>Column 4:</b> If the s planation of local sem <b>Column 5:</b> If you I cable system carried carried the distant stat For the retransmis of a written agreement the cable system and tion "E" (exempt). For explanation of these I <b>Column 6:</b> Give th	G, identify ever system during t titions in effect or 6.61(e)(2) and ( asis, as explaine <b>Stations:</b> With CC rules, regula on here in space d only on a subs a, and also in spa information cond form. The station's call in associated wit rA-2". Simulcast the channel num ise. For example system carried th te in each case of ye entering the le ticast), "E" (for in ness terms, see tation is outside vice area, see p have entered "Y the distant stati- ation on a part-ti- ission of a distan- int entered into I a primary trans r simulcasts, als three categories he location of ear	y television st he accounting n June 24, 19 4), or 76.63 (i ed in the next respect to any ations, or auth G—but do lis titute basis. ace I, if the sta serning substi sign. Do not h a station ac streams mus ber the FCC H e, WRC is Ch ne station. whether the s atter "N" (for n oncommercia page (v) of th es" in column on during the me basis bec t multicast str n or before JU mitter or an a o enter "E". If , see page (v)	g period, except 81, permitting th referring to 76.6 paragraph. y distant stations: at it in space I (th ation was carried tute basis station report origination cording to its ov t be reported in mas assigned to annel 4 in Wash tation is a networe etwork), "N-M" (th all educational), co e general instruct 4, you must cor accounting period accounting period association repre- you carried the ) of the general in	(1) stations carrie the carriage of cer 1(e)(2) and (4))); is carried by your the Special Stater d both on a subst ns, see page (v) in program servic ter-the-air design column 1 (list ear the television stat nington, D.C. This ork station, an ind for network multii or "E-M" (for nonc ctions located in th mplete column 5, pod. Indicate by er activated channel subject to a royall etween a cable sy isenting the prima channel on any c instructions locat	es". If not, enter "No". For an ex- ne paper SA3 form. stating the basis on which your ntering "LAC" if your cable system	G Primary Transmitters: Television
CC For Mexicon or	Concilion statio				, , , , , , , , , , , , , , , , , , ,	
					h which the station is identifed.	
		nnel line-ups,		space G for each	h which the station is identifed.	
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carried by your cable sysl FCC rules and regulation 76.59(d)(2) and (4), 76.6; substitute program basis, <b>Substitute Basis Sta</b> basis under specific FCC • Do not list the station he station was carried on • List the station here, and basis. For further infor in the paper SA3 form <b>Column 1:</b> List each s	identify every tem during th s in effect on 1(e)(2) and (4 , as explained tions: With r	television sta le accounting June 24, 198	· · ·	conclutor stations		
carried by your cable sysl FCC rules and regulation 76.59(d)(2) and (4), 76.6 substitute program basis, <b>Substitute Basis Sta</b> basis under specifc FCC Do not list the station he station was carried on List the station here, and basis. For further infor in the paper SA3 form <b>Column 1:</b> List each s	tem during th s in effect on 1(e)(2) and (4 , as explained tions: With r	e accounting June 24, 198	· · ·	analatar atationa		
FCC rules and regulation: 76.59(d)(2) and (4), 76.6 substitute program basis, <b>Substitute Basis Stat</b> basis under specifc FCC • Do not list the station he station was carried on • List the station here, ann basis. For further infor in the paper SA3 form <b>Column 1:</b> List each s	s in effect on 1(e)(2) and (4 , as explained t <b>ions:</b> With r	June 24, 198			and low power television stations)	~
<ul> <li>76.59(d)(2) and (4), 76.6</li> <li>substitute program basis, Substitute Basis Stata</li> <li>Substitute Basis Stata</li> <li>Do not list the station herestation was carried on</li> <li>List the station here, and</li> <li>basis. For further infor</li> <li>in the paper SA3 form</li> <li>Column 1: List each s</li> </ul>	1(e)(2) and (4 , as explained tions: With r			,	d only on a part-time basis under	G
substitute program basis, Substitute Basis Sta basis under specifc FCC • Do not list the station he station was carried on • List the station here, and basis. For further infor in the paper SA3 form Column 1: List each s	, as explained tions: With r	4), or 76.63 (r		•	an network programs [sections and (2) certain stations carried on a	Primary
<ul> <li>basis under specifc FCC</li> <li>Do not list the station he station was carried on</li> <li>List the station here, and basis. For further infor in the paper SA3 form</li> <li>Column 1: List each s</li> </ul>		in the next p	aragraph.			Transmitters
Do not list the station he station was carried on List the station here, and basis. For further infor in the paper SA3 form <b>Column 1:</b> List each s	Tules, reuula			carried by your c	able system on a substitute program	Television
List the station here, and basis. For further infor in the paper SA3 form <b>Column 1:</b> List each s	ere in space (	G—but do list		e Special Stateme	ent and Program Log)—if the	
basis. For further infor in the paper SA3 form <b>Column 1:</b> List each s			tion was carried	both on a substitu	ute basis and also on some other	
Column 1: List each s					f the general instructions located	
		sian. Do not re	eport origination	program service	s such as HBO, ESPN, etc. Identify	
		-			tion. For example, report multi-	
cast stream as "WETA-2' WETA-simulcast).	". Simulcast	streams must	be reported in c	column 1 (list eac	h stream separately; for example	
,	hannel numb	er the FCC ha	as assigned to th	ne television statio	on for broadcasting over-the-air in	
•	•		nnel 4 in Washi	ngton, D.C. This i	may be different from the channel	
on which your cable syste Column 3: Indicate in			ation is a networ	k station, an inde	pendent station, or a noncommercial	
	•				ast), "I" (for independent), "I-M"	
(for independent multicas For the meaning of these					mmercial educational multicast). le paper SA3 form.	
Column 4: If the station	on is outside	the local serv	ice area, (i.e. "di	istant"), enter "Ye	s". If not, enter "No". For an ex-	
planation of local service Column 5: If you have					paper SA3 form. stating the basis on which your	
					ering "LAC" if your cable system	
carried the distant station						
					payment because it is the subject tem or an association representing	
the cable system and a p	rimary transn	nitter or an as	sociation repres	enting the primar	y transmitter, enter the designa-	
tion "E" (exempt). For sime explanation of these three					her basis, enter "O." For a further	
Column 6: Give the lo	ocation of eac	ch station. For	U.S. stations, li	st the community	to which the station is licensed by the	
					which the station is identifed.	
Note: If you are utilizing r					name inc-up.	
		CHANN	EL LINE-UP	G		
1. CALL 2.	. B'CAST	3. TYPE	4. DISTANT?	5. BASIS OF	6. LOCATION OF STATION	
SIGN	CHANNEL	OF	(Yes or No)	CARRIAGE		
	NUMBER	STATION		(If Distant)		
KDIN	11.1	E	No		DES MOINES, IA	
KDINDT2	11.2	E-M	No		DES MOINES, IA	
KDINDT3	11.3	E-M	No		DES MOINES, IA	
KDINDT4	11.4	E-M	No		DES MOINES, IA	
KCCIDT	8.1	Ν	No		DES MOINES, IA	
KCCIDT2	8.2	N-M	No		DES MOINES, IA	
КССІДТЗ	8.3	N-M	No		DES MOINES, IA	
KEYCDT	12.1	N	Yes	0	MANKATO, MN	
KCWIDT	23.1	N	No	Ŭ	DES MOINES, IA	
KCWID1	23.1	IN	NU		DES MOINES, IA	
KCWIDT3	23.3	N-M	No		DES MOINES, IA	
KCWIDT4	23.4	N-M	No		DES MOINES, IA	
WOIDT	5.1	N	No		DES MOINES, IA	
WOIDT3	5.3	N-M	No		DES MOINES, IA	
WOIDT4	5.4	N-M	No	[	DES MOINES, IA	
KDSMDT	17.1	N	No		DES MOINES, IA	
KDSMDT2	17.1	N-M	No		DES MOINES, IA	
KDSMDT2 KDSMDT3	17.2	N-M	No		DES MOINES, IA	
KDSMDT4	17.4	N-M	No		DES MOINES, IA	
WHODT	13.1	N	No		DES MOINES, IA	
WHODT2	13.2	N-M	No		DES MOINES, IA	
WHODT3	13.3	N-M	No		DES MOINES, IA	
WHODT4	13.4	N-M	No		DES MOINES, IA	
KDMIDT KDMIDT3	19.1 56.3	I-M	No No		DES MOINES, IA DES MOINES, IA	
KFPXDT	39.1	1-141	No		DES MOINES, IA	

	WNER OF CABLE SY			S	SYSTEM ID 6349	Name
PRIMARY TRANSMI	TTERS: TELEVISIO	N				1
			· · · ·		and low power television stations)	
,,	, 0	0		,	d only on a part-time basis under	G
•				•	ain network programs [sections and (2) certain stations carried on a	Primary
substitute program	basis, as explaine	d in the next p	aragraph.			Transmitters
basis under specifc				carried by your c	able system on a substitute program	Television
<ul> <li>Do not list the stat</li> </ul>	ion here in space	G-but do list		e Special Stateme	ent and Program Log)—if the	
	ed only on a subst		tion was carried	both on a substit	ute basis and also on some other	
					f the general instructions located	
in the paper SA3		sian Do not r	enort origination	program service	s such as HBO, ESPN, etc. Identify	
		-			tion. For example, report multi-	
	TA-2". Simulcast	streams must	t be reported in o	column 1 (list eac	h stream separately; for example	
WETA-simulcast). Column 2: Give	the channel numb	er the FCC ha	as assigned to tl	ne television stati	on for broadcasting over-the-air in	
its community of lice	ense. For example	, WRC is Cha	-		may be different from the channel	
on which your cable Column 3: Indic			ation is a networ	k station, an inde	pendent station, or a noncommercial	
educational station,	by entering the let	ter "N" (for ne	etwork), "N-M" (f	or network multic	ast), "I" (for independent), "I-M"	
(for independent mu For the meaning of					mmercial educational multicast). ne paper SA3 form	
					es". If not, enter "No". For an ex-	
planation of local se						
					stating the basis on which your ering "LAC" if your cable system	
carried the distant s	tation on a part-tin	ne basis beca	use of lack of a	ctivated channel of	capacity.	
					r payment because it is the subject tem or an association representing	
the cable system ar	nd a primary transm	mitter or an as	ssociation repres	senting the prima	y transmitter, enter the designa-	
• • • •			•		her basis, enter "O." For a further d in the paper SA3 form.	
					to which the station is licensed by the	
FCC. For Mexican of					which the station is identifed.	
	izing multiple chan	nel line-ups, u	ise a separate s	pace G for each	channel line-up.	
	izing multiple chan	•	ise a separate s		channel line-up.	_
	2. B'CAST	•			6. LOCATION OF STATION	-
Note: If you are util		CHANN 3. TYPE OF	EL LINE-UP	H	·	-
Note: If you are util 1. CALL	2. B'CAST	CHANN 3. TYPE OF STATION	EL LINE-UP 4. DISTANT?	5. BASIS OF	·	-
Note: If you are util 1. CALL SIGN	2. B'CAST CHANNEL	CHANN 3. TYPE OF	EL LINE-UP 4. DISTANT?	5. BASIS OF CARRIAGE	·	
Note: If you are util 1. CALL SIGN KDIN	2. B'CAST CHANNEL NUMBER	CHANN 3. TYPE OF STATION	EL LINE-UP 4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE	6. LOCATION OF STATION	
Note: If you are util 1. CALL SIGN KDIN KDINDT2	2. B'CAST CHANNEL NUMBER 11.1	CHANN 3. TYPE OF STATION E	EL LINE-UP 4. DISTANT? (Yes or No) No	5. BASIS OF CARRIAGE	6. LOCATION OF STATION	
Note: If you are util 1. CALL	2. B'CAST CHANNEL NUMBER 11.1 11.2	CHANN 3. TYPE OF STATION E E-M	EL LINE-UP 4. DISTANT? (Yes or No) No No	5. BASIS OF CARRIAGE	6. LOCATION OF STATION DES MOINES, IA DES MOINES, IA	
Note: If you are util 1. CALL SIGN KDIN KDINDT2 KDINDT3 KDINDT4	2. B'CAST CHANNEL NUMBER 11.1 11.2 11.3	CHANN 3. TYPE OF STATION E E-M E-M	EL LINE-UP 4. DISTANT? (Yes or No) No No No	5. BASIS OF CARRIAGE	6. LOCATION OF STATION DES MOINES, IA DES MOINES, IA DES MOINES, IA DES MOINES, IA	
Note: If you are util 1. CALL SIGN KDIN KDINDT2 KDINDT3 KDINDT4 KEYCDT	2. B'CAST CHANNEL NUMBER 11.1 11.2 11.3 11.4 12.1	CHANN 3. TYPE OF STATION E.M E-M N	EL LINE-UP 4. DISTANT? (Yes or No) No No No Yes	H 5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION DES MOINES, IA DES MOINES, IA DES MOINES, IA DES MOINES, IA MANKATO, MN	
Note: If you are util 1. CALL SIGN KDINDT2 KDINDT3 KDINDT4 KEYCDT KEYCDT2	2. B'CAST CHANNEL NUMBER 11.1 11.2 11.3 11.4 12.1 12.2	CHANN 3. TYPE OF STATION E-M E-M E-M N N-M	EL LINE-UP 4. DISTANT? (Yes or No) No No No Yes Yes	H 5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION DES MOINES, IA DES MOINES, IA DES MOINES, IA DES MOINES, IA MANKATO, MN MANKATO, MN	
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Note: If you are util 1. CALL SIGN KDIN KDINDT2 KDINDT3 KDINDT4 KEYCDT KEYCDT2 KCCIDT	2. B'CAST CHANNEL NUMBER 11.1 11.2 11.3 11.4 12.1 12.2 8.1 8.2 8.3	CHANN 3. TYPE OF STATION E-M E-M E-M N N-M N-M N-M	EL LINE-UP 4. DISTANT? (Yes or No) No No Yes Yes No No No	H 5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION DES MOINES, IA DES MOINES, IA DES MOINES, IA DES MOINES, IA MANKATO, MN MANKATO, MN DES MOINES, IA DES MOINES, IA	
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Note: If you are util 1. CALL SIGN KDIN KDINDT2 KDINDT3 KDINDT4 KEYCDT2 KCCIDT2 KCCIDT2 KCCIDT3 KCWIDT3 KCWIDT3 KCWIDT4	2. B'CAST CHANNEL NUMBER 11.1 11.2 11.3 11.4 12.1 12.2 8.1 8.2 8.3 23.1 23.3	CHANN 3. TYPE OF STATION E-M E-M E-M N N-M N-M N-M N-M N-M	EL LINE-UP 4. DISTANT? (Yes or No) No No No Yes Yes No No No No No No	H 5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION DES MOINES, IA DES MOINES, IA DES MOINES, IA MANKATO, MN MANKATO, MN DES MOINES, IA DES MOINES, IA DES MOINES, IA DES MOINES, IA	
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Note: If you are util 1. CALL SIGN KDIN KDINDT2 KDINDT3 KDINDT4 KEYCDT KEYCDT2 KCCIDT2 KCCIDT2 KCCIDT3 KCWIDT3 KCWIDT4 WOIDT3	2. B'CAST CHANNEL NUMBER 11.1 11.2 11.3 11.4 12.1 12.2 8.1 8.2 8.3 23.1 23.3 23.4 5.1 5.3	CHANN 3. TYPE OF STATION E-M E-M E-M N N-M N-M N-M N-M N-M N-M N-M	EL LINE-UP 4. DISTANT? (Yes or No) NO NO NO Yes Yes NO NO NO NO NO NO NO NO NO NO	H 5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION DES MOINES, IA DES MOINES, IA DES MOINES, IA DES MOINES, IA MANKATO, MN MANKATO, MN DES MOINES, IA DES MOINES, IA DES MOINES, IA DES MOINES, IA DES MOINES, IA DES MOINES, IA DES MOINES, IA	
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U.S. Copyright Office

	LEGAL NAME OF C	OWNER OF CABL	E SYSTE	M:				SYSTEM ID#			
Name				CATIONS PARTNERS				63492			
H Primary Transmitters: Radio	<ul> <li>PRIMARY TRANSMITTERS: RADIO</li> <li>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.</li> <li>Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally receivable if (1) it is carried by the system whenever it is received at the system's headend, and (2) it can be expected, 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.</li> <li>Column 1: Identify the call sign of each station carried.</li> <li>Column 3: If the radio station's signal was electronically processed by the cable system as a separate and discrete signal, indicate this by placing a check mark in the "S/D" column.</li> <li>Column 4: Give the station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified).</li> </ul>										
	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION			
	KLGA										
	KICD	FM FM	X X	ALGONA, IA SPENCER, IA							
	KILR	FM	X	ESTHERVILLE, IA							
				·							
								·			

LEGAL NAME OF OWNER OF	CABLE SYST	EM:			Ş	SYSTEM ID#	
NORTHERN IOWA CO	MMUNICA	TIONS PAR	TNERS			63492	Name
SUBSTITUTE CARRIAGE	E: SPECIA		NT AND PROGRAM LOO	3			
In General: In space I, identi substitute basis during the ac explanation of the programm	counting pe	riod, under spe	cific present and former FC	C rules, regula	tions, or authorizations. F	or a further	Substitute
1. SPECIAL STATEMEN				gonoral mour			Carriage:
During the accounting per				is, any nonne	twork television prograr	n	Special Statement and
broadcast by a distant stat		·		·	Yes		Program Log
<b>Note:</b> If your answer is "No log in block 2.	", leave the	rest of this pa	ge blank. If your answer is	"Yes," you m	ust complete the progra	m	
2. LOG OF SUBSTITUTE							
period, was broadcast by a under certain FCC rules, re SA3 form for futher informa titles, for example, "I Love L <b>Column 2:</b> If the program	ce, please of every no distant stat gulations, c tion. Do no ucy" or "NE n was broad	attach addition nnetwork telev ion and that yco or authorization ot use general of 3A Basketball: dcast live, ente	al pages. ision program (substitute p our cable system substitute s. See page (vi) of the ger categories like "movies", o 76ers vs. Bulls." r "Yes." Otherwise enter "I	program) that ad for the prog neral instruction r "basketball" No."	, during the accounting gramming of another sta ons located in the paper	tion	
			asting the substitute progra ne community to which the		ensed by the ECC or in		
the case of Mexican or Can	adian statio	ons, if any, the	community with which the	station is ide	ntified).		
		when your sys	tem carried the substitute	program. Use	e numerals, with the mo	nth	
first. Example: for May 7 giv Column 6: State the time	es when the	e substitute pro	gram was carried by your	cable system	. List the times accurate	ely	
to the nearest five minutes.	Example: a	a program carri	ed by a system from 6:01:	15 p.m. to 6:	28:30 p.m. should be	,	
stated as "6:00–6:30 p.m." Column 7: Enter the left	er "R" if the	listed program	was substituted for progra	amming that	/our system was require	d	
to delete under FCC rules a	and regulation	ons in effect du	iring the accounting period	l; enter the le	tter "P" if the listed pro	Ω.	
gram was substituted for pr		that your syste	em was permitted to delete	e under FCC	rules and regulations in		
effect on October 19, 1976.							
					EN SUBSTITUTE	7. REASON	
S	1				IAGE OCCURRED 6. TIMES	FOR	
1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	FROM – TO	DELETION	
					_		
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FORM SA3E. PAGE 5.

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Name	LIEGAL NAME OF OWNER OF CABLE SYSTEM:     SYSTEM ID:       NORTHERN IOWA COMMUNICATIONS PARTNERS     63492								
J Part-Time Carriage Log	<ul> <li>PART-TIME CARRIAGE LOG</li> <li>In General: This space ties in with column 5 of space G. If you listed a station's basis of carriage as "LAC" for partime carriage due to lack of activated channel capacity, you are required to complete this log giving the total dates and hours your system carried that station. If you need more space, please attach additional pages.</li> <li>Column 1 (Call sign): Give the call sign of every distant station whose basis of carriage you identified by "LAC" in column 5 of space G.</li> <li>Column 2 (Dates and hours of carriage): For each station, list the dates and hours when part-time carriage occurred during the accounting period.</li> <li>Give the month and day when the carriage occurred. Use numerals, with the month first. Example: for April 10 give "4/10."</li> <li>State the starting and ending times of carriage to the nearest quarter hour. In any case where carriage ran to the end of the elevision station's broadcast day, you may give an approximate ending hour, followed by the abbreviation app." Example: "12:30 a.m 3:15 a.m. app."</li> <li>You may group together any dates when the hours of carriage were the same. Example: "5/10-5/14, 6:00 p.m 12:00 p.m."</li> </ul>								
			DATES	AND HOURS (	DF P	ART-TIME CAR	RIAGE		
	CALL SIGN	WHEN	N CARRIAGE OCCU	RRED		CALL SIGN	WHEN	I CARRIAGE OC	CURRED
	CALL SIGN	DATE	HOUR FROM	S TO		CALL SIGN	DATE	HC FROM	OURS TO
		BATE	-	10			BATE		_
			_						_
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FORM	SA3E. PAGE 7.		
LEGA	L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	Name
NO	RTHERN IOWA COMMUNICATIONS PARTNERS	63492	humo
Inst all a (as i page	DSS RECEIPTS ructions: The figure you give in this space determines the form you fle and the amount you mounts (gross receipts) paid to your cable system by subscribers for the system's second dentifed in space E) during the accounting period. For a further explanation of how to con- e (vii) of the general instructions. Gross receipts from subscribers for secondary transmission service(s) during the accounting period. ORTANT: You must complete a statement in space P concerning gross receipts.	lary transmission service	K Gross Receipts
Instru • Com • Com • If yo fee f • If yo acco ▶ If pa	RIGHT ROYALTY FEE ctions: Use the blocks in this space L to determine the royalty fee you owe: uplete block 1, showing your minimum fee. uplete block 2, showing whether your system carried any distant television stations. ur system did not carry any distant television stations, leave block 3 blank. Enter the amo from block 1 on line 1 of block 4, and calculate the total royalty fee. ur system did carry any distant television stations, you must complete the applicable parts pompanying this form and attach the schedule to your statement of account. rt 8 or part 9, block A, of the DSE schedule was completed, the base rate fee should be e k 3 below.	s of the DSE Schedule	L Copyright Royalty Fee
3 be	rt 6 of the DSE schedule was completed, the amount from line 7 of block C should be ent low. rt 7 or part 9, block B, of the DSE schedule was completed, the surcharge amount should		
2 in Block	block 4 below. <b>MINIMUM FEE:</b> All cable systems with semiannual gross receipts of \$527,600 or more a least the minimum fee, regardless of whether they carried any distant stations. This fee is system's gross receipts for the accounting period. Line 1. Enter the amount of gross receipts from space K Line 2. Multiply the amount in line 1 by 0.01064	are required to pay at	
	Enter the result here. This is your minimum fee.	\$ 8,832.13	
Block 2	DISTANT TELEVISION STATIONS CARRIED: Your answer here must agree with the ir space G. If, in space G, you identifed any stations as "distant" by stating "Yes" in column "Yes" in this block. • Did your cable system carry any distant television stations during the accounting period X Yes—Complete the DSE schedule. Line 1. BASE RATE FEE: Enter the base rate fee from either part 8, section 3 or	4, you must check	
Block 3	4, or part 9, block A of the DSE schedule. If none, enter zero	\$ 3,510.51	
	Line 2. <b>3.75 Fee:</b> Enter the total fee from line 7, block C, part 6 of the DSE schedule. If none, enter zero	0.00	
	Line 3. Add lines 1 and 2 and enter here	\$ 3,510.51	
Block 4	<ul> <li>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</li> <li>Line 2. SYNDICATED EXCLUSIVITY SURCHARGE: Enter the fee from either part 7 (block D, section 3 or 4) or part 9 (block B) of the DSE schedule. If none, enter zero.</li> </ul>	\$ 8,832.13 0.00	Cable systems submitting additional deposits under
	Line 3. Line 3. INTEREST CHARGE: Enter the amount from line 4, space Q, page 9 (Interest Worksheet)	0.00	Section 111(d)(7) should contact the Licensing
	Line 4. FILING FEE	\$ 725.00	additional fees. Division for the
	TOTAL ROYALTY AND FILING FEES DUE FOR ACCOUNTING PERIOD.         Add Lines 1, 2 and 3 of block 4 and enter total here	\$ 9,557.13	appropriate form for submitting the additional fees.
	EFT Trace # or TRANSACTION ID # 27BRM07Q		
	Remit this amount via <i>electronic payment</i> payable to Register of Copyrights. (Se	ee page (i) of the	

ACCOUNTING PERIO	JU: 2023/2	FORM SA3E. PAGE 8.								
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#								
	NORTHERN IOWA COMMUNICATIONS PARTNERS	63492								
M	CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television broadcast to its subscribers and (2) the cable system's total number of activated channels, during the accounting period.	stations								
	1. Enter the total number of channels on which the cable system carried television broadcast stations	41								
	2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services									
N Individual to	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED: (Identify an individual we can contact about this statement of account.)									
Be Contacted for Further Information	Name DANA LORING Telephone	712-853-6121								
	Address 107 S STATE STREET, P.O. BOX 100 (Number, street, rural route, apartment, or suite number)									
	TERRIL, IA 51364 (City, town, state, zip)									
	Email dana@terril.com Fax (optional <u>712-853-6</u>	0185								
Ο	CERTIFICATION (This statement of account must be certifed and signed in accordance with Copyright Office regul	ations.)								
Certifcation	• I, the undersigned, hereby certify that (Check one, <i>but only one</i> , of the boxes.)									
	(Owner other than corporation or partnership) I am the owner of the cable system as identifed 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 sy in line 1 of space B and that the owner is not a corporation or partnership; or	stem as identified								
	(Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identifed as owned in line 1 of space B.	er of the cable system								
	<ul> <li>I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained have true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith.</li> <li>[18 U.S.C., Section 1001(1986)]</li> </ul>	nerein								
	X /s/ Ivan Dalen									
	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 th button, then type /s/ and your name. Pressing the "F" button will avoid enabling Excel's Lotus compatil									
	Typed or printed name: Ivan Dalen									
	Title: <b>President</b> (Title of official position held in corporation or partnership)									
	Date: February 13, 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.

SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSION The selection of 1988 amended Title 17, section 1111(0)(1)(A), of the Copyright Act by adding the follows. In determining the total number of subscribers and the gross amounts paid to the cable system of the basic subscribers and mended Title 17, section 1111(0)(1)(A), of the Copyright Act by adding the follows. For more information on when to exclude these amounts, see the note on page (vii) of the general instructions in the pager SA3 form. During the accounting particle dish owners? If NO If SE. Enter the total here and list the satellite carrier(s) below. S. Section 2000 Section 20	LEGAL NAME OF OWNER OF O	CABLE SYSTEM: OMMUNICATIONS PARTNERS	SYSTEM ID# 63492	Name
Mailing Address       Mailing Address         INTEREST ASSESSMENTS       You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions in the paper SA3 form.       Q         Line 1       Enter the amount of late payment or underpayment	The Satellite Home Vie lowing sentence: "In determining service of provi scribers and an For more information o paper SA3 form. During the accounting made by satellite carrie X NO	the total number of subscribers and the gross amounts paid to the cable system ding secondary transmissions of primary broadcast transmitters, the system sh nounts collected from subscribers receiving secondary transmissions pursuant on when to exclude these amounts, see the note on page (vii) of the general inst period did the cable system exclude any amounts of gross receipts for seconda ers to satellite dish owners?	n for the basic all not include sub- to section 119." ructions in the	Special Statement Concerning Gross Receipts
You must complete this worksheet       Q         Interest       Interest         For an explanation of interest assessment, see page (viii) of the general instructions in the paper SA3 form.       Interest         Line 1       Enter the amount of late payment or underpayment.				
For an explanation of interest assessment, see page (viii) of the general instructions in the paper SA3 form.       Interest         Line 1       Enter the amount of late payment or underpayment	INTEREST ASSES	SMENTS		
Line 1       Enter the amount of late payment or underpayment.       x	•			Q
Line 3 Multiply line 2 by the number of days late and enter the sum here	Line 1 Enter the amou	unt of late payment or underpayment		
x 0.00274         Line 4 Multiply line 3 by 0.00274** enter here and on line 3, block 4, space L, (page 7)	Line 2 Multiply line 1 b	by the interest rate* and enter the sum here	days	
space L, (page 7)	Line 3 Multiply line 2 t	by the number of days late and enter the sum here	- x 0.00274	
contact the Licensing Division at (202) 707-8150 or licensing@copyright.gov.         ** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.         NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Offce, please list below the owner, address, first community served, accounting period, and ID number as given in the original filing.         Owner         Address         First community served         Accounting period		·	- (interest charge)	
NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Offce, please list below the owner, address, first community served, accounting period, and ID number as given in the original filing. Owner Address First community served Accounting period			assistance please	
please list below the owner, address, first community served, accounting period, and ID number as given in the original filing. Owner Address First community served Accounting period	** This is the decim	al equivalent of 1/365, which is the interest assessment for one day late.		
Address       First community served       Accounting period	please list below the ov	· · · · · · · · · · · · · · · · · · ·	•	
First community served	Owner			
Accounting period	Address			
Accounting period				

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

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

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

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

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

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

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

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

activated channel capacity, its basis of carriage value is determined by (1) calculating the number of hours the cable system carried the station during the accounting period, and (2) dividing that number by the total number of hours the station broadcast over the air during the accounting period. The basis of carriage value for all other stations listed in space G is 1.0.

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

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

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

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

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

#### TOTAL OF DSEs

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

#### THE ROYALTY FEE

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

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

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

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

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

to June 25, 1981, pursuant to the former FCC rules.

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

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

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

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

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

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

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

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

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

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

# DSE SCHEDULE. PAGE 11.

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

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

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

1.064% of gross receipts 0.701% of gross receipts 0.330% of gross receipts

# PARTIALLY DISTANT STATIONS—PART 9 OF THE DSE SCHEDULE

• If any of the stations were partially distant:

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

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

that group's complement of stations.

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

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

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

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

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

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

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

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

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

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

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

CITY

Santa Rosa

Bodega Bav

Rapid City

Fairvale

DSE

1.0

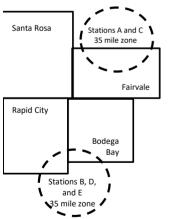
1.0

0.083

0.139

0.25

In most cases under current FCC rules, all of Fairvale would be within the local service area of both stations A and C and all of Rapid City and Bodega Bay would be within the local service areas of stations B, D, and E. Distant Stations Carried STATION A (independent) B (independent) C (part-time) D (part-time) E (network)



TOTAL DSEs	2.472	TOTAL GRO		\$600,000.00	
Minimum Fee Total Gross Re	eceipts	\$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

Identification of Subscriber Groups

OUTSIDE LOCAL

Stations A and C

Stations A and C

Stations B, D, and E

SERVICE AREA OF

Stations A, B, C, D ,E

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

GROSS RECEIPTS

\$310,000.00

100,000.00

70.000.00

120.000.00

FROM SUBSCRIBERS

# DSE SCHEDULE. PAGE 11. (CONTINUED)

4	LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM D							
1	NORTHERN IOWA COMMUNICATIONS PARTNERS 63492							
	SUM OF DSEs OF CATEGOR • Add the DSEs of each station. Enter the sum here and in line ?		1.50					
2	Instructions: In the column headed "Call S of space G (page 3).	-	-	-				
	In the column headed "DSE": mercial educational station, give			as "1.0"; for ea	ach network or noncom-			
Category "O"			CATEGORY "O" STATION	S: DSEs				
Stations	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE		
Stations Add rows as	CALL SIGN KTIVDT KTIVDT2 KTIVDT3 KTIVDT4 KEYCDT KEYCDT2	DSE 0.250 0.			CALL SIGN	DSE		

		T	
8		······	

l

Name		Legal name of owner of cable system:SYSTEM ID#NORTHERN IOWA COMMUNICATIONS PARTNERS63492							
<b>3</b> Computation of DSEs for Stations Carried Part Time Due to Lack of Activated Channel	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. Column 4: Divide the figure in column 2 by the figure in column 3, and give the result in decimals in column 4. This figure must be carried out at least to the third decimal point. This is the "basis of carriage value" for the station. Column 5: For each independent station, give the "type-value" as "1.0." For each network or noncommercial educational station, give the type-value as ".25." Column 6: Multiply the figure in column 4 by the figure in column 5, and give the result in column 6. Round to no less than the third decimal point. This is the station on rounding, see page (viii) of the general instructions in the paper SA3 form.								
Capacity		(	CATEGORY LA	C STATIONS:	COMPUTATIO	ON OF DSEs			
	1. CALL SIGN	2. NUMBE OF HOL CARRIE SYSTEM	JRS C ED BY S M C	UMBER IF HOURS TATION IN AIR	4. BASIS OF CARRIAG VALUE	E VALUE		ε	
			÷ ÷		=	x x	=		
			• +		=	x	=		
			÷		=	x	=		
			÷		=	x			
			÷ ÷		=	x x			
			÷		=	x	=		
	Add the DSEs Enter the su	OF CATEGORY LAC ST of each station. Im here and in line 2 of pa of the call sign of each states the	art 5 of this schedule			grams) if that station:			
<b>4</b> Computation of DSEs for Substitute- Basis Stations	Was carried tions in effe Broadcast of space I). Column 2: at your option. Column 3: Column 4:	by your system in substi act on October 19, 1976 (a one or more live, nonnetwo For each station give the This figure should corress Enter the number of days Divide the figure in colum This is the station's DSE (	tution for a program as shown by the lett bork programs during number of live, noni pond with the inform in the calendar yea n 2 by the figure in o	that your system or "P" in column 7 that optional carri- network programs nation in space I. r: 365, except in a column 3, and giv	was permitted to ' of space I); and age (as shown by th s carried in substit a leap year. e the result in colu	delete under FCC rules a ne word "Yes" in column 2 o ution for programs that w umn 4. Round to no less	of vere deleted than the third	ı).	
		SL	JBSTITUTE-BAS	SIS STATION	IS: COMPUTA	TION OF DSEs			
	1. CALL SIGN	2. NUMBER OF PROGRAMS	3. NUMBER OF DAYS IN YEAR	4. DSE	1. CALL SIGN	2. NUMBER OF PROGRAMS	3. NUMBER OF DAYS IN YEAR	4. DSE	
		*				÷		=	
		+	•••••••••••••••••••••••••••••••••••••••	=		÷		-	
				=				=	
		+		=		÷		=	
	Add the DSEs	÷ SOF SUBSTITUTE-BASIS of each station. Im here and in line 3 of pa	S STATIONS:	= ,		÷	]	=	
5		ER OF DSEs: Give the among sapplicable to your system		in parts 2, 3, and	4 of this schedule	and add them to provide the	he total		
Total Number	1. Number	of DSEs from part 2●				•	1.50		
of DSEs		of DSEs from part 3 ●			)	·	0.00		
	3. Number	of DSEs from part 4 ●	·		<b>)</b>	·	0.00		
	TOTAL NUMBE	R OF DSEs				Þ		1.50	

LEGAL NAME OF O	WNER OF CABLE S		PARTNERS	6			S	YSTEM ID# 63492	Name
In block A:	ck A must be comp "Yes," leave the re		rt 6 and part 7	of the DSE schedu	ule blank and o	complete part 8	3, (page 16) of the		6
	"No," complete blo	cks B and C b	elow.						
			BLOCK A: 1	FELEVISION M	ARKETS				Computation of 3.75 Fee
effect on June 24,	1981?			er markets as define			C rules and regula	tions in	0.10100
	lete blocks B and (					INTO AND T.			
	lete blocks b and t	o below.							
		BLO	CK B: CARR	NAGE OF PERM	MITTED DS	Es			
Column 1: CALL SIGN	FCC rules and re	gulations prio e DSE Sched	r to June 25, 1 ule. (Note: The	part 2, 3, and 4 of th 981. For further ex e letter M below refe ct of 2010.)	planation of p	ermitted statior	ns, see the		
Column 2: BASIS OF PERMITTED CARRIAGE	(Note the FCC ru A Stations carrie 76.61(b)(c)]	les and regula ed pursuant to	ations cited bel the FCC mark	is on which you car ow pertain to those ket quota rules [76. .59(d)(1), 76.61(e)	e in effect on J 57, 76.59(b),	lune 24, 1981.) 76.61(b)(c), 76	.63(a) referring to		
	C Noncommerica D Grandfathered instructions for E Carried pursua *F A station prev G Commercial U	al educational station (76.6 r DSE schedu ant to individua viously carried HF station wit	station [76.59( 5) (see paragra Ile). al waiver of FC d on a part-time thin grade-B co	(c), 76.61(d), 76.63 aph regarding subs C rules (76.7) e or substitute basis ontour, [76.59(d)(5)	(a) referring to titution of gran s prior to June	o 76.61(d)] ndfathered stat e 25, 1981	ions in the		
Column 3:		each distant si stations iden	tation listed in <sub>I</sub> tified by the let	nn. parts 2, 3, and 4 of ter "F" in column 2			ksheet on page 14	l of	
1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	
								0.00	
		E	BLOCK C: CC	MPUTATION OF	- 3.75 FEE				
Line 1: Enter the total number of DSEs from part 5 of this schedule									
Line 2: Enter the	sum of permittee	d DSEs from	l block B abo	ve					
Line 3: Subtract line 2 from line 1. This is the total number of DSEs subject to the 3.75 rate. (If zero, leave lines 4–7 blank and proceed to part 7 of this schedule)									
Line 4: Enter gro	ss receipts from	space K (pa	ge 7)				x 0.03	375	Do any of the DSEs represent
Line 5: Multiply li	ine 4 by 0.0375 a	ind enter sur	n here						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	ine 6 by line 5 an	d enter here	and on line 2	2, block 3, space	L (page 7)			0.00	

DSE SCHEDULE. PAGE 13.

	DSE SCHEDULE. PAGE 14.									
Nomo	LEGAL NAME OF OWN								S	YSTEM ID#
Name	NORTHERN IO	NA COMM	JNICATIONS PA	ARTNERS						63492
Worksheet for Computating the DSE Schedule for Permitted Part-Time and Substitute Carriage	<ul> <li>Instructions: You must complete this worksheet for those stations identifed by the letter "F" in column 2 of block B, part 6 (i.e., those stations carried prior to June 25, 1981, under former FCC rules governing part-time and substitute carriage.)</li> <li>Column 1: List the call sign for each distant station identifed by the letter "F" in column 2 of part 6 of the DSE schedule.</li> <li>Column 2: Indicate the DSE for this station for a single accounting period, occurring between January 1, 1978 and June 30, 1981.</li> <li>Column 3: Indicate the accounting period and year in which the carriage and DSE occurred (e.g., 1981/1).</li> <li>Column 4: Indicate the basis of carriage on which the station was carried by listing one of the following letters:         <ul> <li>(Note that the FCC rules and regulations cited below pertain to those in effect on June 24, 1981.)</li> <li>A—Part-time specialty programming: Carriage, on a part-time basis, of specialty programming under FCC rules, sections 76.59(d)(1),76.61(e)(1), or 76.63 (referring to 76.61(e)(1)).</li> <li>B—Late-night programming: Carriage under FCC rules, sections 76.59(d)(3), 76.61(e)(3), or 76.63 (referring to 76.61(e)(3)).</li> <li>S—Substitute carriage under ECC rules, regulations, or authorizations. For further explanation, see page (vi) of the general instructions in the paper SA3 form.</li> <li>Column 5: Indicate the station's DSE for the current accounting period as computed in parts 2, 3, and 4 of this schedule.</li> <li>Column 6: Compare the DSE figures listed in columns 2 and 5 and list the smaller of the two figures here. This figure should be entered in block B, column 3 of part 6 for this station.</li> </ul> </li> <li>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.</li> </ul>									
		PERMIT	ED DSE FOR STA	TIONS CARRIE	ED (	ON A PART-TIME AN	D SUBSTIT	UTE BASIS		
	1. CALL	2. PRI0		COUNTING		4. BASIS OF		RESENT	6. Pl	ERMITTED
	SIGN	DSE	PI	ERIOD		CARRIAGE	[	DSE		DSE
7	Instructions: Block A	must be com	pleted.							
•	In block A:									
Computation			te blocks B and C, I							
of the	If your answer is	"No," leave blo	ocks B and C blank	and complete p	art	8 of the DSE schedule	e.			
Syndicated			BLOCK	KA: MAJOR	ΤE	LEVISION MARKE	ΞT			
Exclusivity										
Surcharge	<ul> <li>Is any portion of the call</li> </ul>	able system wi	thin a top 100 major	television market	t as	defned by section 76.5	of FCC rule	es in effect June 2	24, 198 <sup>-</sup>	1?
	Yes—Complete	blocks B and	с.			No—Proceed to	part 8			
		DIOCKS D allu	0.				parto			
					٦٢					
	BLOCK B: C	arriage of VH	Grade B Contour	Stations	┥┝	BLOCK	C: Compu	tation of Exempt	DSEs	
	Is any station listed in	block B of pa	rt 6 the primary stre	am of a	٧	Was any station listed	in block B	of part 7 carried i	in any d	commu-
	commercial VHF stati		a grade B contour,	in whole		nity served by the cabl		rior to March 31,	1972?	(refer
	or in part, over the cal	ble system?			t	to former FCC rule 76.	159)			
	Yes—List each station below with its appropriate permitted DSE								ed DSE	
	X No-Enter zero a	nd proceed to p	part 8.			X No—Enter zero ar	nd proceed to	o part 8.		
		r								
	CALL SIGN	DSE	CALL SIGN	DSE		CALL SIGN	DSE	CALL SIGN		DSE
				<u> </u>						
				]						
			[							
		I	TOTAL DSEs	0.00				TOTAL DSE		0.00
			TOTAL DOES	0.00				IUTAL DOE	J	0.00

DSE SCHEDULE	E. PAGE15.
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LEGAL NA	ME OF OWNER OF CABLE SYSTEM: NORTHERN IOWA COMMUNICATIONS PARTNERS	SYSTEM ID# 63492	Name
	BLOCK D: COMPUTATION OF THE SYNDICATED EXCLUSIVITY SURCHARGE		
Section 1	Enter the amount of gross receipts from space K (page 7)	830,087.76	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. X No—Complete section 4 below.		
	SECTION 3: TOP 50 TELEVISION MARKET		
Section 3a	Did your cable system retransmit the signals of any partially distant television stations during the accounting period?     X Yes—Complete part 9 of this schedule.     No—Complete the applicable section below. If the figure in section 2, line C is 4.000 or less, compute your surcharge here and leave section 3b blank. NOTE: If the DS	E	
	is 1.0 or less, multiply the gross receipts by .00599 by the DSE. Enter the result on line A below. A. Enter 0.00599 of gross receipts (the amount in section1)		
	B. Enter 0.00377 of gross receipts (the amount in section .1)		
	C. Subtract 1.000 from total permitted DSEs (the figure on	_	
	line C in section 2) and enter here		
	D. Multiply line B by line C and enter here		
	E. Add lines A and D. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7) Syndicated Exclusivity Surcharge		
Section 3b	If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 3a blank.		
	A. Enter 0.00599 of gross receipts (the amount in section 1)		
	B. Enter 0.00377 of gross receipts (the amount in section 1)		
	C. Multiply line B by 3.000 and enter here		
	D. Enter 0.00178 of gross receipts (the amount in section 1)		
	E. Subtract 4.000 from total DSEs (the fgure on line C in section 2) and enter here		
	F. Multiply line D by line E and enter here		
	G. Add lines A, C, and F. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7) Syndicated Exclusivity Surcharge		
	SECTION 4: SECOND 50 TELEVISION MARKET		
	Did your cable system retransmit the signals of any partially distant television stations during the accounting period?		
Section 4a	X Yes—Complete part 9 of this schedule. No—Complete the applicable section below.		
	If the figure in section 2, line C is 4.000 or less, compute your surcharge here and leave section 4b blank. NOTE: If the DS is 1.0 or less, multiply the gross receipts by 0.003 by the DSE. Enter the result on line A below. A. Enter 0.00300 of gross receipts (the amount in section 1)	E	
	B. Enter 0.00189 of gross receipts (the amount in section 1)		
	C.Subtract 1.000 from total permitted DSEs (the fgure on line C in section 2) and enter here	_	
	D. Multiply line B by line C and enter here		
	E. Add lines A and D. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7) Syndicated Exclusivity Surcharge		

DSE	SCHED	ULE.	PAGE	16

	LEGAL NAM	DSE SCHEDULE. I ME OF OWNER OF CABLE SYSTEM: SYST	PAGE 16. <b>FEM ID#</b>
Name		NORTHERN IOWA COMMUNICATIONS PARTNERS	63492
<b>7</b> Computation of the Syndicated Exclusivity Surcharge	Section 4b	If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 4a blank.  A. Enter 0.00300 of gross receipts (the amount in section 1)	
		Syndicated Exclusivity Surcharge	<u></u> l.
<b>8</b> Computation of Base Rate Fee	You mi 6 was • In blo • If you • If you blank What i were lo	ctions: nust complete this part of the DSE schedule for the SUM OF PERMITTED DSEs in part 6, block B; however, if block A of part checked "Yes," use the total number of DSEs from part 5. bock A, indicate, by checking "Yes" or "No," whether your system carried any partially distant stations. ur answer is "No," compute your system's base rate fee in block B. Leave part 9 blank. ur answer is "Yes" (that is, if you carried one or more partially distant stations), you must complete part 9. Leave block B below c. is a partially distant station? A station is "partially distant" if, at the time your system carried it, some of your subscribers ocated within that station's local service area and others were located outside that area. For the definition of a station's "local e area," see page (v) of the general instructions.	
		BLOCK A: CARRIAGE OF PARTIALLY DISTANT STATIONS	
	• Did y	your cable system retransmit the signals of any partially distant television stations during the accounting period?	
		X Yes—Complete part 9 of this schedule. No—Complete the following sections.	
		BLOCK B: NO PARTIALLY DISTANT STATIONS—COMPUTATION OF BASE RATE FEE	
	Section		
	1	Enter the amount of gross receipts from space K (page 7)	
	Section 2	Enter the total number of permitted DSEs from block B, part 6 of this schedule. (If block A of part 6 was checked "Yes," use the total number of DSEs from part 5.)	
	Section 3	If the figure in section 2 is <b>4.000 or less,</b> compute your base rate fee here and leave section 4 blank.	
		NOTE: If the DSE is 1.0 or less, multiply the gross receipts by 0.01064 by the DSE. Enter the result on line A below. A. Enter 0.01064 of gross receipts	
		(the amount in section 1)▶ \$	
		B. Enter 0.00701 of gross receipts (the amount in section 1)	
		C. Subtract 1.000 from total DSEs (the figure in section 2) and enter here	
		D. Multiply line B by line C and enter here	
		E. Add lines A, and D. This is your base rate fee. Enter here	
		and in block 3, line 1, space L (page 7)	0.00
		Base Rate Fee	

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

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: SYS	STEN
Name	NORTHERN IOWA COMMUNICATIONS PARTNERS	63
	Guidance for Computing the Royalty Fee for Partially Permitted/Partially NonPermitted Signals	
	Step 1: Use part 9, block A, of the DSE Schedule to establish subscriber groups to compute the base rate fee for wholly and	
	partially permitted distant signals. Write "Permitted Signals" at the top of the page. Note: One or more permitted signals in these	
	subscriber groups may be partially distant.	
	Step 2: Use a separate part 9, block A, to compute the 3.75 percent fee for wholly nonpermitted and partially nonpermitted distant	
	signals. Write "Nonpermitted 3.75 stations" at the top of this page. Multiply the subscriber group gross receipts by total DSEs by	
	.0375 and enter the grand total 3.75 percent fees on line 2, block 3, of space L. Important: The sum of the gross receipts reported	
	for each part 9 used in steps 1 and 2 must equal the amount reported in space K.	
	Step 3: Use part 9, block B, to compute a syndicated exclusivity surcharge for any wholly or partially permitted distant	
	signals from step 1 that is subject to this surcharge.	
	Guidance for Computing the Royalty Fee for Carriage of Distant and Partially Distant Multicast Streams	
	Step 1: Use part 9, Block A, of the DSE Schedule to report each distant multicast stream of programming that is transmitted from	
	a primary television broadcast signal. Only the base rate fee should be computed for each multicast stream. The 3.75 Percent Rate	
	and Syndicated Exclusivity Surcharge are not applicable to the secondary transmission of a multicast stream.	
	You must report but not assign a DSE value for the retransmission of a multicast stream that is the subject of a written agreement	
	entered into on or before June 30, 2009 between a cable system or an association representing the cable system and a primary	
	transmitter or an association representing the primary transmitter.	

				TE FEES FOR EACH			
COMMUNITY/ AREA		SUBSCRIBER GRO	UP	COMMUNITY/ AREA	SECOND	SUBSCRIBER GROU	JP 0
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
EYCDT	0.25						
					···		
					•••		
					•••		
					•••		
					••		
					•••		
tal DSEs			0.25	Total DSEs			0.00
ross Receipts First G	roup	<u>\$</u> 5	53,376.30	Gross Receipts Secor	id Group	\$	0.00
			T				
<b>ase Rate Fee</b> First G	roup	\$	141.98	Base Rate Fee Secor	ld Group	\$	0.00
	THIRD	SUBSCRIBER GRO	UP		FOURTH	SUBSCRIBER GROU	JP
MMUNITY/ AREA	THIRD RUTHV		DUP	COMMUNITY/ AREA			JP
			DUP	COMMUNITY/ AREA			JP DSE
	RUTHV	EN			ROYAL		
	RUTHV	EN			ROYAL		
	RUTHV	EN			ROYAL		
	RUTHV	EN			ROYAL		
	RUTHV	EN			ROYAL		
	RUTHV	EN			ROYAL		
	RUTHV	EN			ROYAL		
	RUTHV	EN			ROYAL		
	RUTHV	EN			ROYAL		
	RUTHV	EN			ROYAL		
	RUTHV	EN			ROYAL		
	RUTHV	EN			ROYAL		
	RUTHV	EN			ROYAL		
CALL SIGN	RUTHV	EN			ROYAL		
CALL SIGN	RUTHV	EN CALL SIGN	DSE	CALL SIGN	ROYAL		DSE
CALL SIGN	RUTHV	EN CALL SIGN	DSE	CALL SIGN	ROYAL	CALL SIGN	DSE

	SUBSCRIBER GRO		ATE FEES FOR EACI	SIXTH	SUBSCRIBER GROU	JP DSE
ARMST	RONG			TERRIL		
	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
0.25						
				Γ		
				<mark></mark>		
				<mark></mark>		
				<mark></mark>		
				<mark></mark>		
				···.		·····
		0.25	Total DSEs			0.00
up	\$ 5	52,092.60	Gross Receipts Seco	nd Group	\$	23,625.00
						]
up	\$	138.57	Base Rate Fee Seco	nd Group	\$	0.00
EVENTH	SUBSCRIBER GRO	DUP		EIGHTH S	SUBSCRIBER GROU	JP
RINGST	ED		COMMUNITY/ AREA	PALMER		
DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
0.25			- H	0.25		
			KTIVDT2	0.25		
			KTIVDT3	0.25		
			KTIVDT4	0.25		
				<mark></mark>		
				<mark></mark>		
				<mark></mark>		
				<mark></mark>		
				<mark></mark>		
				<mark></mark>		
				···		
		0.25	Total DSEs			1.00
oup	<u>\$</u> 3	50,662.10	Gross Receipts Fourt	h Group	\$	29,640.00
pup	\$	81.56	Base Rate Fee Fourt	h Group	\$	315.37
	up EVENTH RINGST DSE	up §	up <u>\$ 52,092.60</u> up <u>\$ 138.57</u> EVENTH SUBSCRIBER GROUP RINGSTED DSE CALL SIGN DSE 0.25 0.25 0.25 0.25 0.25 0.25 0.25 0.25 0.25 0.25	up         §         52,092.60         Gross Receipts Second           up         §         138.57         Base Rate Fee Second           EVENTH SUBSCRIBER GROUP         E         COMMUNITY/ AREA           DSE         CALL SIGN         DSE         CALL SIGN           DSE         CALL SIGN         DSE         CALL SIGN           0.25         Image: Second s	up <u>\$ 52,092.60</u> up <u>\$ 138.57</u> Base Rate Fee Second Group EVENTH SUBSCRIBER GROUP EIGHTH RINGSTED CALL SIGN DSE CALL SIGN DSE 0.25 CALL SIGN DSE CALL SIGN DSE 0.25 KTIVDT 0.25 KTIVDT2 0.25 KTIVDT3 0.25 KTIVDT4 0.25 K	up <u>\$ 52,092.60</u> up <u>\$ 138.57</u> Base Rate Fee Second Group <u>\$</u> EVENTH SUBSCRIBER GROUP RINGSTED DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN 0.25 CALL SIGN DSE CALL SIGN DSE CALL SIGN 0.25 CALL SIGN DSE CALL SIGN DSE CALL SIGN COMMUNITY/ AREA PALMER CALL SIGN DSE CALL SIGN DSE CALL SIGN NTIVDT2 0.25 KTIVDT3 0.25 KTIVDT4 0.25 CALL SIGN CALL SIGN COMMUNITY/ AREA CALL SIGN 0.25 CALL SIGN DSE CALL SIGN DSE CALL SIGN CALL SIGN DSE CALL SIGN 0.25 CALL SIGN DSE CALL SIGN DSE CALL SIGN CALL SIGN DSE CALL SIGN 0.25 TOTAL DSES Gross Receipts Fourth Group <u>\$</u>

ACCOUNTING	PERIOD:	2023/2
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	FORM	SA3E.	PAGE	19.
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							63492
				ATE FEES FOR EA			
	NINTH	SUBSCRIBER GRO	DUP		TENTH	SUBSCRIBER GRO	UP
COMMUNITY/ AREA	POCAH	ONTAS		COMMUNITY/ ARE	EA PLOVER		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
KTIVDT	0.25			KTIVDT	0.25		
KTIVDT2	0.25			KTIVDT2	0.25		
KTIVDT3	0.25			KTIVDT3	0.25		
KTIVDT4	0.25			KTIVDT4	0.25		
otal DSEs			1.00	Total DSEs			1.00
ross Receipts First Gr	oup	s 3	5,370.00	Gross Receipts Se	cond Group	\$	4,951.80
Base Rate Fee First Gr		\$ SUBSCRIBER GRO	376.34	Base Rate Fee Se	-	\$	<b>52.69</b>
						000001	
COMMUNITY/ AREA	CURLE	N		COMMUNITY/ ARE			
	DSE	N CALL SIGN	DSE	COMMUNITY/ ARE CALL SIGN		CALL SIGN	DSE
CALL SIGN	·····		DSE		A ROLFE		
CALL SIGN	DSE		DSE	CALL SIGN	EA ROLFE		
CALL SIGN (TIVDT (TIVDT2	DSE 0.25		DSE	CALL SIGN	A ROLFE		
CALL SIGN CTIVDT CTIVDT2 CTIVDT3	DSE 0.25 0.25		DSE	CALL SIGN KTIVDT KTIVDT2	EA ROLFE DSE 0.25 0.25		
CALL SIGN CTIVDT CTIVDT2 CTIVDT3	DSE 0.25 0.25 0.25		DSE	CALL SIGN KTIVDT KTIVDT2 KTIVDT3	EA ROLFE DSE 0.25 0.25 0.25		
CALL SIGN (TIVDT (TIVDT2 (TIVDT3	DSE 0.25 0.25 0.25		DSE	CALL SIGN KTIVDT KTIVDT2 KTIVDT3	EA ROLFE DSE 0.25 0.25 0.25		
CALL SIGN CTIVDT CTIVDT2 CTIVDT3	DSE 0.25 0.25 0.25		DSE	CALL SIGN KTIVDT KTIVDT2 KTIVDT3	EA ROLFE DSE 0.25 0.25 0.25		
CALL SIGN (TIVDT (TIVDT2 (TIVDT3	DSE 0.25 0.25 0.25		DSE	CALL SIGN KTIVDT KTIVDT2 KTIVDT3	EA ROLFE DSE 0.25 0.25 0.25		
CALL SIGN TIVDT TIVDT2 TIVDT3	DSE 0.25 0.25 0.25		DSE	CALL SIGN KTIVDT KTIVDT2 KTIVDT3	EA ROLFE DSE 0.25 0.25 0.25		
CALL SIGN CTIVDT CTIVDT2 CTIVDT3	DSE 0.25 0.25 0.25		DSE	CALL SIGN KTIVDT KTIVDT2 KTIVDT3	EA ROLFE DSE 0.25 0.25 0.25		
CALL SIGN (TIVDT (TIVDT2 (TIVDT3	DSE 0.25 0.25 0.25		DSE	CALL SIGN KTIVDT KTIVDT2 KTIVDT3	EA ROLFE DSE 0.25 0.25 0.25		
CALL SIGN (TIVDT (TIVDT2 (TIVDT3	DSE 0.25 0.25 0.25		DSE	CALL SIGN KTIVDT KTIVDT2 KTIVDT3	EA ROLFE DSE 0.25 0.25 0.25		
CALL SIGN CTIVDT CTIVDT2 CTIVDT3	DSE 0.25 0.25 0.25			CALL SIGN KTIVDT KTIVDT2 KTIVDT3	EA ROLFE DSE 0.25 0.25 0.25		
CALL SIGN CTIVDT CTIVDT2 CTIVDT3	DSE 0.25 0.25 0.25		DSE	CALL SIGN KTIVDT KTIVDT2 KTIVDT3	EA ROLFE DSE 0.25 0.25 0.25		
CALL SIGN CTIVDT CTIVDT2 CTIVDT3 CTIVDT4	DSE 0.25 0.25 0.25		DSE	CALL SIGN KTIVDT KTIVDT2 KTIVDT3	EA ROLFE DSE 0.25 0.25 0.25		
CALL SIGN CTIVDT CTIVDT2 CTIVDT3 CTIVDT4 CTIVDT4 CTIVDT4	DSE 0.25 0.25 0.25			CALL SIGN KTIVDT KTIVDT2 KTIVDT3 KTIVDT4	EA ROLFE DSE 0.25 0.25 0.25 0.25 0.25 0.25 0.25 0.25		DSE
COMMUNITY/ AREA CALL SIGN KTIVDT KTIVDT2 KTIVDT3 KTIVDT4 Gross Receipts Third G Base Rate Fee Third G	DSE 0.25 0.25 0.25		1.00	CALL SIGN KTIVDT KTIVDT2 KTIVDT3 KTIVDT4	EA ROLFE DSE 0.25 0.25 0.25 0.25 0.25 0.25 0.25 0.25		DSE

	BLOCK A:	COMPUTATION (	OF BASE RA	TE FEES FOR EACH	SUBSCRIE	BER GROUP		
THI	RTEENTH	SUBSCRIBER GRO	DUP	FO	URTEENTH	SUBSCRIBER GRO	UP	•
COMMUNITY/ AREA	MALLA	RD		COMMUNITY/ AREA		END		<b>9</b> Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
KTIVDT	0.25			KTIVDT	0.25			Base Rate F
KTIVDT2	0.25			KTIVDT2	0.25			and
KTIVDT3	0.25			KTIVDT3	0.25			Syndicate
KTIVDT4	0.25			KTIVDT4	0.25			Exclusivit
								Surcharge
								for
								Partially
								Distant
								Stations
								ļ
Total DSEs	_		1.00	Total DSEs	_		1.00	
Gross Receipts First G	roup	\$	8,842.50	Gross Receipts Secon	d Group	\$	45,627.30	
	Sab	•	-,		in Croup			
Base Rate Fee First G	roup	\$	94.08	Base Rate Fee Secon	ld Group	\$	485.47	
F	IFTEENTH	SUBSCRIBER GRO	)UP	5	SIXTEENTH	SUBSCRIBER GRO	UP	ŧ
COMMUNITY/ AREA	HAVEL			COMMUNITY/ AREA				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	ļ
KTIVDT	0.25			KTIVDT	0.25			
KTIVDT2	0.25			KTIVDT2	0.25			
KTIVDT3	0.25			KTIVDT3	0.25			
KTIVDT4	0.25			KTIVDT4	0.25			
					<mark></mark>			
					<mark></mark>			
	···				···			1
	···				<mark></mark>			1
	···				<mark></mark>			
	···				•••			1
	···				···			1
	•••••••••••••••••••••••••••••••••••••••				•••			
				1	<mark></mark>			1
Total DSEs			1.00	Total DSEs			1.00	ł
Gross Receipts Third G	Group	<u>\$</u> 1	5,209.10	Gross Receipts Fourth	n Group	\$	17,685.00	
Base Rate Fee Third G	Group	\$	161.82	Base Rate Fee Fourth	n Group	\$	188.17	
Base Rate Fee: Add th Enter here and in block			criber group a	II	oove.	\$		

Name

SYSTEM ID#

63492

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LEGAL NAME OF OWNER OF CABLE SYSTEM:

NORTHERN IOWA COMMUNICATIONS PARTNERS

FORM SA3E.	PAGE 19
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	BLOCK A:	COMPUTATION C	OF BASE RA	ATE FEES FOR EACH	SUBSCRIE	BER GROUP		
SEV	ENTEENTH	SUBSCRIBER GRO	UP	EIG	GHTEENTH	SUBSCRIBER GRO	UP	•
OMMUNITY/ AREA	AYRSH	IRE - GILLETTE	GROVE	COMMUNITY/ AREA	COMMUNITY/ AREA SWEA CITY			9 Comput
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
				KEYCDT	0.25			Base Rate
								and
								Syndica
								Exclusiv
								Surchar
								for Partiall
								Distan
								Station
otal DSEs			0.00	Total DSEs			0.25	
ross Receipts First (	Group	\$	9,903.60	Gross Receipts Secon	d Group	\$	18,463.20	
•	•		,				,	
ase Rate Fee First (	Group	\$	0.00	Base Rate Fee Secon	d Group	\$	49.11	
	•	\$ SUBSCRIBER GRC				\$ SUBSCRIBER GRO		
	NINTEENTH	SUBSCRIBER GRC			WENTIETH		UP	
N OMMUNITY/ AREA		SUBSCRIBER GRC	DUP	COMMUNITY/ AREA	WENTIETH	SUBSCRIBER GRO	UP NGFORD	
Ν	NINTEENTH	SUBSCRIBER GRC		Т	WENTIETH	SUBSCRIBER GRO	UP	
N DMMUNITY/ AREA CALL SIGN EYCDT	ALGON	SUBSCRIBER GRC	DUP	COMMUNITY/ AREA	WENTIETH	SUBSCRIBER GRO	UP NGFORD	
N DMMUNITY/ AREA CALL SIGN EYCDT	ALGON DSE 0.25	SUBSCRIBER GRC	DUP	COMMUNITY/ AREA	WENTIETH	SUBSCRIBER GRO	UP NGFORD	
N DMMUNITY/ AREA CALL SIGN EYCDT	ALGON DSE 0.25	SUBSCRIBER GRC	DUP	COMMUNITY/ AREA	WENTIETH	SUBSCRIBER GRO	UP NGFORD	
N DMMUNITY/ AREA CALL SIGN EYCDT	ALGON DSE 0.25	SUBSCRIBER GRC	DUP	COMMUNITY/ AREA	WENTIETH	SUBSCRIBER GRO	UP NGFORD	
N DMMUNITY/ AREA CALL SIGN EYCDT	ALGON DSE 0.25	SUBSCRIBER GRC	DUP	COMMUNITY/ AREA	WENTIETH	SUBSCRIBER GRO	UP NGFORD	
N DMMUNITY/ AREA CALL SIGN EYCDT	ALGON DSE 0.25	SUBSCRIBER GRC	DUP	COMMUNITY/ AREA	WENTIETH	SUBSCRIBER GRO	UP NGFORD	
N DMMUNITY/ AREA Call Sign EYCDT	ALGON DSE 0.25	SUBSCRIBER GRC	DUP	COMMUNITY/ AREA	WENTIETH	SUBSCRIBER GRO	UP NGFORD	
N OMMUNITY/ AREA CALL SIGN	ALGON	SUBSCRIBER GRC	DUP	COMMUNITY/ AREA	WENTIETH	SUBSCRIBER GRO	UP NGFORD	
N DMMUNITY/ AREA CALL SIGN EYCDT	ALGON	SUBSCRIBER GRC	DUP	COMMUNITY/ AREA	WENTIETH	SUBSCRIBER GRO	UP NGFORD	
N DMMUNITY/ AREA CALL SIGN EYCDT	ALGON	SUBSCRIBER GRC	DUP	COMMUNITY/ AREA	WENTIETH	SUBSCRIBER GRO	UP NGFORD	
N DMMUNITY/ AREA CALL SIGN EYCDT	ALGON	SUBSCRIBER GRC	DUP	COMMUNITY/ AREA	WENTIETH	SUBSCRIBER GRO	UP NGFORD	
N DMMUNITY/ AREA CALL SIGN EYCDT	ALGON	SUBSCRIBER GRC	DUP	COMMUNITY/ AREA	WENTIETH	SUBSCRIBER GRO	UP NGFORD	
N DMMUNITY/ AREA CALL SIGN EYCDT	ALGON	SUBSCRIBER GRC	DUP	COMMUNITY/ AREA	WENTIETH	SUBSCRIBER GRO	UP NGFORD	
DMMUNITY/ AREA	ALGON	SUBSCRIBER GRC	DUP	COMMUNITY/ AREA	WENTIETH	SUBSCRIBER GRO	UP NGFORD	
N DMMUNITY/ AREA CALL SIGN EYCDT	ALGON DSE 0.25 0.25 0.25	SUBSCRIBER GRC A CALL SIGN		COMMUNITY/ AREA	WENTIETH GRAETT	SUBSCRIBER GRO	UP NGFORD DSE	
N DMMUNITY/ AREA CALL SIGN EYCDT EYCDT2	ALGON DSE 0.25 0.25 0.25	SUBSCRIBER GRC A CALL SIGN	DUP	COMMUNITY/ AREA	WENTIETH GRAETT	SUBSCRIBER GRO	UP NGFORD DSE	

LEGAL NAME OF OWNER OF CABLE SYSTEM:     SYSTEM ID#       NORTHERN IOWA COMMUNICATIONS PARTNERS     63492						Name		
E	BLOCK A:	COMPUTATION O	F BASE RA	ATE FEES FOR EA	CH SUBSCR	IBER GROUP		
	FIRST	SUBSCRIBER GRO	UP		SECONE	SUBSCRIBER GROU	JP	•
COMMUNITY/ AREA	TITON	(A-BURT		COMMUNITY/ ARE	Α		0	9
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of
CALL SIGN	DOL		DOL		DOL		DOL	Base Rate Fe
	·· ····							and
								Syndicated
								Exclusivity
								Surcharge
								for
								Partially
								Distant
								Stations
			Ι					
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gr		\$ 53	8,376.30	Gross Receipts Sec	cond Group	\$	0.00	
	oup	<u>,                                     </u>	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Gloss Receipts Sec	John Group	<del>ې</del>	0.00	
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Sec	cond Group	\$	0.00	
	THIRD	SUBSCRIBER GRO	UP		FOURTH	SUBSCRIBER GROU	JP	
COMMUNITY/ AREA	RUTHV	'EN		COMMUNITY/ ARE	A ROYAL			
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
	<mark></mark>							
	<mark></mark>		•		••••••			
	<mark></mark>		•		••••••			
	<mark></mark>		•					
Total DSEs			0.00	Total DSEs		••	0.00	
Gross Receipts Third G	roun	<u>د</u> ۵۵	2,700.00	Gross Receipts Fou	irth Group	s	31,365.00	
Gloss Receipts Third G	ioup	<u> </u>	.,700.00	Gloss Receipts For	inin Gloup	<del>ې</del>	31,303.00	
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fou	irth Group	\$	0.00	
				Ш				
Base Rate Fee: Add th			riber group a	as shown in the boxes	above.			
Enter here and in block	3, line 1, s	pace L (page 7)				\$	0.00	

9 Computation E of Base Rate Fee and Syndicated Exclusivity Surcharge for Partially Distant Stations	SUBSCRIBER GROUP	SIXTH	ATE FEES FOR EACH		COMPUTATION OF	LOCK A:	F
E Of Base Rate Fee and Syndicated Exclusivity Surcharge for Partially Distant			11	-			-
E Of Base Rate Fee and Syndicated Exclusivity Surcharge for Partially Distant		TEDDII		FIFTH SUBSCRIBER GROUP			
E of Base Rate Fea and Syndicated Exclusivity Surcharge for Partially Distant	CALL SIGN DSE	TERRIL		NITY/ AREA ARMSTRONG COMMUNITY/ AREA TER	COMMUNITY/ AREA		
Base Rate Fer and Syndicated Exclusivity Surcharge for Partially Distant		DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
and Syndicated Exclusivity Surcharge for Partially Distant		DGL	CALL SIGN	DGL	CALL SIGN	DGL	CALL SIGN
Syndicated Exclusivity Surcharge for Partially Distant	· · · · · · · · · · · · · · · · · · ·	<mark></mark>					
Exclusivity Surcharge for Partially Distant		<mark></mark>					
Surcharge for Partially Distant		<mark></mark>			+		
for Partially Distant							
Distant							
					-		
Stations							
0	0.00		Total DSEs	0.00			Total DSEs
0	\$ 23,625.00	d Group	Gross Receipts Second	092.60	<u>\$</u> 52,	oup	Gross Receipts First Gr
0	\$ 0.00	d Group	Base Rate Fee Second	0.00	\$	oup	Base Rate Fee First Gr
	SUBSCRIBER GROUP	EIGHTH		Р	SUBSCRIBER GROU	SEVENTH	
	R	PALMER	COMMUNITY/ AREA		TED	RINGS	COMMUNITY/ AREA
E	CALL SIGN DSE	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
		<mark></mark>		<b> </b>			
		<mark></mark>					
		<mark></mark>					
		<mark></mark>					
0	0.00		Total DSEs	0.00		1	Total DSEs
		-					
	\$ 29,640.00	Group	Gross Receipts Fourth	662.10	\$ 30,	oup	Gross Receipts Third G
0	\$ 0.00	Group	Base Rate Fee Fourth	0.00	\$	oup	Base Rate Fee Third G

9 Computation of Base Rate Fe and Syndicated Exclusivity	R GROUP IBSCRIBER GROUP			ATE FEES FOR EACH	F BASE RA			
Computation of Base Rate Fe and Syndicated						COMPUTATION OF	LUCK A:	В
Computation of Base Rate Fe and Syndicated		SODSCINDER GR	TENTH			SUBSCRIBER GROU		
base Rate Fe and Syndicated		२	PLOVE	COMMUNITY/ AREA		ONTAS	POCAH	COMMUNITY/ AREA
Base Rate Fe	CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Syndicated								
Syndicated								
		•	<mark></mark>					
Exclusivity		•	<mark></mark>		•			
O			<mark></mark>					
Surcharge								
for			<mark>.</mark>					
Partially								
Distant								
Stations								
0	0.00		<u>.</u>	Total DSEs	0.00			Total DSEs
0	4,951.80	\$	d Group	Gross Receipts Second	,370.00	\$ 35	oup	Gross Receipts First Gro
0	0.00	\$		Base Rate Fee Second	0.00	\$		Base Rate Fee First Gro
	IBSCRIBER GROUP	SUBSCRIBER GR	TWELVTH		JP	SUBSCRIBER GROU	EVENTH	EL
	COMMUNITY/ AREA ROLFE				W	CURLE	COMMUNITY/ AREA	
<u>=</u>	CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
0	0.00			Total DSEs	0.00			Total DSEs
0	13,440.60	\$	Group	Gross Receipts Fourth	707.40	\$	oup	Gross Receipts Third Gr
<u>o</u>	0.00	\$	Group	Base Rate Fee Fourth	0.00	\$	oup	Base Rate Fee Third Gr

LEGAL NAME OF OWNER OF CABLE SYSTEM:     SYSTEM ID#       NORTHERN IOWA COMMUNICATIONS PARTNERS     63492							Name	
В	LOCK A:	COMPUTATION OF	BASE RA	TE FEES FOR EACH	SUBSCRI	BER GROUP		
THIF	RTEENTH	SUBSCRIBER GROU	IP	FOL	JRTEENTH	SUBSCRIBER GROUP	)	•
COMMUNITY/ AREA	MALLA	RD		COMMUNITY/ AREA	WEST B	END		9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
	DOL	OF ALL OTOTA	DOL	ONLEE CIGIT	DOL	ON LE CICIL	DUL	Base Rate Fee
					<mark></mark>	-		and
					•			Syndicated
					<mark></mark>		··•	Exclusivity
					<mark></mark>		···	-
					<mark></mark>		<mark></mark>	Surcharge
							<mark></mark>	for
								Partially
								Distant
								Stations
			<b>.</b>					
			<b>_</b>					
					•			
Total DSEs	<b>.</b>	<u>H</u>	0.00	Total DSEs		<u> </u>	0.00	
Gross Receipts First Gro	Gross Receipts First Group \$ 8,842.50		,842.50	Gross Receipts Secon	d Group	\$ 4	5,627.30	
Base Rate Fee First Gro	oup	\$	0.00	Base Rate Fee Second	d Group	\$	0.00	
FI	TEENTH	SUBSCRIBER GROU	IP	S	SIXTEENTH	SUBSCRIBER GROUF	)	
COMMUNITY/ AREA	HAVEL			COMMUNITY/ AREA WHITTEMORE				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
			<b>†</b>					
			<b>†</b>					
			<b>†</b>					
	·		<b>†</b>					
			<b>†</b>				··•	
			<b>†</b>		<mark>.</mark>		<mark></mark>	
	·		<b> </b>		<mark>.</mark>		<mark></mark>	
	·		<b> </b>		<mark></mark>		<mark></mark>	
				-	<mark></mark>		··•	
	1		I					
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	roup	<u>\$</u> 15	,209.10	Gross Receipts Fourth	Group	\$ 1	7,685.00	
Base Rate Fee Third G	oup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
	244	٣	5.00		Joup	٣	0.00	
Base Rate Fee: Add the Enter here and in block			iber group a	as shown in the boxes ab	oove.	\$		

LEGAL NAME OF OWNE			INERS			:	SYSTEM ID# 63492	Name
	BLOCK A:	COMPUTATION OF	BASE RA	ATE FEES FOR EACH	SUBSCRI	BER GROUP		
SEVE	NTEENTH	SUBSCRIBER GROU	IP	EIC	GHTEENTH	SUBSCRIBER GRO	UP	•
COMMUNITY/ AREA	AYRSH	IRE - GILLETTE (	GROVE	COMMUNITY/ AREA	SWEA C	ЯТҮ		9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
			1					and
			1					Syndicated
								Exclusivity
								Surcharge
					•••			for
					•••			Partially
					•••			Distant
		+			<mark></mark>	•		Stations
					<mark></mark>	•		
					•••	•		
	•••				••• ••••••			
					•••	•		
	••• •••••				••• ••••••			
		<u> </u>	<u> </u>		ļ	11		
Total DSEs		·	0.00	Total DSEs		·	0.00	
Gross Receipts First G	roup	<u>\$</u> 9	,903.60	Gross Receipts Secon	d Group	\$	18,463.20	
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Secon	d Group	\$	0.00	
NI	NTEENTH	SUBSCRIBER GROU	IP	Т	WENTIETH	SUBSCRIBER GRO	UP	
COMMUNITY/ AREA	ALGON			COMMUNITY/ AREA		TINGER - WALLIN		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
							·····	
							·····	
							·····	
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							·····	
		+					·····	
							·····	
	<mark></mark>		<b>.</b>		<mark></mark>		·····	
	<mark></mark>				<mark></mark>		·····	
							·····	
	···		<b>.</b>		<mark></mark>			
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	Group	<u>\$</u> 239	,626.26	Gross Receipts Fourth	Group	\$	106,800.00	
Base Rate Fee Third G	Group	\$	0.00	Base Rate Fee Fourth	I Group	\$	0.00	
				<u>II</u>				
Base Rate Fee: Add th Enter here and in block			iber group a	as shown in the boxes ab	oove.	\$		

		FORM SA3E. PAGE 20
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
	NORTHERN IOWA COMMUNICATIONS PARTNERS	63492
		SIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP
<b>9</b> Computation	If your cable system is located within a top 100 television market and the Syndicated Exclusivity Surcharge. Indicate which major television market by section 76.5 of FCC rules in effect on June 24, 1981:	
of	First 50 major television market	Second 50 major television market
Base Rate Fee and Syndicated Exclusivity Surcharge for	<ul> <li>INSTRUCTIONS:</li> <li>Step 1: In line 1, give the total DSEs by subscriber group for commenthis schedule.</li> <li>Step 2: In line 2, give the total number of DSEs by subscriber group for Exempt DSEs in block C, part 7 of this schedule. If none entestep 3: In line 3, subtract line 2 from line 1. This is the total number of the schedule.</li> </ul>	for the VHF Grade B contour stations that were classified as er zero.
Partially Distant Stations	Step 4: Compute the surcharge for each subscriber group using the f	
	FIRST SUBSCRIBER GROUP	SECOND SUBSCRIBER GROUP
	Line 1: Enter the VHF DSEs	Line 1: Enter the VHF DSEs
	Line 2: Enter the Exempt DSEs	Line 2: Enter the Exempt DSEs
	Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation	Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation
	SYNDICATED EXCLUSIVITY SURCHARGE First Group	SYNDICATED EXCLUSIVITY SURCHARGE Second Group
	THIRD SUBSCRIBER GROUP	FOURTH SUBSCRIBER GROUP
	Line 1: Enter the VHF DSEs	Line 1: Enter the VHF DSEs
	Line 2: Enter the Exempt DSEs	Line 2: Enter the Exempt DSEs
	Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge	Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge
		computation
	SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for e in the boxes above. Enter here and in block 4, line 2 of space L (page	ach subscriber group as shown 7)

		FORM SA3E. PAGE 20
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
	NORTHERN IOWA COMMUNICATIONS PARTNERS	63492
	BLOCK B: COMPUTATION OF SYNDICATED EXCLUS	SIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP
9	If your cable system is located within a top 100 television market and t Syndicated Exclusivity Surcharge. Indicate which major television mark by section 76.5 of FCC rules in effect on June 24, 1981:	
Computation of	First 50 major television market	Second 50 major television market
Base Rate Fee and Syndicated Exclusivity Surcharge	<ul> <li>INSTRUCTIONS:</li> <li>Step 1: In line 1, give the total DSEs by subscriber group for commenting schedule.</li> <li>Step 2: In line 2, give the total number of DSEs by subscriber group for Exempt DSEs in block C, part 7 of this schedule. If none enter the D schedule of D schedule and T schedule.</li> </ul>	for the VHF Grade B contour stations that were classified as ar zero.
for Partially Distant Stations	<ul> <li>Step 3: In line 3, subtract line 2 from line 1. This is the total number of Step 4: Compute the surcharge for each subscriber group using the f schedule. In making this computation, use gross receipts figure your actual calculations on this form.</li> </ul>	
	FIFTH SUBSCRIBER GROUP	SIXTH SUBSCRIBER GROUP
	Line 1: Enter the VHF DSEs	Line 1: Enter the VHF DSEs
	Line 2: Enter the Exempt DSEs	Line 2: Enter the Exempt DSEs
	Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation	Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation
	SYNDICATED EXCLUSIVITY SURCHARGE First Group	SYNDICATED EXCLUSIVITY SURCHARGE Second Group
	SEVENTH SUBSCRIBER GROUP	EIGHTH SUBSCRIBER GROUP
	Line 1: Enter the VHF DSEs	Line 1: Enter the VHF DSEs
	Line 2: Enter the Exempt DSEs	Line 2: Enter the Exempt DSEs
	Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge	Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge
	computation SYNDICATED EXCLUSIVITY SURCHARGE Third Group	computation
	SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for e in the boxes above. Enter here and in block 4, line 2 of space L (page	ach subscriber group as shown 7)

		FORM SA3E. PAGE 20
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
	NORTHERN IOWA COMMUNICATIONS PARTNERS	63492
	BLOCK B: COMPUTATION OF SYNDICATED EXCLUS	SIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP
<b>9</b> Computation	If your cable system is located within a top 100 television market and t Syndicated Exclusivity Surcharge. Indicate which major television mar by section 76.5 of FCC rules in effect on June 24, 1981:	
of	First 50 major television market	Second 50 major television market
Base Rate Fee and Syndicated Exclusivity Surcharge for Partially Distant Stations	<ul> <li>INSTRUCTIONS:</li> <li>Step 1: In line 1, give the total DSEs by subscriber group for commentivity this schedule.</li> <li>Step 2: In line 2, give the total number of DSEs by subscriber group for Exempt DSEs in block C, part 7 of this schedule. If none entered step 3: In line 3, subtract line 2 from line 1. This is the total number of Step 4: Compute the surcharge for each subscriber group using the schedule. In making this computation, use gross receipts figure your actual calculations on this form.</li> </ul>	for the VHF Grade B contour stations that were classified as ar zero. of DSEs used to compute the surcharge.
Stations		
	NINTH SUBSCRIBER GROUP	TENTH SUBSCRIBER GROUP
	Line 1: Enter the VHF DSEs	Line 1: Enter the VHF DSEs
	Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation	Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation
	ELEVENTH SUBSCRIBER GROUP	TWELVTH SUBSCRIBER GROUP
	Line 1: Enter the VHF DSEs	Line 1: Enter the VHF DSEs Line 2: Enter the Exempt DSEs
	Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation	Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation
	SYNDICATED EXCLUSIVITY SURCHARGE Third Group	SYNDICATED EXCLUSIVITY SURCHARGE Fourth Group
	SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for e in the boxes above. Enter here and in block 4, line 2 of space L (page	ach subscriber group as shown 7)

		FORM SA3E. PAGE 20.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: NORTHERN IOWA COMMUNICATIONS PARTNERS	SYSTEM ID# 63492
	BLOCK B: COMPUTATION OF SYNDICATED EXCLUS	IVITY SURCHARGE FOR EACH SUBSCRIBER GROUP
9 Computation of Base Rate Fee	If your cable system is located within a top 100 television market and th Syndicated Exclusivity Surcharge. Indicate which major television mark by section 76.5 of FCC rules in effect on June 24, 1981: First 50 major television market INSTRUCTIONS:	
and	Step 1: In line 1, give the total DSEs by subscriber group for commen	cial VHF Grade B contour stations listed in block A, part 9 of
Syndicated Exclusivity Surcharge for Partially Distant Stations	<ul> <li>this schedule.</li> <li>Step 2: In line 2, give the total number of DSEs by subscriber group for Exempt DSEs in block C, part 7 of this schedule. If none entere Step 3: In line 3, subtract line 2 from line 1. This is the total number of Step 4: Compute the surcharge for each subscriber group using the for schedule. In making this computation, use gross receipts figure your actual calculations on this form.</li> </ul>	r zero. f DSEs used to compute the surcharge.
	THIRTEENTH SUBSCRIBER GROUP	FOURTEENTH SUBSCRIBER GROUP
	Line 1: Enter the VHF DSEs	Line 1: Enter the VHF DSEs
	Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation	Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation
	SYNDICATED EXCLUSIVITY SURCHARGE First Group	SYNDICATED EXCLUSIVITY SURCHARGE Second Group
	FIFTEENTH SUBSCRIBER GROUP	SIXTEENTH SUBSCRIBER GROUP
	Line 1: Enter the VHF DSEs	Line 1: Enter the VHF DSEs
	Line 2: Enter the Exempt DSEs	Line 2: Enter the Exempt DSEs
	Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation	Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation
	SYNDICATED EXCLUSIVITY SURCHARGE Third Group	SYNDICATED EXCLUSIVITY SURCHARGE Fourth Group
	SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each in the boxes above. Enter here and in block 4, line 2 of space L (page 3	

		FORM SA3E. PAGE 20.					
Name		SYSTEM ID#					
	NORTHERN IOWA COMMUNICATIONS PARTNERS	63492					
	BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP						
9	If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you must also compute a Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined by section 76.5 of FCC rules in effect on June 24, 1981:						
Computation of	First 50 major television market	Second 50 major television market					
Base Rate Fee and Syndicated Exclusivity							
Surcharge for Partially Distant Stations	<ul> <li>Exempt DSEs in block C, part 7 of this schedule. If none enter zero.</li> <li>Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge.</li> <li>Step 4: Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show your actual calculations on this form.</li> </ul>						
	SEVENTEENTH SUBSCRIBER GROUP	EIGHTEENTH SUBSCRIBER GROUP					
	Line 1: Enter the VHF DSEs	Line 1: Enter the VHF DSEs					
	Line 2: Enter the Exempt DSEs	Line 2: Enter the Exempt DSEs					
	Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation	Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation					
	SYNDICATED EXCLUSIVITY SURCHARGE	SYNDICATED EXCLUSIVITY SURCHARGE					
	First Group	Second Group					
	NINEENTH SUBSCRIBER GROUP	TWENTYTH SUBSCRIBER GROUP					
	Line 1: Enter the VHF DSEs	Line 1: Enter the VHF DSEs					
	Line 2: Enter the Exempt DSEs	Line 2: Enter the Exempt DSEs					
	Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation	Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation					
	SYNDICATED EXCLUSIVITY SURCHARGE Third Group	SYNDICATED EXCLUSIVITY SURCHARGE Fourth Group					
	SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown in the boxes above. Enter here and in block 4, line 2 of space L (page 7)						

C	Ca Woi	ble rksheet	Total amount of remittance	Number of SAs rec'd		Initials	
			Date of remittance	_ Check	] EFT		G FEES
Cable ID #						Amount	Initials
Examined by		Reviewed by	Date examination completed	Allocation nur	nber		
Space A Accounting Period							
	🗆 Janua	ary 1 - June 30, 2017	Ľ	] July 1 - December 31,	2017		
	□ Letter sent		C	Information received			
	🗆 Accep	oted	E	] Phone call/Date/Conta	ct		
Space B Owner							
	□ Lette	r sent	C	Information received			
	Accep	oted	C	] Phone call/Date/Conta	ct		
Space D Area Served							
	Letter sent		C	Information received			
	Accep	oted	C	] Phone call/Date/Conta	ct		
Space E Secondary Transission							
Service Subscribers:	□ Lette	r sent	C	Information received			
and Rates		oted	C	] Phone call/Date/Conta	ct		
Space G Primary Transmitters:							
Television	□ Lette	r sent	[	□ Information received			
		oted	C	Phone call/Date/Conta	ct		
Space H Primary Transmitters:							
Radio		oted	[	Phone call/Date/Conta	ct		

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