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

SA3E Long Form

STATEMENT OF ACCOUNT

for Secondary Transmissions by Cable Systems (Long Form)

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

FOR COPYRIGHT OFFICE USE ONLY							
DATE RECEIVED	AMOUNT						
2-29-24	\$ ALLOCATION NUMBER						

Return completed workbook by email to

coplicsoa@copyright.gov

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

Α	AC	ACCOUNTING PERIOD COVERED BY THIS STATEMENT:										
Accounting Period		2023/2										
B	rate	tructions: Give the full legal name of the owner of the cable system. If the owner is a e title of the subsidiary, not that of the parent corporation. List any other name or names under which the owner conducts the busines If there were different owners during the accounting period, only the owner ingle statement of account and royalty fee payment covering the entire account. Check here if this is the system's first filing. If not, enter the system's ID is EGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM	es of the cable syste on the last day of the unting period.	m. ne accounting period should subr		851						
		Alliance Communications Cooperative, Inc.										
					85 851	120232						
		PO Box 349 Garretson, SD 57030										
С		STRUCTIONS: In line 1, give any business or trade names used to ic mes already appear in space B. In line 2, give the mailing address of										
System	1	IDENTIFICATION OF CABLE SYSTEM:		<u> </u>	00000							
		MAILING ADDRESS OF CABLE SYSTEM:										
	2	(Number, street, rural route, apartment, or suite number)										
		(City, town, state, zip code)										
D	Ins	structions: For complete space D instructions, see page 1b. Identify	only the first com	munity served below and relis	t on page	1b						
Area Served	wit	h all communities.	07475									
First		CITY OR TOWN Garretson	STATE SD									
Community	F	Below is a sample for reporting communities if you report multiple cha		pace G.								
		CITY OR TOWN (SAMPLE)	STATE	CH LINE UP	SUB	GRP#						
Sample	Ald	a	MD	A		1						
Campio	Alli	ance	MD	В		2						
	Ge	ring	MD	В		3						

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

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: 851 Alliance Communications Cooperative, Inc. Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined D in FCC rules: "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single, discrete unincorporated areas." 47 C.F.R. §76.5(dd). The first community that you list will serve as a form Area of system identification hereafter known as the "first community." Please use it as the first community on all future filings. Served Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified city or town. If all communities receive the same complement of television broadcast stations (i.e., one channel line-up for all), then either associate all communities with the channel line-up "A" in the appropriate column below or leave the column blank. If you report any stations on a partially distant or partially permitted basis in the DSE Schedule, associate each relevant community with a subscriber group, designated by a number (based on your reporting from Part 9). When reporting the carriage of television broadcast stations on a community-by-community basis, associate each community with a channel line-up designated by an alpha-letter(s) (based on your Space G reporting) and a subscriber group designated by a number (based on your reporting from Part 9 of the DSE Schedule) in the appropriate columns below. CITY OR TOWN STATE CH LINE UP SUB GRP# Garretson SD First SD Sherman 1 Community Brandon SD Α Corson SD Α 1 Valley Springs SD Α 1 **Baltic** SD Α 1 See instructions for **Crooks** 1 additional information SD Α on alphabetization. Hudson SD Α Hills Α 4 MN Steen MN Α Jasper MN Α Add rows as necessary. **Beaver Creek** MN Α Α 4 **Hardwick** MN Magnolia MN Α Kanaranzi MN Α Kenneth MN Α 2 Larchwood IA В В 2 Lester IA Inwood IA В 2 Alvord IΑ В **Sioux County** IΑ С 5 C SD 3 **Alcester**

Name
LEGAL NAME OF OWNER OF CABLE SYSTEM:

Alliance Communications Cooperative, Inc.

SYSTEM ID#

Ε

Secondary Transmission Service: Subscribers and Rates

SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

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

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

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

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

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

BLO	OCK 1		BLOCK 2			
CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE	CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	R	ATE
Residential:						
 Service to first set 			Basic	5,331	\$	65.95
 Service to additional set(s) 			Elite	3,555	\$	15.00
 FM radio (if separate rate) 			Limited	36	\$	11.95
Motel, hotel	4	\$ 9.00	Family&Ed/Sports/Entertmt	59	\$	5.00
Commercial			Nursing Home	143	\$	11.00
Converter			Nursing Home	160	\$	9.00
 Residential 			Nursing Home	49	\$	7.00
 Non-residential 			Motel	48	\$	30.00

F

Services Other Than Secondary Transmissions: Rates

SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

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

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

		BLOCK 2					
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	CATEGORY	OF SERVICE	F	RATE	
Continuing Services:		Installation: Non-residential					
Pay cable		Motel, hotel		нво		\$	16.95
 Pay cable—add'l channel 		Commercial		Cinemax		\$	12.95
Fire protection	 	Pay cable		Showtime		\$	16.95
Burglar protection	 	Pay cable-add'l channel		Starz/Encor	е	\$	12.95
Installation: Residential	 	Fire protection					
First set	\$ 51.00	Burglar protection					
Additional set(s)	\$ 26.00	Other services:					
• FM radio (if separate rate)	 	Reconnect	\$ 40.00				
Converter		Disconnect					
	 	Outlet relocation					
		Move to new address					

FORM SA3E. PAGE 3.					OVOTEM ID	<u>.</u> T		
LEGAL NAME OF OWN					SYSTEM ID	Name		
		•	e, inc.		851			
PRIMARY TRANSMITTE In General: In space Gearried by your cable sy FCC rules and regulation 76.59(d)(2) and (4), 76 substitute program bas Substitute Basis Sibasis under specific FC Do not list the station station was carried of List the station here, a basis. For further infinite paper SA3 for Column 1: List each each multicast stream as "WETA-WETA-simulcast). Column 2: Give the its community of licension which your cable system Column 4: If the station by (for independent multic For the meaning of the Column 5: If you had cable system carried the carried the distant station for the retransmission a written agreement the cable system and a tion "E" (exempt). For si	unications (RS: TELEVISIO is, identify every yestem during the ons in effect or of 61(e)(2) and (- is, as explaine tations: With r ic rules, regula here in space only on a substand also in spa- formation concern. In station's call associated with -2". Simulcast channel numble. For example stem carried the in each case we entering the le ast), "E" (for no se terms, see p atton is outside the area, see p atton is outside the distant static on on a part-tir on of a distant entered into or or primary transi imulcasts, also	r television state accounting a June 24, 1984, or 76.63 (r d in the next prespect to any ations, or auth G—but do list itute basis. I determing substitute basis. I determing substitute sign. Do not rear a station acceptance of the station. I whether the station. I whether the station. I whether the station acceptance (v) of the station acceptance (v) of the station acceptance of the local server and the local server in column and uniting the acceptance of the station acceptance of	ation (including to period, except of all, permitting the eferring to 76.61 paragraph. If distant stations norizations: It it in space I (the ation was carried unte basis station cording to its over be reported in compart of a sassigned to the annel 4 in Wash ation is a network etwork), "N-M" (for educational), one general instructive area, (i.e. "or general instructional of a sam that is not some 30, 2009, be a sociation represeduced.	(1) stations carried e carriage of certa (e)(2) and (4))]; a carried by your context of the carried by on program service er-the-air designated column 1 (list each column 1 (list each column 1). This rk station, an indefor network multicar "E-M" (for noncontext of the carried in the column 1), enter "Ye consolocated in the column 2), and Indicate by entice the column 2, subject to a royalty tween a cable system in the primal channel on any of	and low power television stations) donly on a part-time basis under ain network programs [sections and (2) certain stations carried on a able system on a substitute program ent and Program Log)—if the state basis and also on some other of the general instructions located as such as HBO, ESPN, etc. Identify tion. For example, report multiple to the stream separately; for example on for broadcasting over-the-air in may be different from the channel expendent station, or a noncommercial east), "I" (for independent), "I-M" commercial educational multicast). The paper SA3 form. See paper SA3 form. Stating the basis on which your tering "LAC" if your cable system	Name		
Column 6: Give the	location of ea	ch station. Fo	r U.S. stations, l e the name of th	list the community se community with	y to which the station is licensed by the which the station is identified.			
		CHANN	EL LINE-UP	Α				
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION			
KTTW-Fox	7.1	N	No		Sioux Falls, SD			
KTTW-This TV	7.2	I-M	No		Sioux Falls, SD	See instructions for		
KTTW-Cozi	7.3	I-M	No		Sioux Falls, SD	additional information		
KELO-CBS	11.1	N	No		Sioux Falls, SD	on alphabetization.		
KELO-My UTV	11.2	I-M	No		Sioux Falls, SD			
KSFY-ABC	13.1	N	No		Sioux Falls, SD			
KSFY-CW	13.2	I-M	No		Sioux Falls, SD			
KSFY-Me TV	13.3	I-M	No		Sioux Falls, SD			
KCSD	24.1	Е	No		Sioux Falls, SD			
KCSD-EW	24.2	E-M	No		Sioux Falls, SD			
KCSD-EC	24.3	E-M	No		Sioux Falls, SD			
КСРО								
KDLT-NBC								
KDLT-NBC46.1NNoSioux Falls, SDKDLT-Antenna TV46.2I-MNoSioux Falls, SD								
KSMN	10.1	E	No		Worthington, MN			

LEGAL NAME OF OWNER OF CABLE SYSTEM:

Alliance Communications Cooperative, Inc.

SYSTEM ID#
Name

PRIMARY TRANSMITTERS: TELEVISION

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

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

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

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

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

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

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

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

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

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

CHANNEL LINE-UP B 1 CALL 2 B'CAST 3 TYPF 4 DISTANT? 5 BASIS OF 6 LOCATION OF STATION SIGN CHANNEL ΩF (Yes or No) CARRIAGE NUMBER **STATION** (If Distant) KTTW-Fox 7.1 Ν No Sioux Falls, SD KTTW-This TV 7.2 I-M No Sioux Falls, SD KTTW-Cozi 7.3 I-M No Sioux Falls, SD KCAU-ABC 9.1 N Sioux City, IA No **KSMN** 10.1 Ε No Worthington, MN **KELO-CBS** 11.1 Ν No Sioux Falls, SD I-M KELO-My UTV 11.2 No Sioux Falls, SD KSFY-ABC 13.1 N No Sioux Falls, SD KSFY-CW 13.2 I-M No Sioux Falls, SD KSFY-Me TV I-M Sioux Falls, SD 13.3 No **KCSD** Ε 24.1 No Sioux Falls, SD KCSD-EW 24.2 E-M No Sioux Falls, SD KCSD-EC 24.3 E-M No Sioux Falls, SD **KCPO** 26 I-M No Sioux Falls, SD 27 Ε KSIN No Sioux City, IA **KDLT-NBC** 46.1 N No Sioux Falls, SD KDLT-Antenna TV 46.2 I-M No Sioux Falls, SD

G

Primary Transmitters: Television

	ACCOUNTI	NG PERIOD: 2023/2
FORM SA3E. PAGE 3.		
LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	
Alliance Communications Cooperative, Inc.	851	Name
PRIMARY TRANSMITTERS: TELEVISION		
In General: In space G, identify every television station (including translator stations and low power television state carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis up		G
FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [section 20, 50(4)(0) and (4) and (4) and (4) and (4) and (5) and (6) and (6) and (6) and (7) and (8) and (8		D.:
76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carrie substitute program basis, as explained in the next paragraph.	on a	Primary Transmitters:
Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute	orogram	Television

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

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

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

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

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

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

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

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

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

		CHANN	EL LINE-UP	С			
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION		
KTIV-NBC	4.1	N	No		Sioux City, IA		
KTTW-This TV	7.2	I-M	Yes	0	Sioux Falls, SD		
KTTW-Cozi	7.3	I-M	Yes	0	Sioux Falls, SD		
KCAU-ABC	9.1	N	No		Sioux City, IA		
KSMN	10.1	Е	Yes	0	Worthington, MN		
KELO-CBS	11.1	N	Yes	0	Sioux Falls, SD		
KELO-My UTV	11.2	I-M	Yes	0	Sioux Falls, SD		
KSFY-ABC	13.1	N	Yes	0	Sioux Falls, SD		
KSFY-CW	13.2	I-M	Yes	0	Sioux Falls, SD		
KSFY-Me TV	13.3	I-M	Yes	0	Sioux Falls, SD		
KMEG-CBS	14.1	N	No		Sioux City, IA		
KCSD	24.1	E	Yes	0	Sioux Falls, SD		
KCSD-EW	24.2	E-M	Yes	0	Sioux Falls, SD		
KCSD-EC	24.3	E-M	Yes	0	Sioux Falls, SD		
КСРО	26	I-M	No		Sioux Falls, SD		
KSIN	27	E	No		Sioux City, IA		
KPTH-Fox	44.1	N	No		Sioux City, IA		
KDLT-Antenna TV	46.2	I-M	Yes	0	Sioux Falls, SD		

LEGAL NAME OF OWN	ER OF CABLE SY	STEM:			SYSTEM	IID#	Na
Alliance Comm	unications (Cooperativ	e, Inc.			851	Name
PRIMARY TRANSMITTE	RS: TELEVISIO	N					
In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program							
basis under specific FCC rules, regulations, or authorizations: • Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the							
basis. For further in in the paper SA3 fo Column 1: List eac	and also in spa formation conc rm. h station's call	ce I, if the sta erning substit sign. Do not r	ute basis statior eport origination	ns, see page (v) of program services	the basis and also on some other the general instructions located such as HBO, ESPN, etc. Identify		
cast stream as "WETA WETA-simulcast).	2". Simulcast	streams must	be reported in o	column 1 (list each	ion. For example, report multi- stream separately; for example on for broadcasting over-the-air in		
its community of licens on which your cable sy Column 3: Indicate	e. For example stem carried th in each case v	e, WRC is Cha e station. whether the st	annel 4 in Washi ation is a networ	ington, D.C. This r rk station, an indep	may be different from the channel pendent station, or a noncommercial		
(for independent multic For the meaning of the Column 4: If the sta planation of local servi Column 5: If you ha	cast), "E" (for no se terms, see pation is outside ce area, see pa ave entered "Ye	oncommercial page (v) of the the local serv age (v) of the es" in column	educational), or e general instruc rice area, (i.e. "d general instructi 4, you must con	r "E-M" (for noncor stions located in th listant"), enter "Ye ons located in the nplete column 5, s	s". If not, enter "No". For an ex- paper SA3 form. tating the basis on which your		
carried the distant stati	on on a part-tir ion of a distant	ne basis beca multicast stre	ause of lack of a	ctivated channel c ubject to a royalty	ering "LAC" if your cable system apacity. payment because it is the subject tem or an association representing		
tion "E" (exempt). For sexplanation of these the Column 6: Give the	simulcasts, also ree categories, e location of ea	enter "E". If see page (v) ch station. Fo	you carried the o of the general in r U.S. stations, I	channel on any oth nstructions located ist the community	y transmitter, enter the designa- ner basis, enter "O." For a further d in the paper SA3 form. to which the station is licensed by the		
Note: If you are utilizing				· ·	which the station is identifed. channel line-up.		
		CHANN	EL LINE-UP	AD			
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION		

FORM SA3E, PAGE 3.					0\/07514.15."	
Alliance Comm			o Inc		SYSTEM ID# 851	Name
PRIMARY TRANSMITTE		•	e, iiic.		031	
In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph.						
basis under specifc FC Do not list the station station was carried List the station here, basis. For further in in the paper SA3 for Column 1: List eac each multicast stream cast stream as "WETA WETA-simulcast). Column 2: Give the its community of licens on which your cable sy Column 3: Indicate educational station, by (for independent multic For the meaning of the Column 5: If you ha cable system carried th carried the distant stati For the retransmiss of a written agreement the cable system and a tion "E" (exempt). For s explanation of these th Column 6: Give the	C rules, regular here in space only on a substand also in spatformation concern. In station's call associated with 2-2". Simulcast e channel numbers as the cast, "E" (for not se terms, see pation is outside co area, see pation of a distant static on on a part-tirion of a distant or a primary transistimulcasts, also ree categories, e location of each candian station of each candian statio	tions, or authoritions, or authoritions, or authoritions, or authoritions, or authoritions, or authoritions, or a station accept a station accept and a station accept and a station. The station accept and a station accept and a station accept and a station. The station accept and a station accept a station. The station accept and a station are accept a station. The station accept and accept a station are accept a station and accept a station are accept a see a station. The station accept a station accept a station. For an accept a station accept a station accept a station accept a station. For any gives a station accept a s	orizations: It in space I (the time space I) It in space I (the time spa	e Special Stateme I both on a substitute, see page (v) of a program services er-the-air designaticulum 1 (list each the television static ington, D.C. This r rk station, an indep for network multical r "E-M" (for noncortions located in the listant"), enter "Ye- ons located in the nplete column 5, s ind. Indicate by ente ctivated channel c ubject to a royalty tween a cable syst senting the primary channel on any oth instructions located ist the community e community with	s". If not, enter "No". For an expaper SA3 form. tating the basis on which your ering "LAC" if your cable system apacity. payment because it is the subject tem or an association representing y transmitter, enter the designater basis, enter "O." For a further d in the paper SA3 form. to which the station is licensed by the which the station is identifed.	Television
Total in you are dament	g manpie onan		EL LINE-UP		mariner line up.	
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION	

FORM SA3E, PAGE 3.					0.407514.10.4			
Alliance Comm			o Inc		SYSTEM ID# 851	Name		
PRIMARY TRANSMITTE		•	e, iiic.		031			
In General: In space (carried by your cable s FCC rules and regulati 76.59(d)(2) and (4), 76 substitute program bas	In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph.							
Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations: *Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. *List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. *Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream per report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). *Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. *Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for retwork), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). *For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. **Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on or before June 30, 2009, between a cable system or an association								
Note: If you are utilizing		. ,	EL LINE-UP	·	marinor into up.			
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION			

FORM SA3E, PAGE 3.					0\/07514.10."			
Alliance Comm			o Inc		SYSTEM ID# 851	Name		
PRIMARY TRANSMITTE		•	e, iiic.		031			
In General: In space C carried by your cable s FCC rules and regulati 76.59(d)(2) and (4), 76 substitute program bas	In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph.							
Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations: 'Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. 'List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational instructions located in the paper SA3 form. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station on a part-time basis because of lack of activated channel capacity.								
Transfer in you are aimen.	9		EL LINE-UP	•				
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION			

LECAL NAME OF OWN	ED OF CARLE SV	OTEM.			SYSTEM ID	#
Alliance Comm			e, Inc.		85	Name
PRIMARY TRANSMITTE	RS: TELEVISIO	N				
In General: In space of carried by your cable is FCC rules and regulating 76.59(d)(2) and (4), 76 substitute program bassubstitute Basis Substitute Basis For Formula Substitute Basis For further in the paper SA3 for Column 1: List eace each multicast stream cast stream as "WETA WETA-simulcast). Column 2: Give the its community of licens on which your cable sy Column 3: Indicate educational station, by (for independent multical For the meaning of the	G, identify every ystem during the ons in effect or .61(e)(2) and (4; isi, as explained tations: With record only on a substand also in spate formation concern. In station's call associated with -2". Simulcast echannel numble stem carried the in each case ventering the least), "E" (for no se terms, see presented to the cast), "E" (for no se terms, see presented to see terms.	r television state accounting in June 24, 198 (4), or 76.63 (7) espect to any tions, or auth G—but do list itute basis. ce I, if the state rining substitute is sign. Do not reast a station according to the station. The state of the station. The state "N" (for neast reame is the state of the station.	period, except of all, permitting the eferring to 76.61 paragraph. I distant stations orizations: It in space I (the effect of the effect of t	(1) stations carried e carriage of certa (e)(2) and (4))]; and (e)(2) and (f)(2); and (f)(2); and (f)(2) and (f)(2); and (f)(2) and		Primary Transmitters: Television
For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.						
		CHANN	EL LINE-UP	AH		
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION	

FORM SA3E. PAGE 3.					0\/0TEM ID#			
LEGAL NAME OF OWN			a Ina		SYSTEM ID# 851	Name		
Alliance Comm			e, inc.		831			
PRIMARY TRANSMITTERS: TELEVISION								
In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program								
Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations: * Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. * List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. **Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). **Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. **Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational multicast). **For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. **Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Ves." If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form. **Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried th								
FCC. For Mexican or C Note: If you are utilizing				•	which the station is identifed. hannel line-up.			
-	<u> </u>	CHANN	EL LINE-UP	Al	·			
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	(Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION			

FORM SA3E, PAGE 3.					0\/07514.ID#		
Alliance Comm			o Inc		SYSTEM ID# 851	Name	
PRIMARY TRANSMITTE		•	e, iiic.		001		
In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph.							
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	9		EL LINE-UP				
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION		

FORM SA3E. PAGE 3.					0\/07514.15."		
Alliance Comm			o Inc		SYSTEM ID# 851	Name	
PRIMARY TRANSMITTE		•	e, iiic.		031		
In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph.							
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roto: ii you are atiiiziii	g manpio onan		EL LINE-UP		marinor into up.		
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION		

FORM SA3E. PAGE 3.					OVOTEM ID#	I
Alliance Comm			e. Inc.		SYSTEM ID# 851	Name
PRIMARY TRANSMITTE			C, 1110.		001	
In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program						
basis under specifc FC Do not list the station station was carried of List the station here, a basis. For further interest in the paper SA3 for Column 1: List each each multicast stream cast stream as "WETA-WETA-simulcast). Column 2: Give the its community of licens on which your cable sy Column 3: Indicate educational station, by (for independent multic For the meaning of the Column 4: If the staplanation of local service Column 5: If you had cable system carried the distant stating a written agreement the cable system and a tion "E" (exempt). For sexplanation of these the Column 6: Give the	C rules, regula here in space only on a substand also in spatformation concern. In station's call associated with 2.2". Simulcast sechannel numbers of the case we entering the least), "E" (for not see terms, see paid on a part-tiron of a distant entered into or a primary transistimulcasts, also ree categories, e location of earlandian station and a distant entered into or a primary transistimulcasts, also ree categories, e location of earlandian station and a distant entered into or a primary transistimulcasts, also ree categories, e location of earlandian station and a distant entered into or a primary transistimulcasts, also ree categories, e location of earlandian station	tions, or auth G—but do list itute basis. ce I, if the staterning substit sign. Do not rear a station accepte a station accepte a station. Whether the stater "N" (for near a station accepte (v) of the local server in column and uring the same basis becamulticast stream or before Jumitter or an accepte (v) ch station. Fons, if any, give	orizations: It it in space I (the ation was carried tute basis station report origination cording to its over be reported in or as assigned to tannel 4 in Wash ation is a networ etwork), "N-M" (fill educational), or general instruction 4, you must con accounting period accounting	e Special Statemer I both on a substitute, see page (v) of a program services er-the-air designat column 1 (list each the television static ington, D.C. This r rk station, an indep for network multical r "E-M" (for noncolutions located in the instant"), enter "Ye ons located in the instant"), enter "Ye ons located in the instant by ente ctivated channel c ubject to a royalty tween a cable syst senting the primar channel on any oth instructions located list the community ie community with	ant and Program Log)—if the Lute basis and also on some other It the general instructions located Les such as HBO, ESPN, etc. Identify Lion. For example, report multi- Lion for broadcasting over-the-air in Lion may be different from the channel Loendent station, or a noncommercial List), "I" (for independent), "I-M" Immercial educational multicast). Le paper SA3 form. Les". If not, enter "No". For an ex- Lipaper SA3 form. Lating the basis on which your Lating the basis on which your Lating the basis on which your Lating the basis on which your Lating the basis on which your Lating the basis on which your	Television
Note. If you are utilizing	g muniple chai	• •	EL LINE-UP	•	Sharifier iiile-up.	
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION	

	OTEM.			SVSTEM ID#		
		e, Inc.		851	Name	
	•					
In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph.						
basis under specifc FCC rules, regulations, or authorizations: • Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. • List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multica						
g multiple char	•	•		channel line-up.	-	
2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION		
	eximications (C) G, identify every system during the consin effect or (C) (C) and (C) sis, as explaine stations: With record of (C) (C) and (C) sis, as explaine stations: With record of (C) and (C)	ERS: TELEVISION G, identify every television states system during the accounting items in effect on June 24, 198 (6.61(e)(2) and (4), or 76.63 (resis, as explained in the next postations: With respect to any CC rules, regulations, or author here in space G—but do list only on a substitute basis, and also in space I, if the state formation concerning substitute. It station's call sign. Do not reasociated with a station acceptation. It is station acceptation is station acceptation. It is station acceptation is externed the station. 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Stations: With respect to any distant stations carried by your capture in space G—but do list it in space I (the Special Stateme only on a substitute basis. In ere in space G—but do list it in space I (the Special Stateme only on a substitute basis. In ere in space I, if the station was carried both on a substitute formation concerning substitute basis stations, see page (v) of firm. In station's call sign. Do not report origination program services associated with a station according to its over-the-air designation. In each case whether the FCC has assigned to the television static see. For example, WRC is Channel 4 in Washington, D.C. This restem carried the station. In each case whether the station is a network station, an independent of the station is a network station, an independent of the station is a network station, and independent of the station is outside the local service area, (i.e. "distant"), enter "Yester area, see page (v) of the general instructions located in the atom is outside the local service area, (i.e. "distant"), enter "Yester area, see page (v) of the general instructions located in the atom is outside the local service area, (i.e. "distant"), enter "Yester area, see page (v) of the general instructions located in the atom is outside the local service area, (i.e. "distant"), enter "Yester area, see page (v) of the general instructions located in the atom is outside the local service area, (i.e. "distant"), enter "Yester area, see page (v) of the general instructions located in the atom is outside the local service area, see page (v) of the general instructions located in the atom is outside the local service area, see page (v) of the general instructions loca	runications Cooperative, Inc. 3, identify every television station (including translator stations and low power television stations) system during the accounting period, except (1) stations carried only on a part-time basis under ons in effect on June 24, 1981, permitting the carriage of certain network programs [sections 18.16(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a sis, as explained in the next paragraph. Stations: With respect to any distant stations carried by your cable system on a substitute program to the rein space G—but do list it in space I (the Special Statement and Program Log)—if the only on a substitute basis. and also in space I, if the station was carried both on a substitute basis and also on some other formation concerning substitute basis stations, see page (v) of the general instructions located rm. th station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify associated with a station according to its over-the-air designation. For example, report multi-v2". Simulcast streams must be reported in column 1 (list each stream separately; for example echannel number the FCC has assigned to the television station for broadcasting over-the-air in see. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel stem carried the station. 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LEGAL NAME OF OWN	ED OF CARLE OV	OTEM.			SYSTEM ID	4	
Alliance Comm			e, Inc.		851	Name	
PRIMARY TRANSMITTE	RS: TELEVISIO	N	•				
In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program							
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Note: If you are utilizin	g multiple chan	•	EL LINE-UP		лаппенше-ир.	_	
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION	-	

R OF CARLE SY	STEM:			SYSTEM IT)#		
		e, Inc.			Name		
S: TELEVISIO	N						
In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example							
cast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of e							
multiple chair	• •	•		лаппо-ир.			
2. B'CAST CHANNEL NUMBER	3. TYPE OF	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION			
	identify every stem during the sin effect on a (e)(2) and (e) as explained ations: With recruising the same ations: With recruising and also in space of the spac	identify every television statem during the accounting as in effect on June 24, 196 (16)(2) and (4), or 76.63 (r.s., as explained in the next pations: With respect to any crules, regulations, or authors on a substitute basis. Indicate in space G—but do list and also in space I, if the statemation concerning substitute. It is sociated with a station account of the carried the station. It is sociated with a station account of the carried the station. In each case whether the station carried the station. In each case whether the station is outside the local server area, see page (v) of the recent of the carried into on or before Juporimary transmitter or an amulcasts, also enter "E". If see categories, see page (v) on adian stations, if any, give multiple channel line-ups, CHANNEL OF	identify every television station (including testem during the accounting period, except as in effect on June 24, 1981, permitting the file)(2) and (4), or 76.63 (referring to 76.61 as explained in the next paragraph. ations: With respect to any distant stations: rules, regulations, or authorizations: ere in space G—but do list it in space I (thenly on a substitute basis. and also in space I, if the station was carried armation concerning substitute basis station as concerning substitute basis station associated with a station according to its own as carried armation concerning substitute basis station associated with a station according to its own as carried armation concerning substitute basis station associated with a station according to its own as carried as a station as a station as a network. 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Indiaso in space I, if the station was carried both on a substitute in space I (the Special Statemently on a substitute basis stations, see page (v) of including to its over-the-air designation. It is station's call sign. Do not report origination program services in space I will be substituted by the second of the station according to its over-the-air designation. It is substitute by the second of the second of the second of the second of the station. In each case whether the station is a network station, an independent of the station. In each case whether the station is a network station, an independent of the second	S: TELEVISION identify every television station (including translator stations and low power television stations) stem during the accounting period, except (1) stations carried only on a part-time basis under is in effect on June 24, 1981, permitting the carriage of certain network programs [sections 11(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a special consumer of the next paragraph. Items: With respect to any distant stations carried by your cable system on a substitute program rules, regulations, or authorizations: ere in space G—but do list it in space I (the Special Statement and Program Log)—if the hly on a substitute basis. In a substitute basis. 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FORM SA3E. PAGE 3.					0\/07514.ID#		
Alliance Comm			o Inc		SYSTEM ID# 851	Name	
PRIMARY TRANSMITTE		•	e, iiic.		001		
In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph.							
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are armain.	9		EL LINE-UP	•			
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION		

FORM SA3E. PAGE 3.					0\/07514.10."		
Alliance Comm			o Inc		SYSTEM ID# 851	Name	
PRIMARY TRANSMITTE		•	e, iiic.		031		
In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph.							
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are armain.	9		EL LINE-UP	•			
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION		

LEGAL NAME OF OWN	FR OF CABLE SY	STEM:			SYSTEM ID#	!		
	Alliance Communications Cooperative, Inc. 851							
PRIMARY TRANSMITTE	PRIMARY TRANSMITTERS: TELEVISION							
In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs (sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations: • Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. • List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for								
the cable system and a	a primary transi	mitter or an as	ssociation repre	senting the primar	y transmitter, enter the designa-			
Column 6: Give the	location of ea	ch station. Fo	r U.S. stations,	list the community	I in the paper SA3 form. to which the station is licensed by the which the station is identifed.			
Note: If you are utilizin		. ,		•				
	1	CHANN	EL LINE-UP	AR				
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION	-		
						- -		
						<u>.</u>		

FORWISASE, FAGE 3.					CVCTEM	104	
Alliance Comm			e. Inc.		SYSTEM	Name Name	
PRIMARY TRANSMITTE			<u> </u>				
In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program							
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Note: If you are utilizing	g multiple chan	•	•		channel line-up.		
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION		

FORWISASE, FAGE 3.					CVCTEM	104	
Alliance Comm			e. Inc.		SYSTEM	Name	
PRIMARY TRANSMITTE		•	-,				
In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program							
basis under specifc FC Do not list the station station was carried List the station here, basis. For further in in the paper SA3 fo Column 1: List eac each multicast stream cast stream as "WETA WETA-simulcast). Column 2: Give the its community of licens on which your cable sy Column 3: Indicate educational station, by (for independent multic For the meaning of the Column 4: If the st planation of local servi Column 5: If you h cable system carried th carried the distant stat For the retransmiss of a written agreement the cable system and a tion "E" (exempt). For explanation of these th Column 6: Give the FCC. For Mexican or C	CC rules, regular here in space only on a substand also in spanformation concorm. The station's call associated with A-2". Simulcast e channel numbers, for example stem carried the in each case we entering the le cast), "E" (for no ese terms, see pation is outside ice area, see pation is outside icin on a part-tire sion of a distant station on a part-tire icin or a primary transis simulcasts, also ree categories, e location of ea Canadian station.	ottions, or authors, or a station acceptrams must over the FCC has, WRC is Challe station. Whether the station, whether the station acceptrate (v) of the station or during the ame basis became the or before Jumitter or an asset of the station.	orizations: it in space I (the tion was carried to the basis station exported in continuous to the reported in the translation is a network of the general instructive area, (i.e. "to general instructive, you must correct outside of lack of a seam that is not some 30, 2009, be association representation of the general in the continuous of the general in the general in the genera	e Special Statemer If both on a substitute, see page (v) of a program services er-the-air designat column 1 (list each che television static ington, D.C. This result in the television socated in the interest in the included in the included column 5, so d. Indicate by entertivated channel contivities a cable system ting the primary channel on any other instructions located list the community with	nt and Program Log)—if the ute basis and also on some other the general instructions located such as HBO, ESPN, etc. Identify ion. For example, report multi- stream separately; for example on for broadcasting over-the-air in may be different from the channel bendent station, or a noncommercial st), "I" (for independent), "I-M" mmercial educational multicast). e paper SA3 form. s". If not, enter "No". For an ex- paper SA3 form. tating the basis on which your ering "LAC" if your cable system apacity. payment because it is the subject tem or an association representing y transmitter, enter the designa- ner basis, enter "O." For a further d in the paper SA3 form. to which the station is licensed by the which the station is identifed.	Television	
Note: If you are utilizing	ng multiple char	•	•		channel line-up.		
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION		

LEGAL NAME OF OWN	FR OF CABLE SY	STEM:			SYSTEM ID	ŧ	
Alliance Comm			e, Inc.		851	Name	
PRIMARY TRANSMITTE	RS: TELEVISIO	N					
PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations: • Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. • List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast),							
tion "E" (exempt). For s	simulcasts, also	enter "E". If	you carried the	channel on any oth	y transmitter, enter the designa- ner basis, enter "O." For a further d in the paper SA3 form.		
Column 6: Give the	e location of eac Canadian station	ch station. Fo	r U.S. stations, le the name of th	list the community e community with	to which the station is licensed by the which the station is identifed.		
	9	• •	EL LINE-UP				
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION	-	

FORM SA3E, PAGE 3.						ı	
LEGAL NAME OF OWN			o Inc		SYSTEM ID# 851	Name	
Alliance Comm		-	e, inc.		001		
carried by your cable s	G, identify every	television sta	period, except	(1) stations carried	and low power television stations) I only on a part-time basis under iin network programs [sections	G	
76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program							
 basis under specifc FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify 							
cast stream as "WETA WETA-simulcast). Column 2: Give the	-2". Simulcast	streams must per the FCC h	be reported in o	column 1 (list each	ion. For example, report multi- n stream separately; for example on for broadcasting over-the-air in may be different from the channel		
on which your cable sy Column 3: Indicate educational station, by (for independent multic For the meaning of the Column 4: If the st planation of local servi Column 5: If you had cable system carried the carried the distant stat For the retransmiss of a written agreement the cable system and a tion "E" (exempt). For explanation of these the Column 6: Give the	stem carried the in each case we entering the lecast), "E" (for no see terms, see pation is outside ce area, see pare entered "You entered a distant static ion on a part-tirion of a distant entered into or a primary transisimulcasts, also aree categories, a location of ea Canadian statio	the station. Whether the stater "N" (for no commercial coage (v) of the the local servinge (v) of the servinge (v) of the commercial coage (v) of the servinge (v) of the servinge communities the communities of the communi	ation is a networetwork), "N-M" (for educational), or egeneral instruction area, (i.e. "or general instruction at the control of the general instruction area of lack of a seam that is not some accounting period at the control of the general in the control of the general instruction of the general instr	rk station, an inder for network multica r "E-M" (for noncountions located in the distant"), enter "Ye ons located in the inplete column 5, so ad. Indicate by enter ctivated channel or ubject to a royalty tween a cable syst senting the primar channel on any oth instructions located list the community with	pendent station, or a noncommercial ast), "I" (for independent), "I-M" mmercial educational multicast). e paper SA3 form. s". If not, enter "No". For an expaper SA3 form. stating the basis on which your ering "LAC" if your cable system sapacity. payment because it is the subject tem or an association representing y transmitter, enter the designater basis, enter "O." For a further d in the paper SA3 form. to which the station is licensed by the which the station is identifed.		
		CHANN	EL LINE-UP	AV		1	
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION	-	

LEGAL NAME OF OWN	ED OF OARLE OV	OTEM.			SYSTEM ID#	ı	
Alliance Comm			e, Inc.		851 851	Name	
PRIMARY TRANSMITTE	RS: TELEVISIO	N	•				
In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph.							
basis under specifc FC Do not list the station station was carried List the station here, basis. For further in in the paper SA3 for Column 1: List eac each multicast stream cast stream as "WETA WETA-simulcast). Column 2: Give the its community of licens on which your cable sy Column 3: Indicate educational station, by (for independent multic For the meaning of the Column 4: If the st planation of local servic Column 5: If you ha cable system carried th carried the distant stati For the retransmiss of a written agreement the cable system and a tion "E" (exempt). For s explanation of these th Column 6: Give the FCC. For Mexican or C	C rules, regula here in space only on a substand also in space formation concern. In station's call associated with -2". Simulcast sechannel numbers, regular carried the in each case we entering the least), "E" (for no se terms, see pation is outside co area, see pare entered "Ye de distant station on a part-timion of a distant entered into or a primary transr simulcasts, also a canadian station and a distant entered into or a primary transr simulcasts, also a canadian station as a canadian station of each canadian station as a canadian station of each canadian station as a canadian as a canad	tions, or authoritions, or authoritions, or authoritions, or authoritions, or authoritions, or authorition as a station acceptate and a station acceptate and a station. The station acceptate and a station acceptate and a station acceptate and a station. The station acceptate and a station acceptate and a station. The station are also acceptate and a station are also acceptate and a station. The station acceptate and a station are also acceptate and a station. The station acceptate are a station and acceptate and a station. For an asset acceptate and acceptate are a station. For any, give a station, and acceptate a station. For any, give a station, and acceptate a station.	crizations: it in space I (the time time to the pasis station to the proof of the	e Special Stateme I both on a substitute, see page (v) of a program services er-the-air designaticulumn 1 (list each the television static ington, D.C. This r rk station, an inder for network multica r "E-M" (for noncortions located in the instant"), enter "Yer ons located in the nplete column 5, s od. Indicate by ente ctivated channel c ubject to a royalty tween a cable syst senting the primary channel on any oft instructions located list the community with	s". If not, enter "No". For an expaper SA3 form. tating the basis on which your ering "LAC" if your cable system apacity. payment because it is the subject tem or an association representing y transmitter, enter the designater basis, enter "O." For a further d in the paper SA3 form. to which the station is licensed by the which the station is identifed.	Television	
Note: If you are utilizin	g muluple chan	•	EL LINE-UP		manner line-up.	_	
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION		

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

	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	
	Name	Alliance Communications Cooperative, Inc.	851

Н

PRIMARY TRANSMITTERS: RADIO

In General: List every radio station carried on a separate and discrete basis and list those FM stations carried on an all-band basis whose signals were "generally receivable" by your cable system during the accounting period.

Primary Transmitters: Radio 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.

Column 1: Identify the call sign of each station carried.

Column 2: State whether the station is AM or FM.

Column 3: If the radio station's signal was electronically processed by the cable system as a separate and discrete signal, indicate this by placing a check mark in the "S/D" column.

Column 4: Give the station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified).

CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION
	 						
	 						
	 						
							
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	ļ						
							
							
							
	 						
	 						
	 						

FORM SA3E. PAGE 5.						ACCOUNTING	i PERIOD: 2023/2
LEGAL NAME OF OWNER OF O	CABLE SYSTI	EM:				SYSTEM ID#	Nome
Alliance Communication	ons Coope	erative, Inc.				851	Name
SUBSTITUTE CARRIAGE	:: SPECIAL	STATEMEN	T AND PROGRAM LOG				ı
In General: In space I, identii substitute basis during the ac explanation of the programmi	counting per	riod, under spec	cific present and former FC0	rules, regula	tions, or authorizations.	For a further	Substitute
1. SPECIAL STATEMENT	CONCER	NING SUBST	ITUTE CARRIAGE				Carriage:
 During the accounting peri broadcast by a distant stat 		cable system	carry, on a substitute basis	s, any nonnet	work television progra	m X No	Special Statement and Program Log
Note: If your answer is "No, log in block 2.	" leave the i	rest of this pag	e blank. If your answer is "	Yes," you mu	st complete the progra	ım	
2. LOG OF SUBSTITUTE							
In General: List each substiclear. If you need more space	itute prograi	m on a separat	te line. Use abbreviations \	vherever pos	sible, if their meaning i	S	
			sion program (substitute p	rogram) that,	during the accounting		
period, was broadcast by a							
under certain FCC rules, reg SA3 form for futher informat						r	
titles, for example, "I Love L	ucy" or "NB	A Basketball:	76ers vs. Bulls."		_iot op come program.		
			· "Yes." Otherwise enter "N sting the substitute progra				
			e community to which the		nsed by the FCC or, in		
the case of Mexican or Can						Al-	
first. Example: for May 7 giv		wnen your syst	em carried the substitute p	rogram. Use	numerals, with the mo	ntn	
Column 6: State the time	s when the		gram was carried by your o			ely	
to the nearest five minutes. stated as "6:00–6:30 p.m."	Example: a	program carrie	ed by a system from 6:01:1	5 p.m. to 6:2	8:30 p.m. should be		
	er "R" if the I	listed program	was substituted for progra	mming that yo	our system was require	ed	
to delete under FCC rules a							
gram was substituted for proeffect on October 19, 1976.	ogramming	tnat your syste	m was permitted to delete	under FCC ru	ules and regulations in		
						1	
C	LIDOTITLIT		1		EN SUBSTITUTE	7. REASON	
	2. LIVE?	E PROGRAM 3. STATION'S		5. MONTH	IAGE OCCURRED 6. TIMES	FOR DELETION	
TITLE OF PROGRAM	Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM — TO	BELETION	
					_		
					_		
					<u> </u>		
	 				<u> </u>		
					_		
					_		
					_		
					<u> </u>		
					_		
			 				

ACCOUNTING PERIOD: 2023/2 FORM SA3E. PAGE 6. LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name Alliance Communications Cooperative, Inc. 851 PART-TIME CARRIAGE LOG In General: This space ties in with column 5 of space G. If you listed a station's basis of carriage as "LAC" for part-J time carriage due to lack of activated channel capacity, you are required to complete this log giving the total dates and hours your system carried that station. If you need more space, please attach additional pages. Column 1 (Call sign): Give the call sign of every distant station whose basis of carriage you identified by "LAC" in Part-Time column 5 of space G. Carriage Column 2 (Dates and hours of carriage): For each station, list the dates and hours when part-time carriage oc-Log curred during the accounting period. · Give the month and day when the carriage occurred. Use numerals, with the month first. Example: for April 10 give · State the starting and ending times of carriage to the nearest quarter hour. In any case where carriage ran to the end of the television station's broadcast day, you may give an approximate ending hour, followed by the abbreviation "app." Example: "12:30 a.m.- 3:15 a.m. app." You may group together any dates when the hours of carriage were the same. Example: "5/10-5/14, 6:00 p.m.— 12:00 p.m." DATES AND HOURS OF PART-TIME CARRIAGE WHEN CARRIAGE OCCURRED WHEN CARRIAGE OCCURRED **CALL SIGN CALL SIGN** HOURS HOURS DATE TO DATE **FROM** TO **FROM**

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

FORM SA3E. PA	AGE 7.						
	OF OWNER OF CABLE SYSTEM: Communications Cooperative, Inc.			SYSTEM ID# 851	Name		
all amounts (as identified page (vii) of Gross i	SCEIPTS s: The figure you give in this space determines the form you file and the amount (gross receipts) paid to your cable system by subscribers for the system's second in space E) during the accounting period. For a further explanation of how to count the general instructions. The receipts from subscribers for secondary transmission service(s) the accounting period.	dary tra	ansmiss	ion service	K Gross Receipts		
IMPORTAN	T: You must complete a statement in space P concerning gross receipts.		(Amount o	of gross receipts)			
COPYRIGHT ROYALTY FEE Instructions: Use the blocks in this space L to determine the royalty fee you owe: Complete block 1, showing your minimum fee. Complete block 2, showing whether your system carried any distant television stations. If your system did not carry any distant television stations, leave block 3 blank. Enter the amount of the minimum fee from block 1 on line 1 of block 4, and calculate the total royalty fee. If your system did carry any distant television stations, you must complete the applicable parts of the DSE Schedule accompanying this form and attach the schedule to your statement of account.							
▶ If part 8 or p block 3 belo	art 9, block A, of the DSE schedule was completed, the base rate fee should be ω .	entere	d on line	e 1 of			
▶ If part 6 of the 3 below.	ne DSE schedule was completed, the amount from line 7 of block C should be el	ntered o	on line 2	in block			
▶ If part 7 or p 2 in block 4	part 9, block B, of the DSE schedule was completed, the surcharge amount shou below.	ld be ei	ntered o	n line			
1 least th	JM FEE: All cable systems with semiannual gross receipts of \$527,600 or more e minimum fee, regardless of whether they carried any distant stations. This fee 's gross receipts for the accounting period.						
	Enter the amount of gross receipts from space K. Multiply the amount in line 1 by 0.01064.		\$	2,820,753.03			
	Enter the result here. This is your minimum fee.	\$		30,012.81			
2 space ("Yes" ir • Did yo	NT TELEVISION STATIONS CARRIED: Your answer here must agree with the incomplete in the incomplete in the incomplete incom	n 4, yoo d?	u must o	heck			
Block 3	BASE RATE FEE: Enter the base rate fee from either part 8, section 3 or 4, or part 9, block A of the DSE schedule. If none, enter zero.		\$	15,773.30			
	3.75 Fee: Enter the total fee from line 7, block C, part 6 of the DSE schedule. If none, enter zero.			0.00			
Line 3.	Add lines 1 and 2 and enter here.	\$		15,773.30			
Block Line 1.	BASE RATE FEE/3.75 FEE or MINIMUM FEE: Enter either the minimum fee	<u> </u>		, , , , , , , , , , , , , , , , , , , ,			
4	from block 1 or the sum of the base rate fee / 3.75 fee from block 3, line 3, whichever is larger.		\$	30,012.81	Cable systems		
Line 2.	SYNDICATED EXCLUSIVITY SURCHARGE: Enter the fee from either part 7 (block D, section 3 or 4) or part 9 (block B) of the DSE schedule. If none, enter			0.00	submitting additional		
Line 3.	zero. Line 3. INTEREST CHARGE: Enter the amount from line 4, space Q, page 9 (Interest Worksheet)			0.00	deposits under Section 111(d)(7) should contact		
Line 4.	FILING FEE		\$	725.00	additional fees. Division for the		
	es 1, 2 and 3 of block 4 and enter total here	\$		30,737.81	appropriate form for submitting the additional fees.		
	EFT Trace # or TRANSACTION ID # 27CBS91R]				
	Description and the control of the c	(°)	.C.L				
	Remit this amount via electronic payment payable to Register of Copyrights. (See page general instructions located in the paper SA3 form and the Excel instructions tab for			ion.)			

ACCOUNTING PERIOD: 2023/2
FORM SA3E PAGE 8

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Alliance Communications Cooperative, Inc.	SYSTEM ID#
M Channels	CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations to its subscribers and (2) the cable system's total number of activated channels, during the accounting period. 1. Enter the total number of channels on which the cable system carried television broadcast stations.	22
	Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services.	331
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 Kari J. Flanagan Telephone 605-5	94-8228
	Address PO Box 349 (Number, street, rural route, apartment, or suite number) Garretson, SD 57030 (City, town, state, zip)	
	Email karif@alliance.coop Fax (optional)	
0	CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations.)	
Certification	• I, the undersigned, hereby certify that (Check one, but only one, of the boxes.) (Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or	
	(Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system a in line 1 of space B and that the owner is not a corporation or partnership; or	is identified
	(Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner of the in line 1 of space B.	e cable system
	I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith. [18 U.S.C., Section 1001(1986)]	
	X /s/Kari J. Flanagan	
	Enter an electronic signature on the line above using an "/s/" signature to certify this statement. (e.g., /s/ John Smith). Before entering the first forward slash of the /s/ signature, place your cursor in the box a button, then type /s/ and your name. Pressing the "F2" button will avoid enabling Excel's Lotus compatibility se	
	Typed or printed name: Kari J. Flanagan	
	Title: CFO (Title of official position held in corporation or partnership)	
	Date: February 29, 2024	

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

LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#				
Alliance Communications Cooperative, Inc.	851	Name			
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." For more information on when to exclude these amounts, see the note on page (vii) of the general instructions in the paper SA3 form. During the accounting period did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners? X NO					
YES. Enter the total here and list the satellite carrier(s) below. Name Mailing Address Name Mailing Address					
INTEREST ASSESSMENTS					
You must complete this worksheet for those royalty payments submitted as a result of a late payment or un For an explanation of interest assessment, see page (viii) of the general instructions in the paper SA3 form		Q			
Line 1 Enter the amount of late payment or underpayment		Interest Assessment			
Line 2 Multiply line 1 by the interest rate* and enter the sum here	- days				
Line 3 Multiply line 2 by the number of days late and enter the sum here	-				
	x 0.00274				
Line 4 Multiply line 3 by 0.00274** enter here and on line 3, block 4, space L (page 7)	-				
	terest charge)				
* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf . For further assistant the Licensing Division at (202) 707-8150 or licensing@copyright.gov.	stance please				
** 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 please list below the owner, address, first community served, accounting period, and ID number as given ifiling.					
Owner					
Address					
First community served					
Accounting period ID number					
ID HUHIDOI					

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

ACCOUNTING PERIOD: 2023/2

DSE SCHEDULE. PAGE 10.

INSTRUCTIONS FOR DSE SCHEDULE WHAT IS A "DSE"

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

FORMULAS FOR COMPUTING A STATION'S DSE

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

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

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

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

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

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

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

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

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

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

TOTAL OF DSEs

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

THE ROYALTY FEE

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

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

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

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

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

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

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

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

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

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

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

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

COMPUTING THE BASE RATE FEE—PART 8 OF THE DSE

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

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

 1.064% of gross receipts
 Each of the second, third, and fourth DSEs
 0.701% of gross receipts

PARTIALLY DISTANT STATIONS—PART 9 OF THE DSE SCHEDULE

0.330% of gross receipts

· If any of the stations were partially distant:

The fifth and each additional DSE

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

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

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

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

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

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

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

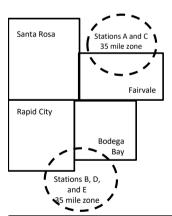
- When the fourth decimal point is 1, 2, 3, or 4, the third decimal remains unchanged (example: .34647 is rounded to .346).
- When the fourth decimal point is 5, 6, 7, 8, or 9, the third decimal is rounded up (example: .34651 is rounded to .347).

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

EXAMPLE:

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

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



				-
Distant Stations Cari	ried	Identification	of Subscriber Groups	
STATION	DSE	CITY	OUTSIDE LOCAL	GROSS RECEIPTS
A (independent)	1.0		SERVICE AREA OF	FROM SUBSCRIBERS
B (independent)	1.0	Santa Rosa	Stations A, B, C, D ,E	\$310,000.00
C (part-time)	0.083	Rapid City	Stations A and C	100,000.00
D (part-time)	0.139	Bodega Bay	Stations A and C	70,000.00
E (network)	0.25	Fairvale	Stations B, D, and E	120,000.00
TOTAL DSEs	2.472		TOTAL GROSS RECEIPTS	\$600.000.00

 Minimum Fee Total Gross Receipts
 \$600,000.00

 x
 .01064

 %6 384.00

	Ψ0,004.00							
First Subscriber Group		Second Subscriber Group		Third Subscriber Group				
(Santa Rosa)		(Rapid City and Bodega Bay)		(Fairvale)				
Gross receipts	\$310,000.00	Gross receipts	\$170,000.00	Gross receipts	\$120,000.00			
DSEs	2.472	DSEs	1.083	DSEs	1.389			
Base rate fee	\$6,497.20	Base rate fee	\$1,907.71	Base rate fee	\$1,604.03			
\$310,000 x .01064 x 1.0 =	3,298.40	\$170,000 x .01064 x 1.0 =	1,808.80	\$120,000 x .01064 x 1.0 =	1,276.80			
\$310,000 x .00701 x 1.472 =	3,198.80	\$170,000 x .00701 x .083 =	98.91	\$120,000 x .00701 x .389 =	327.23			
Base rate fee	\$6,497.20	Base rate fee	\$1,907.71	Base rate fee	\$1,604.03			

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

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

ACCOUNTING PERIOD: 2023/2

DSE SCHEDULE. PAGE	11. (CONTINUED)												
1	LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID#												
•	Alliance Communications Cooperative, Inc. 851												
	SUM OF DSEs OF CATEGOR												
	Add the DSEs of each station.												
	Enter the sum here and in line		7.50										
2	Instructions: In the column headed "Call Sign": list the call signs of all distant stations identified by the letter "O" in column 5												
_	of space G (page 3).												
Computation	In the column headed "DSE": for each independent station, give the DSE as "1.0"; for each network or noncom-												
of DSEs for	mercial educational station, give the DSE as ".25."												
Category "O"			CATEGORY "O" STATION	IS: DSEs									
Stations	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE							
	KSMN	0.250											
	KCSD	0.250											
	KTTW-This TV	1.000											
	KTTW-Cozi	1.000											
A did nove on	KELO-CBS	0.250											
Add rows as	KELO-My UTV	1.000											
necessary.	KSFY-ABC	0.250											
Remember to copy all formula into new	KSFY-CW	1.000											
	KSFY-Me TV	1.000											
rows.	KDLT-Antenna TV	1.000											
	KCSD-EW	0.250											
	KCSD-EC	0.250											
													
													
						<u> </u>							
													
				<u> </u>		 							
				<u> </u>		 							
													

Name	Alliance Con	S	YSTEM ID# 851							
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's DSE. (For more information on rounding, see page (viii) of the general instructions in the paper SA3 form.									
Capacity	CATEGORY LAC STATIONS: COMPUTATION OF DSEs									
	1. CALL SIGN	2. NUMBE OF HOU CARRIE SYSTEM	R 3 JRS ED BY	B. NUMBER OF HOURS STATION ON AIR	4. BASIS OF CARRIAG VALUE	5. TYPE	6. DS	E		
			÷			x	=			
			÷ ÷			X Y	=			
						x x				
			÷		=	x	=			
						x x				
			÷	=		x	=			
	Add the DSEs	OF CATEGORY LAC ST of each station. m here and in line 2 of pa		dule,		0.00				
Computation of DSEs for Substitute-Basis Stations	 Instructions: Column 1: Give the call sign of each station listed in space I (page 5, the Log of Substitute Programs) if that station: Was carried by your system in substitution for a program that your system was permitted to delete under FCC rules and regulartions in effect on October 19, 1976 (as shown by the letter "P" in column 7 of space I); and Broadcast one or more live, nonnetwork programs during that optional carriage (as shown by the word "Yes" in column 2 of space I). Column 2: For each station give the number of live, nonnetwork programs carried in substitution for programs that were deleted at your option. This figure should correspond with the information in space I. Column 3: Enter the number of days in the calendar year: 365, except in a leap year. Column 4: Divide the figure in column 2 by the figure in column 3, and give the result in column 4. Round to no less than the third decimal point. This is the station's DSE (For more information on rounding, see page (viii) of the general instructions in the paper SA3 form). 									
	1	SL	JBSTITUTE-E	BASIS STATION		ATION OF DSEs				
	1. CALL SIGN	2. NUMBER OF PROGRAMS	3. NUMBER OF DAYS IN YEAR		1. CALL SIGN	2. NUMBER OF PROGRAMS	3. NUMBER OF DAYS IN YEAR	4. DSE		
				=				=		
		÷	=			-	•	=		
		÷				-		=		
	,	-		=			••••••	=		
	Add the DSEs	OF SUBSTITUTE-BASIS of each station. m here and in line 3 of pa		dule,		0.00				
5		ER OF DSEs: Give the amo		oxes in parts 2, 3, and	4 of this schedule	and add them to provide	he total			
Total Number	1. Number	1. Number of DSEs from part 2 ● ▶ 7.50								
of DSEs	2. Number of DSEs from part 3 ● 0.00									
	3. Number	of DSEs from part 4 ●			 -	-	0.00			
	TOTAL NUMBE	R OF DSEs						7.50		

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

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

LEGAL NAME OF O			, Inc.				S	YSTEM ID# 851	Name
Instructions: Bloc In block A: • If your answer if " schedule. • If your answer if "	Yes," leave the re	mainder of pa	•	of the DSE schedu	ıle blank and c	complete part t	8, (page 16) of the		6
n your unover n	rto, complete ble	one B and O		ELEVISION MA	ARKETS				Computation of
	1981?	schedule—D	ajor and smalle		ed under secti		C rules and regula	tions in	3.75 Fee
		BLO	CK B: CARR	IAGE OF PERM	MITTED DSI	 Es			
Column 1: CALL SIGN	FCC rules and re	of distant sta gulations pride DSE Schee	ations listed in p or to June 25, 19 dule. (Note: The	art 2, 3, and 4 of th 981. For further ex letter M below ref	nis schedule the	nat your syster ermitted statio	m was permitted to ns, see the tream as set forth	•	
Column 2: BASIS OF PERMITTED CARRIAGE	(Note the FCC ru A Stations carrie 76.61(b)(c)] B Specialty static C Noncommeric D Grandfatherec instructions fo E Carried pursua *F A station pre	les and reguled pursuant to on as defined all educations if station (76.6 or DSE sched ant to individuations with the station will be station will provide the station will be	ations cited belot the FCC mark in 76.5(kk) (76. il station [76.59(is) (see paragraule). ial waiver of FC don a part-time ithin grade-B co	or substitute basis ntour, [76.59(d)(5)	e in effect on J 57, 76.59(b), 7 (1), 76.63(a) re (3) referring to stitution of grar	une 24, 1981. 76.61(b)(c), 76 eferring to 76. o 76.61(d)] adfathered sta	6.63(a) referring to		
Column 3:	*(Note: For those this schedule to d	e stations ide determine the	ntified by the let		, you must cor	· 	rksheet on page 14	Г	
1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	
KSMN	С	0.25	KTTW-Coz	М	1.00				
KCSD	С	0.25	KELO-CBS	М	0.25				
KSFY-ABC	Α	0.25	KELO-My l	Α	1.00				
KCSD-EW	С		KSFY-CW	M	1.00				
KCSD-EC	C	0.25	KSFY-Me T	M	1.00				
KTTW-This	M	1.00	KDLT-Ante	M	1.00				
								7.50	
			BLOCK C: CO	MPUTATION OF	3.75 FEE				
Line 1: Enter the Line 2: Enter the Line 3: Subtract	sum of permitte	d DSEs fror	n block B abov	re	to the 3.75 ra	nte.			
(If zero, le	eave lines 4–7 b	lank and pro	oceed to part 7	of this schedule					Do any of the
Line 4: Enter gro	ss receipts from	space K (pa	ige /)				x 0.03	375	DSEs represent partially permited/
Line 5: Multiply li	ne 4 by 0.0375 a	and enter su	m here				х		partially nonpermitted carriage?
Line 6: Enter tota	al number of DSE	Es from line	3						If yes, see part 9 instructions.
Line 7: Multiply li	ne 6 by line 5 an	d enter here	e and on line 2	, block 3, space	L (page 7)			0.00	

LEGAL NAME OF OWNER OF CABLE SYSTEM: Alliance Communications Cooperative, Inc. 851									
		BLOCK	A: TELEVI	SION MARKETS	(CONTIN	UED)			
1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	6
									Computation of 3.75 Fee
									0.70700
								······	
								······	
		 							
		ļ							

ACCOUNTING PERIOD: 2023/2

Name	LEGAL NAME OF OWN								S	YSTEM ID#				
Nume	Alliance Comm	unications (Cooperative, I	nc.						851				
Worksheet for Computating the DSE Schedule for Permitted Part-Time and Substitute Carriage	Instructions: You must complete this worksheet for those stations identifed by the letter "F" in column 2 of block B, part 6 (i.e., those stations carried prior to June 25, 1981, under former FCC rules governing part-time and substitute carriage.) Column 1: List the call sign for each distant station identifed by the letter "F" in column 2 of part 6 of the DSE schedule. Column 2: Indicate the DSE for this station for a single accounting period, occurring between January 1, 1978 and June 30, 1981. Column 3: Indicate the accounting period and year in which the carriage and DSE occurred (e.g., 1981/1). Column 4: Indicate the basis of carriage on which the station was carried by listing one of the following letters: (Note that the FCC rules and regulations cited below pertain to those in effect on June 24, 1981.) A—Part-time specialty programming: Carriage, on a part-time basis, of specialty programming under FCC rules, sections 76.59(d)(1),76.61(e)(1), or 76.63 (referring to 76.61(e)(1)). B—Late-night programming: Carriage under FCC rules, sections 76.59(d)(3), 76.61(e)(3), or 76.63 (referring to 76.61(e)(3)). S—Substitute carriage under certain FCC rules, regulations, or authorizations. For further explanation, see page (vi) of the general instructions in the paper SA3 form. Column 5: Indicate the station's DSE for the current accounting period as computed in parts 2, 3, and 4 of this schedule. Column 6: Compare the DSE figures listed in columns 2 and 5 and list the smaller of the two figures here. This figure should be entered in block B, column 3 of part 6 for this station. 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.													
		DEDMITT	ED DSE EOD STA	TIONS CAPPI	<u>-</u> D	ON A DART TIME AN	n ei ibetit	TITE BASIS						
	1. CALL	2. PRIO		COUNTING		4. BASIS OF		RESENT	6. P	ERMITTED				
	SIGN	DSE		ERIOD		CARRIAGE	. [OSE		DSE				
					•••••									
7 Computation of the Syndicated	Instructions: Block A must be completed. In block A: If your answer is "Yes," complete blocks B and C, below. If your answer is "No," leave blocks B and C blank and complete part 8 of the DSE schedule. BLOCK A: MAJOR TELEVISION MARKET													
Exclusivity	BLOCK A: MAJOR TELEVISION MARKET													
Surcharge	• Is any portion of the o	able system wi	thin a top 100 majo	r television mark	et a	as defned by section 76	.5 of FCC ru	ıles in effect Ju	ne 24, 19	981?				
	Yes—Complete	blocks B and (O .			No—Proceed to	part 8							
					7									
	BLOCK B: C	arriage of VHF	/Grade B Contour	Stations		BLOCK	C: Compu	tation of Exem	pt DSEs					
	Is any station listed in commercial VHF station or in part, over the cal	on that places				Was any station listed in block B of part 7 carried in any community served by the cable system prior to March 31, 1972? (refer to former FCC rule 76.159)								
	Yes—List each st. X No—Enter zero a		its appropriate perm art 8.	itted DSE		Yes—List each sta X No—Enter zero an			e permitte	d DSE				
	CALL SIGN	DSE	CALL SIGN	DSE		CALL SIGN	DSE	CALL SIG	iN	DSE				
	0.122													
		 												
		<u> </u>		0.00					_	0.00				
		Ĺ	TOTAL DSEs	0.00				TOTAL DS	Es	0.00				

LEGAL NA	ME OF OWNER OF CABLE SYSTEM: Alliance Communications Cooperative, Inc.	SYSTEM ID# 851	Name
	BLOCK D: COMPUTATION OF THE SYNDICATED EXCLUSIVITY SURCHARGE		
Section 1	Enter the amount of gross receipts from space K (page 7)	2,820,753.03	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 any	y portion of the cable system within a top 50 television market as defined by the FCC? Yes—Complete section 3 below. X No—Complete section 4 below.		
	SECTION 3: TOP 50 TELEVISION MARKET		
Section 3a	Did your cable system retransmit the signals of any partially distant television stations during the accounting period? X Yes—Complete part 9 of this schedule. No—Complete the applicable section below.		
	If the figure in section 2, line C is 4.000 or less, compute your surcharge here and leave section 3b blank. NOTE: If the DS is 1.0 or less, multiply the gross receipts by .00599 by the DSE. Enter the result on line A below.	SE	
	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.		
	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)	SE	
	B. Enter 0.00189 of gross receipts (the amount in section 1) ▶ \$		
	C.Subtract 1.000 from total permitted DSEs (the fgure on line C in section 2) and enter here		
	D. Multiply line B by line C and enter here		
	E. Add lines A and D. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7) Syndicated Exclusivity Surcharge		

Name		ME OF OWNER OF CABLE SYSTEM: Alliance Communications Cooperative, Inc.	SYSTEM ID# 851								
7	Section 4b	If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 4a blank.									
Computation of the		A. Enter 0.00300 of gross receipts (the amount in section 1) ▶ _									
Syndicated		B. Enter 0.00189 of gross receipts (the amount in section 1)									
Exclusivity Surcharge		C. Multiply line B by 3.000 and enter here									
		D. Enter 0.00089 of gross receipts (the amount in section 1) ▶ \$									
		E. Subtract 4.000 from the total DSEs (the figure on line C in section 2) and enter here									
		F. Multiply line D by line E and enter here									
		G. Add lines A, C, and F. This is your surcharge. Enter here and on line 2, block 4, space L (page 7)									
		Syndicated Exclusivity Surcharge									
8 Computation of Base Rate Fee	 In block A, indicate, by checking "Yes" or "No," whether your system carried any partially distant stations. If your answer is "No," compute your system's base rate fee in block B. Leave part 9 blank. If your answer is "Yes" (that is, if you carried one or more partially distant stations), you must complete part 9. Leave block B be blank. What is a partially distant station? A station is "partially distant" if, at the time your system carried it, some of your subscribers were located within that station's local service area and others were located outside that area. For the definition of a station's "local service area," see page (v) of the general instructions. 										
		BLOCK A: CARRIAGE OF PARTIALLY DISTANT STATIONS									
	• Did y	our cable system retransmit the signals of any partially distant television stations during the accounting period?									
		X Yes—Complete part 9 of this schedule. No—Complete the following sections.									
	Section	BLOCK B: NO PARTIALLY DISTANT STATIONS—COMPUTATION OF BASE RATE FEE									
	1	Enter the amount of gross receipts from space K (page 7) ▶ _\$									
	Section 2 Enter the total number of permitted DSEs from block B, part 6 of this schedule. (If block A of part 6 was checked "Yes," use the total number of DSEs from part 5.)										
	Section 3	If the figure in section 2 is 4.000 or less , compute your base rate fee here and leave section 4 blank. NOTE: If the DSE is 1.0 or less, multiply the gross receipts by 0.01064 by the DSE. Enter the result on line A below.									
		A. Enter 0.01064 of gross receipts (the amount in section 1)									
		B. Enter 0.00701 of gross receipts (the amount in section 1) ▶									
		C. Subtract 1.000 from total DSEs (the figure in section 2) and enter here									
		D. Multiply line B by line C and enter here									
		E. Add lines A and D. This is your base rate fee. Enter here and in block 3, line 1, space L (page 7)									
		Base Rate Fee	0.00								
1	1										

DSE SCH	EDU	LE. PAGE 17.				ACCOUNTING	9 PERIOD: 2023/2
		OF OWNER OF CABLE SYSTEM: Communications Cooperative, Inc.				SYSTEM ID# 851	Name
Section 4	If the	e figure in section 2 is more than 4.000 , compute your base	rate fee here	and leave section 3 bla	ank.		•
•	A.	Enter 0.01064 of gross receipts					8
		(the amount in section 1)		<u>▶</u> \$			
	В.	Enter 0.00701 of gross receipts					Computation
		(the amount in section 1)	▶ \$				of
		· /	<u></u>				Base Rate Fee
	C.	Multiply line B by 3.000 and enter here		<u>▶</u> \$			
	D.	Enter 0.00330 of gross receipts					
		(the amount in section 1)	▶ \$				
	F	Subtract 4.000 from total DSEs					
		(the figure in section 2) and enter here	•				
	F.	Multiply line D by line E and enter here			▶ <u>\$</u>		
	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	
IMPOR	TAN	IT. It is no longer possessory to report television signal	o on a avatav	m wide besie Carrie	go of tolovicion b	roadcast signals shall	
		IT: It is no longer necessary to report television signals reported on a community-by-community basis (subscri	•		•	ū	•
Space			. ,	·		•	9
In Gen	eral:	: If any of the stations you carried were partially distant	t. the statute	allows vou, in comp	outing vour base r	ate fee. to exclude	Commutation

In General: If any of the stations you carried were partially distant, the statute allows you, in computing your base rate fee, to exclude receipts from subscribers located within the station's local service area, from your system's total gross receipts. To take advantage of this exclusion, you must:

First: Divide all of your subscribers into subscriber groups, each group consisting entirely of subscribers that are distant to the same station or the same group of stations. Next: Treat each subscriber group as if it were a separate cable system. Determine the number of DSEs and the portion of your system's gross receipts attributable to that group, and calculate a separate base rate fee for each group. **Finally:** Add up the separate base rate fees for each subscriber group. That total is the base rate fee for your system.

NOTE: If any portion of your cable system is located within the top 100 television market and the station is not exempt in part 7, you must also compute a Syndicated Exclusivity Surcharge for each subscriber group. In this case, complete both block A and B below. However, if your cable system is wholly located outside all major television markets, complete block A only.

How to Identify a Subscriber Group for Partially Distant Stations

Step 1: For each community served, determine the local service area of each wholly distant and each partially distant station you carried to that community.

Step 2: For each wholly distant and each partially distant station you carried, determine which of your subscribers were located outside the station's local service area. A subscriber located outside the local service area of a station is distant to that station (and, by the same token, the station is distant to the subscriber.)

Step 3: Divide your subscribers into subscriber groups according to the complement of stations to which they are distant. Each subscriber group must consist entirely of subscribers who are distant to exactly the same complement of stations. Note that a cable system will have only one subscriber group when the distant stations it carried have local service areas that coincide.

Computing the base rate fee for each subscriber group: Block A contains separate sections, one for each of your system's subscriber groups.

In each section:

- Identify the communities/areas represented by each subscriber group.
- Give the call sign for each of the stations in the subscriber group's complement—that is, each station that is distant to all of the subscribers in the group.
- If
- 1) your system is located wholly outside all major and smaller television markets, give each station's DSE as you gave it in parts 2, 3, and 4 of this schedule; or.
- 2) any portion of your system is located in a major or smaller television market, give each station's DSE as you gave it in block B, part 6 of this schedule.
- $\bullet \ \, \text{Add the DSEs for each station. This gives you the total DSEs for the particular subscriber group. } \\$
- Calculate gross receipts for the subscriber group. For further explanation of gross receipts see page (vii) of the general instructions in the paper SA3 form.
- Compute a base rate fee for each subscriber group using the formula outline in block B of part 8 of this schedule on the preceding page. In making this computation, use the DSE and gross receipts figure applicable to the particular subscriber group (that is, the total DSEs for that group's complement of stations and total gross receipts from the subscribers in that group). You do not need to show your actual calculations on the form.

Computation
of
Base Rate Fee
and
Syndicated
Exclusivity
Surcharge
for
Partially
Distant
Stations, and
for Partially
Permitted
Stations

	75253.	0)/0============
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
	Alliance Communications Cooperative, Inc.	851
	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 the	se
	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 nonperm	
	signals. Write "Nonpermitted 3.75 stations" at the top of this page. Multiply the subscriber group gross receipts by total DSEs .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 repo	•
	for each part 9 used in steps 1 and 2 must equal the amount reported in space K.	rteu
	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	i 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 agreen	
	entered into on or before June 30, 2009 between a cable system or an association representing the cable system and a prima	ıry
	transmitter or an association representing the primary transmitter.	

KSMN 0.25 KCSD 0.25 KCSD-EW 0.25 KCSD-EW 0.25 KCSD-EC	FIRST SUBSCRIBER GROUP EA South Dakota-No Union Cou DSE CALL SIGN 0.25	UNTY COMMUN DSE CALL SI KSMN KCSD KCSD-E	SECO ITY/ AREA Lyon GN DSE 0 0 W 0	E CALL SIGN 0.25 0.25	DSE			
COMMUNITY/AREA South Dakota-No Union County COMMUNITY/AREA Lyon County IA	DSE CALL SIGN 0.25	DSE CALL SI KSMN KCSD KCSD-E	GN DSE 0	E CALL SIGN 0.25 0.25 0.25				
CALL SIGN DSE CA	DSE CALL SIGN 0.25	DSE CALL SI KSMN KCSD KCSD-E	GN DSE 0 0 W 0	E CALL SIGN 0.25 0.25 0.25 0.25	DSE			
	0.25	KSMN KCSD KCSD-E	0 0 W 0).25).25).25	DSE			
		KCSD-E	0. W 0).25).25				
KCSD-EW KCSD-EC 0.25 COLUS IN INCOMPLY AREA THIRD SUBSCRIBER GROUP THIRD SUBSCRIBER GROUP COMMUNITY AREA Union County SD CALL SIGN CSMN CSD-EW CCSD-EW		KCSD-E	W 0	0.25				
CALL SIGN		·····	······	·····				
otal DSEs Total D		KCSD-E	C 0	0.25				
THIRD SUBSCRIBER GROUP TOMMUNITY/ AREA Union County SD CALL SIGN DSE CALL								
THIRD SUBSCRIBER GROUP THIRD SUBSCRIBER GROUP OMMUNITY/ AREA CALL SIGN DSE								
THIRD SUBSCRIBER GROUP THIRD SUBSCRIBER GROUP THIRD SUBSCRIBER GROUP TOMMUNITY/ AREA Union County SD CALL SIGN DSE TTW-This TV 1.00 Gross Receipts Second Group \$ 374,755. \$ 374,755. \$ 374,755. \$ 374,755. COMMUNITY/ AREA Second Group \$ 3,987. COMMUNITY/ AREA Rock County MN CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE TTW-This TV 1.00								
SER Rate Fee First Group \$ 1,870,706.31 Gross Receipts Second Group \$ 374,755. THIRD SUBSCRIBER GROUP FOURTH SUBSCRIBER GROUP CALL SIGN DSE								
SER Rate Fee First Group \$ 1,870,706.31 Gross Receipts Second Group \$ 374,755. Base Rate Fee Second Group \$ 3,987. THIRD SUBSCRIBER GROUP THIRD SUBSCRIBER GROUP COMMUNITY/ AREA Union County SD CALL SIGN DSE TW-This TV 1.00								
se Rate Fee First Group \$ 1,870,706.31 Gross Receipts Second Group \$ 374,755. THIRD SUBSCRIBER GROUP FOURTH SUBSCRIBER GROUP MMUNITY/ AREA Union County SD CALL SIGN DSE								
SER Rate Fee First Group \$ 1,870,706.31 Gross Receipts Second Group \$ 374,755. Base Rate Fee Second Group \$ 3,987. THIRD SUBSCRIBER GROUP COMMUNITY/ AREA Union County SD CALL SIGN DSE CALL SIGN								
THIRD SUBSCRIBER GROUP THIRD SUBSCRIBER GROUP TOMMUNITY/ AREA Union County SD CALL SIGN DSE TTW-This TV 1.00								
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SER Rate Fee First Group \$ 1,870,706.31 Gross Receipts Second Group \$ 374,755. Base Rate Fee Second Group \$ 3,987. THIRD SUBSCRIBER GROUP THIRD SUBSCRIBER GROUP COMMUNITY/ AREA Union County SD CALL SIGN DSE TW-This TV 1.00								
THIRD SUBSCRIBER GROUP THIRD SUBSCRIBER GROUP TOMMUNITY/ AREA Union County SD CALL SIGN DSE TTW-This TV 1.00								
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See Rate Fee First Group \$ 1,870,706.31 Gross Receipts Second Group \$ 374,755. Base Rate Fee Second Group \$ 3,987. THIRD SUBSCRIBER GROUP MMUNITY/ AREA Union County SD CALL SIGN DSE CALL SIGN DS		0.25 Total DSE	Total DSEs 1.00					
SERATE FEE FIRST GROUP THIRD SUBSCRIBER GROUP THIRD SUBSCRIBER GROUP COMMUNITY/ AREA Union County SD CALL SIGN DSE CALL		6 24						
THIRD SUBSCRIBER GROUP MMUNITY/ AREA Union County SD COMMUNITY/ AREA ALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE TW-This TV 1.00	\$ 1,070,700	Gross Red	Gross Necelpts Second Group					
THIRD SUBSCRIBER GROUP MMUNITY/ AREA Union County SD CALL SIGN DSE CALL S								
MMUNITY/ AREA Union County SD COMMUNITY/ AREA Rock County MN ALL SIGN DSE CALL SIGN D	st Group \$ 4,976	6.08 Base Rate	Fee Second Group	ıp \$	3,987.39			
ALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE TW-This TV 1.00	THIRD SUBSCRIBER GROUP		FOU	JRTH SUBSCRIBER G	ROUP			
ALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE TW-This TV 1.00	EA Union County SD	COMMUN	ITY/ AREA Roc	k County MN				
SMN 0.25								
TW-This TV 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.0	DSE CALL SIGN	DSE CALL SI	GN DSE	E CALL SIGN	DSE			
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TW-Cozi 1.00 1.00	1.00							
	1.00							
LO-CBS 0.25 0.25	0.25							
LO-My UTV 1.00 1.00	1.00							
FY-ABC 0.25								
FY-CW 1.00								
SFY-Me TV 1.00 SFY-Me TV	1.00							
CSD 0.25	······································							
CSD-EW 0.25 0.25 0.25 0.25 0.25 0.25 0.25 0.25								
CSD-EC 0.25	······································							
DLT-Antenna TV 1.00 1								
tal DSEs 7.50 Total DSEs 0.	7	7.50 Total DSE	s		0.00			
			eginte Fourth Cross		417,729.81			
oss Receipts Third Group \$ 145,991.33 Gross Receipts Fourth Group \$ 417,729.	TITO I TOURS OF THE TIME	Gross Red	eipis Fourin Group	3	417,729.01			
	145,991							
ase Rate Fee Third Group \$ 6,309.75 Base Rate Fee Fourth Group \$ 0.0	145,991		Base Rate Fee Fourth Group \$ 0.00					

LEGAL NAME OF OWNER Alliance Communic			•			5	SYSTEM ID# 851	Name
RI	OCK A	COMPLITATION C	F BASE RA	ATE FEES FOR EAC	CH SUBSCR	IBER GROUP		
		SUBSCRIBER GRO				SUBSCRIBER GROU	JP	
COMMUNITY/ AREA	Sioux C	County IA		COMMUNITY/ AREA	Α		0	9 Computati
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
KSMN	0.25	OF ILL STOTE	502	O/ LEE GIGIT	DOL	O/ LEE STOTA	BOL	Base Rate I
KTTW-This TV	1.00						·····	and
KTTW-Cozi	1.00					H	·····	Syndicate
KELO-CBS	0.25		····			H	·····	
KELO-My UTV	1.00					-		Exclusivit
KSFY-ABC	0.25					.	·····	Surcharge for
KSFY-CW						.	·····	
	1.00					.	·····	Partially
KSFY-Me TV	1.00							Distant
KCSD	0.25							Stations
KCSD-EW	0.25							
KCSD-EC	0.25							
KDLT-Antenna TV	1.00							
Total DSEs			7.50	Total DSEs			0.00	
Gross Receipts First Gro	oup	\$ 1	1,570.51	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First Gro	oup	\$	500.08	Base Rate Fee Sec	ond Group	\$	0.00	
S	EVENTH	SUBSCRIBER GRO	UP		EIGHTH	SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	
CALL SIGN	DSE	DSE CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
			<u> </u>					
Fotal DSEs			0.00	Total DSEs		11	0.00	
						-		
Gross Receipts Third Group				Gross Receipts Fou	rth Group	\$	0.00	
Base Rate Fee Third Gr	oup	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
Base Rate Fee: Add the			riber group a	as shown in the boxes	above.	s		

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Alliance Communications Cooperative, Inc. 851										
		BER GROUP	SUBSCRII	TE FEES FOR EACH	BASE RA	COMPUTATION O	BLOCK A: (
_	P	SUBSCRIBER GROU		2.1.		SUBSCRIBER GRO					
9	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA			
Computation of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN			
Base Rate F											
and											
Syndicate											
Exclusivit											
Surcharge											
for Partially											
Distant			·····								
Stations							···				
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	0.00			Total DSEs	0.00			Total DSEs			
	0.00	\$	l Group	Gross Receipts Second	0.00	\$	oup	Bross Receipts First Gr			
	0.00	\$	l Group	Base Rate Fee Second	0.00	\$	oup	Base Rate Fee First Gr			
	IP	SUBSCRIBER GROU	TWELVTH		JP	SUBSCRIBER GRO	LEVENTH	E			
	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA			
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN			
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	0.00			Total DSEs	0.00	Total DSEs 0.00					
				Cross Bossints Fourth	0.00	Gross Receipts Third Group \$ 0.00					
	0.00	\$	Group	Gross Receipts Fourth	0.00	4	тоир	orosa receipta Tillia O			

0 Computation DSE of Base Rate Fe and Syndicated	BER GROUP SUBSCRIBER GROU		TE FEES FOR EACH	BASE RA	COMPLITATION O	N 0014 A		
Computation DSE of Base Rate Fe and Syndicated	SUBSCRIBER GROU	IDTEENTL						
Computation DSE		KIEENIN	FOU COMMUNITY/ AREA	JP 0	SUBSCRIBER GRO	RTEENTH		
DSE of Base Rate Fe and Syndicated			COMMUNITY/ AREA	<u> </u>			COMMUNITY/ AREA	
and Syndicated	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	
Syndicated						<u></u>		
†······								
Exclusivity	<u> </u>							
Surcharge								
for								
Partially Distant	-					<u></u>		
Stations								
						<u></u>		
						<u>-</u>		
0.00			Total DSEs	0.00			Total DSEs	
0.00	\$	d Group	Gross Receipts Second	0.00	Gross Receipts First Group \$ 0.00			
0.00	\$	d Group	Base Rate Fee Second	0.00	Base Rate Fee First Group \$ 0.00			
	SUBSCRIBER GROU	IXTEENTH	11		FIFTEENTH SUBSCRIBER GROUP			
0			COMMUNITY/ AREA	0	COMMUNITY/ AREA 0			
DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	
	<u> </u>							
						<u></u>		
	-					<u></u>		
	-							
						<u></u>		
0.00			Total DSEs	0.00			Total DSEs	
0.00	\$	Group	Gross Receipts Fourth	0.00	\$	roup	Gross Receipts Third G	
0.00	\$	Group	Base Rate Fee Fourth	0.00	\$	roup	Base Rate Fee Third G	

LEGAL NAME OF OWNER Alliance Communic						S	YSTEM ID# 851	Name
В	LOCK A:	COMPUTATION O	BASE RA	TE FEES FOR EACH	- SUBSCRI	BER GROUP		
	NTEENTH	SUBSCRIBER GROU		ii	GHTEENTH	SUBSCRIBER GROU		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	of			
						CALL SIGN		Base Rate Fee
						_		and
								Syndicated
			<u>_</u>					Exclusivity
			<u>.</u>					Surcharge for
					····			Partially
								Distant
								Stations
				-				
			-					
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Group \$ 0.00				Gross Receipts Secon	nd Group	\$	0.00	
Base Rate Fee First Gro		\$	0.00	Base Rate Fee Secon		\$	0.00	
	NTEENTH	SUBSCRIBER GROU		ii .	WENTIETH	SUBSCRIBER GROU	_	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
				-				
			<u>-</u>	-		H		
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				-				
Total DSEs	<u> </u>		0.00	Total DSEs			0.00	
Gross Receipts Third Gr	oup	\$	0.00	Gross Receipts Fourtl	h Group	\$	0.00	
Base Rate Fee Third Gr			0.00	Base Rate Fee Fourti	h Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block	e base rate 3, line 1, sr	e fees for each subscroace L (page 7)	iber group a	as shown in the boxes al	bove.	\$		
	, -,	(i J · /						

LEGAL NAME OF OWNER Alliance Communic						S	YSTEM ID# 851	Name
В	LOCK A:	COMPUTATION OF	BASE RA	ATE FEES FOR EACH	SUBSCRI	BER GROUP		
	TY-FIRST	SUBSCRIBER GROU		ii .	Y-SECOND	SUBSCRIBER GROU		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
						_		and Syndicated
	<u>-</u>							Exclusivity
								Surcharge
								for
	<u>-</u>				<u></u>			Partially Distant
				1	····	H		Stations
	<u></u>							
								
	<u>-</u>							
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Group \$ 0.00			0.00	Gross Receipts Secon	d Group	\$	0.00	
Base Rate Fee First Gro	oup	\$	0.00	Base Rate Fee Secon	d Group	\$	0.00	
TWEN	TY-THIRD	SUBSCRIBER GROU	JP	TWENT	Y-FOURTH	SUBSCRIBER GROU	IP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
	<u> </u>				<u></u>			
	<u>-</u>							
	<u>-</u>			-	···		····	
	.							
	-		-					
	<u></u>			-	<u></u>			
Total DSEs			0.00	Total DSEs	-		0.00	
Gross Receipts Third G	roup	\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourth	ı Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block	e base rate	e fees for each subscr	iber group a	as shown in the boxes ab	oove.	s		
	-,	(Pago /)				T		

LEGAL NAME OF OWNER Alliance Communic						S	YSTEM ID# 851	Name
				TE FEES FOR EACH				
TWENT	ry-fifth	SUBSCRIBER GROU	JP 0	COMMUNITY/ AREA	NTY-SIXTH	SUBSCRIBER GROU	P 0	9
COMMONT IT AREA				COMMONT IT AREA				Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee and
								Syndicated
								Exclusivity
								Surcharge
								for Partially
								Distant
								Stations
				-	<u></u>			
					<u></u>			
Total DSEs	<u> </u>		0.00	Total DSEs			0.00	
Gross Receipts First Gro	oup	\$	0.00	Gross Receipts Secon	d Group	\$	0.00	
Base Rate Fee First Gro		\$	0.00	Base Rate Fee Secon		\$	0.00	
	SEVENTH	SUBSCRIBER GROU	JP 0	T .	ry-eighth	SUBSCRIBER GROU	P 0	
COMMUNITY/ AREA			<u> </u>	COMMUNITY/ AREA				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
					<u></u>			
Total DSEs			0.00	Total DSEs	1		0.00	
Gross Receipts Third Gr	oup	\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
Base Rate Fee Third Gr	oup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block 3	base rate 3, line 1, sp	e fees for each subscri	ber group a	s shown in the boxes ab	ove.	\$		

LEGAL NAME OF OWN Alliance Commu			: -			S	SYSTEM ID# 851	Name
T\\/[ATE FEES FOR EAC			ID	
COMMUNITY/ AREA		SUBSCRIBER GRO	0	COMMUNITY/ AREA		I SUBSCRIBER GROU	0	9
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of
								Base Rate Fe and
								Syndicated
								Exclusivity
		 						Surcharge for
								Partially
		-						Distant Stations
								Stations
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Group \$ 0.00			0.00	Gross Receipts Seco	nd Group	\$	0.00	
Base Rate Fee First Group \$ 0.00			0.00	Base Rate Fee Seco	ond Group	\$	0.00	
		SUBSCRIBER GRO		11		SUBSCRIBER GROU		
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		-						
		H						
		-						
		-						
		-						
							2.22	
Total DSEs		-	0.00	Total DSEs			0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Four	th Group	\$	0.00	
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Four	th Group	\$	0.00	
Base Rate Fee: Add Enter here and in bloo			criber group a	as shown in the boxes a	above.	\$		

LEGAL NAME OF OWNER Alliance Communic						S	YSTEM ID# 851	Name
				ATE FEES FOR EACH				
	TY-THIRD	SUBSCRIBER GROU	JP 0	THIRT COMMUNITY/ AREA	Y-FOURTH	SUBSCRIBER GROU	P 0	9
COMMUNITY/ AREA			U	COMMUNITY AREA				Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
				-				and Syndicated
	<u> </u>							Exclusivity
								Surcharge
								for
	<u>-</u>							Partially Distant
								Stations
	<mark></mark>							
				-				
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gro	oup	\$	0.00	Gross Receipts Secon	nd Group	\$	0.00	
Base Rate Fee First Gro	oup	\$	0.00	Base Rate Fee Secon	nd Group	\$	0.00	
THIR	TY-FIFTH	SUBSCRIBER GROU	JP	THI	RTY-SIXTH	SUBSCRIBER GROU	Р	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
				-				
	<u> </u>							
	<u> </u>							
	<u>. </u>							
	<mark></mark>			1			····	
	<u>.</u>							
	<u>-</u>							
	.							
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	roup	\$	0.00	Gross Receipts Fourth	n Group	\$	0.00	
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourth	n Group	\$	0.00	
Base Rate Fee: Add the	base rate	e fees for each subscr	iber group a	as shown in the boxes ab	oove.			
Enter here and in block	პ, line 1, sp	pace L (page 7)				\$		

LEGAL NAME OF OWNER OF CABLE SYSTEM: Alliance Communications Cooperative, Inc. 851									
				TE FEES FOR EAC	H SUBSCR	IBER GROUP			
THIRTY-S	SEVENTH	SUBSCRIBER GRO	UP	THI	RTY-EIGHTH	SUBSCRIBER GROU	JP	0	
COMMUNITY/ AREA			0	COMMUNITY/ AREA	A		0	9	
CALL SICN	Dec	CALLSION	Dec	CALL SIGN	DOE	I CALL SIGN	Dec	Computation	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of Base Rate Fee	
			····					and	
						-		Syndicated	
								Exclusivity	
								Surcharge	
								for	
	<u></u>	-						Partially	
								Distant	
								Stations	
	<u> </u>								
	<u></u>					-			
Total DSEs			0.00	Total DSEs			0.00		
Gross Receipts First Group \$ 0.0		0.00	Gross Receipts Seco	and Group	\$	0.00			
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00		
THIR	TY-NINTH	SUBSCRIBER GRO	UP		FORTIETH	SUBSCRIBER GROU	JP		
COMMUNITY/ AREA			0	COMMUNITY/ AREA	A		0		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE		
	<u></u>								
	<u></u>								
	<u></u>								
	<u></u>								
			····						
	<u> </u>					-			
	<u></u>								
Total DSEs			0.00	Total DSEs		,	0.00		
Gross Receipts Third G	roup	\$	0.00	Gross Receipts Four	th Group	\$	0.00		
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Four	th Group	\$	0.00		
Base Rate Fee: Add the Enter here and in block	e base rate 3, line 1, sp	e fees for each subso	criber group a	s shown in the boxes a	above.	\$			

LEGAL NAME OF OWNER OF CABLE SYSTEM: Alliance Communications Cooperative, Inc. 851									
E	BLOCK A:	COMPUTATION C	F BASE RA	ATE FEES FOR EAC	CH SUBSCR	IBER GROUP			
FOF	RTY-FIRST	SUBSCRIBER GRO)UP	FOR	RTY-SECOND	SUBSCRIBER GROU	JP	•	
COMMUNITY/ AREA			0	COMMUNITY/ AREA	Α		0	9 Computation	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of	
OF ILLE CICIT	BOL	07 KEE 01011	562	OF ILL STOTA	502	OTTEL STOTE	502	Base Rate Fee	
								and	
								Syndicated	
								Exclusivity	
								Surcharge	
								for	
								Partially	
								Distant	
								Stations	
				-					
Total DSEs			0.00	Total DSEs			0.00		
Gross Receipts First Group \$ 0.00				Gross Receipts Second Group \$ 0.00					
Cross recorpts i list O	Юир	•	0.00	Gross receipts occi	она Огоар		0.00		
Base Rate Fee First Group \$ 0.00			0.00	Base Rate Fee Seco		\$	0.00		
FOR	TY-THIRD	SUBSCRIBER GRO	UP	FOF	RTY-FOURTH	SUBSCRIBER GROU	JP		
COMMUNITY/ AREA			0	COMMUNITY/ AREA	Α		0		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE		
							·····		
				-			······		
	·			-		-	······		
				1			·····		
	···					- H			
						-			
Total DSEs			0.00	Total DSEs			0.00		
Gross Receipts Third G	Group	\$	0.00	Gross Receipts Four	th Group	\$	0.00		
Base Rate Fee Third G	Group	\$	0.00	Base Rate Fee Four	th Group	\$	0.00		
se Rate Fee: Add th	e base rate	e fees for each subsc	criber group a	II	above.				
Enter here and in block	3, line 1, s	pace L (page 7)	3.247	2 2530		\$			

LEGAL NAME OF OWNE Alliance Commun						S	SYSTEM ID# 851	Name
	BLOCK A:	COMPUTATION C	F BASE RA	ATE FEES FOR EAC	H SUBSCR	IBER GROUP		
	RTY-FIFTH	SUBSCRIBER GRO		11		I SUBSCRIBER GROU		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN DSE CALL SIGN DSE				of
								Base Rate Fe
								and Syndicated
								Exclusivity
								Surcharge
								for
			<u></u>					Partially Distant
								Stations
	<mark></mark>		<u> </u>					
			<u></u>					
Total DSEs		-	0.00	Total DSEs		-	0.00	
Gross Receipts First Group \$ 0.00			0.00	Gross Receipts Seco	ond Group	\$	0.00	
Base Rate Fee First Group \$ 0.00			0.00	Base Rate Fee Seco	ond Group	\$	0.00	
	-SEVENTH	SUBSCRIBER GRO		11		SUBSCRIBER GROU		
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third (Group	\$	0.00	Gross Receipts Four	th Group	\$	0.00	
Base Rate Fee Third (Group	\$	0.00	Base Rate Fee Four	th Group	\$	0.00	
Fee Third (Group ne base rat	\$	0.00		th Group			

LEGAL NAME OF OWNER Alliance Communic						SY	STEM ID# 851	Name
				TE FEES FOR EACH	SUBSCR	BER GROUP		
	Y-NINTH	SUBSCRIBER GROU			FIFTIETH	SUBSCRIBER GROUP		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
								Syndicated Exclusivity
								Surcharge
								for
								Partially
								Distant Stations
								Otationo
								
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Group \$ 0.00			0.00	Gross Receipts Secon	d Group	\$	0.00	
Base Rate Fee First Gro		\$	0.00	Base Rate Fee Secon		\$	0.00	
COMMUNITY/ AREA	I Y-FIRST	SUBSCRIBER GROU	0	COMMUNITY/ AREA	Y-SECOND	SUBSCRIBER GROUP	0	
COMMONT IT AREA				COMMONT IT AREA				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
					<u></u>			
						l -		
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third Gr	oup	\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
Base Rate Fee Third Gr	oup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block 3	base rate	e fees for each subscri pace L (page 7)	ber group a	s shown in the boxes ab	ove.	\$		

LEGAL NAME OF OWNER Alliance Communic						S	YSTEM ID# 851	Name
				ATE FEES FOR EACH				
	TY-THIRD	SUBSCRIBER GROU		ii	Y-FOURTH	SUBSCRIBER GROUI		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
						_		and
								Syndicated Exclusivity
				-	<u> </u>			Surcharge
								for
		-				-		Partially
								Distant
				-				Stations
				1	<u> </u>		····	
				_				
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gro	oun	•	0.00	Gross Receipts Secon	d Group	\$	0.00	
Gloss Necelpts Filst Git	oup	<u>\$</u>	0.00	Gioss Receipts Secon	u Group	a	0.00	
Base Rate Fee First Gro	oup	\$	0.00	Base Rate Fee Secon	d Group	\$	0.00	
	TY-FIFTH	SUBSCRIBER GROU		ii -	FTY-SIXTH	SUBSCRIBER GROUI	P	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
				-				
					<u></u>			
				-	<u> </u>			
			 	-		H	<u></u>	
	·							
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third Gr	oup	\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
Base Rate Fee Third Gr	oup	\$	0.00	Base Rate Fee Fourth	ı Group	\$	0.00	
Base Rate Fee: Add the	base rate	e fees for each subscri	ber group a	as shown in the boxes ab	ove.			
Enter here and in block	o, iiile T, Sp	pace ∟ (page /)				Φ		

LEGAL NAME OF OWN Alliance Commun			•			S	SYSTEM ID# 851	Name
				TE FEES FOR EAC				
	/-SEVENTH	SUBSCRIBER GRO		H .		SUBSCRIBER GROU		9
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
								Syndicated Exclusivity
								Surcharge
								for
								Partially
								Distant
								Stations
			····					
			0.00				0.00	
Total DSEs 0.00				Total DSEs	0.00			
Gross Receipts First Group \$ 0.00			0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First 0	Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
FI	FTY-NINTH	SUBSCRIBER GRO)UP		SIXTIETH	SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ ARE	0			
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
	••••		····		•••••			
			···					
			••••			-		
Total DSEs	•		0.00	Total DSEs			0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
Base Rate Fee: Add to Enter here and in blood			riber group a	is snown in the boxes	apove.	\$		

LEGAL NAME OF OWNER Alliance Communic						S	SYSTEM ID# 851	Name
		COMPUTATION OI SUBSCRIBER GROU		ATE FEES FOR EAC	TY-SECOND	IBER GROUP SUBSCRIBER GROU	JP 0	9
COMMUNITY/ AREA			U	COMMUNITY/ AREA			<u> </u>	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee and
								Syndicated
								Exclusivity
				-				Surcharge for
								Partially
								Distant
								Stations
				-				
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gro	oup	\$	0.00	Gross Receipts Seco	nd Group	\$	0.00	
Base Rate Fee First Gro	oup	\$	0.00	Base Rate Fee Seco	nd Group	\$	0.00	
	Y-THIRD	SUBSCRIBER GROU		11		SUBSCRIBER GROU	_	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
						.		
						.		
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third Gr	oup	\$	0.00	Gross Receipts Four	th Group	\$	0.00	
Base Rate Fee Third Gr	oup	\$	0.00	Base Rate Fee Four	th Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block 3			iber group a	as shown in the boxes a	bove.	\$		

LEGAL NAME OF OWNE						S	SYSTEM ID# 851	Name
				TE FEES FOR EAC				
	XTY-FIFTH	SUBSCRIBER GRO		11		SUBSCRIBER GROU		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA	4		0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
								Syndicated
								Exclusivity Surcharge
				-				for
								Partially
								Distant
								Stations
	····							
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Group \$ 0.00			0.00	Gross Receipts Second Group \$ 0.00				
							1	
Base Rate Fee First G		\$	0.00	Base Rate Fee Seco		\$	0.00	
	-SEVENTH	SUBSCRIBER GRO		1		SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA	4		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
						-		
	····							
	·····							
			•••••••••••			-		
Total DSEs			0.00	Total DSEs	1		0.00	
Gross Receipts Third (Group	\$	0.00	Gross Receipts Four	th Group	\$	0.00	
Base Rate Fee Third (Group	\$	0.00	Base Rate Fee Four	th Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block			riber group a	s shown in the boxes a	above.	\$		

LEGAL NAME OF OWNER Alliance Communic						S	YSTEM ID# 851	Name
				TE FEES FOR EACH				
	TY-NINTH	SUBSCRIBER GROU		li	VENTIETH	SUBSCRIBER GROUI		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
						_		and
								Syndicated Exclusivity
					<u> </u>		····	Surcharge
								for
						-		Partially
								Distant
				-				Stations
					<u> </u>		····	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Group \$ 0.00				Gross Receipts Second Group \$ 0.00				
, , , , , , , , , , , , , , , , , , ,						·		
Base Rate Fee First Gro		\$	0.00	Base Rate Fee Secon	d Group	\$	0.00	
	TY-FIRST	SUBSCRIBER GROU			Y-SECOND	SUBSCRIBER GROUP	_	
COMMUNITY/ AREA			0	COMMUNITY/ AREA	0			
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
				-				
			 					
	.		†					
Total DSEs	·		0.00	Total DSEs			0.00	
Gross Receipts Third Gr	oup	\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
Base Rate Fee Third Gr	oup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
Base Rate Fee: Add the	base rate	e fees for each subscri	ber group a	s shown in the boxes ab	ove.			
Enter here and in block	ا, mie ۱, ۱	pace L (page /)				Ψ		

LEGAL NAME OF OWNER Alliance Communi						\$	SYSTEM ID# 851	Name
В	LOCK A:	COMPUTATION C	F BASE RA	TE FEES FOR EAC	H SUBSCR	IBER GROUP		
	TY-THIRD	SUBSCRIBER GRO		SEVEN	TY-FOURTH	SUBSCRIBER GROU	JP	٥
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	9
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of
CALL GIGIN	DOL	CALL GIGIT	DOL	OALL GIGIT	DOL	OALL GIGIT	DOL	Base Rate Fee
								and
								Syndicated
								Exclusivity
								Surcharge
	<u></u>							for Partially
								Distant
								Stations
								
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Group \$ 0.00			0.00	Gross Receipts Second Group \$ 0.00				
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00	
SEVEN	TY-FIFTH	SUBSCRIBER GRO	UP	SEV	ENTY-SIXTH	SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA	0			
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
	<u></u>							
						-		
						-		
	<u></u>							
	<u></u>							
	<u>. </u>		••••					
Total DSEs			0.00	Total DSEs		Ц	0.00	
Gross Receipts Third G	roup	\$	0.00	Gross Receipts Four	th Group	\$	0.00	
,					•			
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Four	th Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block	e base rate 3, line 1, sp	e fees for each subso pace L (page 7)	criber group a	s shown in the boxes a	above.	\$		

CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE Base Rate Fee Third Group \$ 0.00 Cross Receipts Fourth Group \$ 0.	LEGAL NAME OF OWNER Alliance Communi			:			\$	SYSTEM ID# 851	Name
SEVENTY-SEVENT SUBSCRIBER GROUP	В	LOCK A:	COMPUTATION C	OF BASE RA	TE FEES FOR EAC	H SUBSCR	IBER GROUP		
CALL SIGN DSE CALL SIGN	SEVENTY-	SEVENTH	SUBSCRIBER GRO)UP	SEVE	NTY-EIGHTH	SUBSCRIBER GROU	JP	•
CALL SIGN DSE CALL SIGN	COMMUNITY/ AREA			0	COMMUNITY/ AREA	4		0	
Base Rate Fee First Group SEVENTY-NINTH SUBSCRIBER GROUP COMMUNITY AREA CALL SIGN DSE CAL	CALL SIGN	DSF	CALL SIGN	DSF	CALL SIGN	DSF	CALL SIGN	DSF	
Syndicated Exclusivity Surcharge for Partially Distant Stations Total DSEs	07.122.01011	302	07.22 0.011	332	07.22 5.5.1	332	07.122.01.01.1	332	Base Rate Fee
Exclusivity Total DSEs O.00 Gross Receipts First Group SEVENTY-NINTH SUBSCRIBER GROUP COMMUNITY/ AREA O COMMUNITY/ AREA									and
Surcharge for the stations of the state of t									Syndicated
Surcharge for the stations of the state of t									
Total DSEs Total DSEs O.00 Gross Receipts First Group Base Rate Fee First Group SEVENTY-NINTH SUBSCRIBER GROUP COMMUNITY/ AREA O CALL SIGN DSE CALL									
Total DSEs Gross Receipts First Group Base Rate Fee First Group SEVENTY-NINTH SUBSCRIBER GROUP COMMUNITY/ AREA CALL SIGN DSE CALL SIGN									for
Total DSEs Gross Receipts First Group Base Rate Fee First Group SEVENTY-NINTH SUBSCRIBER GROUP COMMUNITY/ AREA O CALL SIGN DSE CALL SI									Partially
Total DSEs									Distant
Gross Receipts First Group Base Rate Fee First Group SEVENTY-NINTH SUBSCRIBER GROUP COMMUNITY/ AREA O CALL SIGN DSE CAL		<u>.</u>							Stations
Gross Receipts First Group Base Rate Fee First Group SEVENTY-NINTH SUBSCRIBER GROUP COMMUNITY/ AREA O CALL SIGN DSE CAL		<u>.</u>							
Gross Receipts First Group Base Rate Fee First Group SEVENTY-NINTH SUBSCRIBER GROUP COMMUNITY/ AREA O CALL SIGN DSE CAL									
Gross Receipts First Group Base Rate Fee First Group SEVENTY-NINTH SUBSCRIBER GROUP COMMUNITY/ AREA O CALL SIGN DSE CAL		<mark></mark>							
Gross Receipts First Group Base Rate Fee First Group SEVENTY-NINTH SUBSCRIBER GROUP COMMUNITY/ AREA O CALL SIGN DSE CAL		<mark></mark>							
Gross Receipts First Group Base Rate Fee First Group SEVENTY-NINTH SUBSCRIBER GROUP COMMUNITY/ AREA O CALL SIGN DSE CAL									
Gross Receipts First Group Base Rate Fee First Group SEVENTY-NINTH SUBSCRIBER GROUP COMMUNITY/ AREA O CALL SIGN DSE CAL	Total DSEs			0.00	Total DSEs			0.00	
Base Rate Fee First Group SEVENTY-NINTH SUBSCRIBER GROUP COMMUNITY/ AREA O CALL SIGN DSE									
SEVENTY-NINTH SUBSCRIBER GROUP COMMUNITY/ AREA O CALL SIGN DSE CALL SIGN	Gross Receipts First Gr	oup	•	0.00	Gross Receipts Seco	ona Group	\$	0.00	
COMMUNITY/ AREA 0 CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE Total DSEs Gross Receipts Third Group \$ 0.00 Base Rate Fee Third Group \$ 0.00 Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.	Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00	
CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE Total DSEs Gross Receipts Third Group Base Rate Fee Third Group \$ 0.00 Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.	SEVEN'	TY-NINTH	SUBSCRIBER GRO	OUP		EIGHTIETH	SUBSCRIBER GROU	JP	
Total DSEs	COMMUNITY/ AREA			0	COMMUNITY/ AREA	0			
Gross Receipts Third Group \$ 0.00 Base Rate Fee Third Group \$ 0.00 Base Rate Fee Fourth Group \$ 0.00 Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
Gross Receipts Third Group \$ 0.00 Base Rate Fee Third Group \$ 0.00 Base Rate Fee Fourth Group \$ 0.00 Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.		<u>.</u>							
Gross Receipts Third Group \$ 0.00 Base Rate Fee Third Group \$ 0.00 Base Rate Fee Third Group \$ 0.00 Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.		<u></u>							
Gross Receipts Third Group \$ 0.00 Base Rate Fee Third Group \$ 0.00 Base Rate Fee Third Group \$ 0.00 Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.		<u>.</u>							
Gross Receipts Third Group \$ 0.00 Base Rate Fee Third Group \$ 0.00 Base Rate Fee Third Group \$ 0.00 Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.		<u></u>							
Gross Receipts Third Group \$ 0.00 Base Rate Fee Third Group \$ 0.00 Base Rate Fee Third Group \$ 0.00 Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.		<u> </u>							
Gross Receipts Third Group \$ 0.00 Base Rate Fee Third Group \$ 0.00 Base Rate Fee Third Group \$ 0.00 Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.		<u>-</u>			-		-		
Gross Receipts Third Group \$ 0.00 Base Rate Fee Third Group \$ 0.00 Base Rate Fee Third Group \$ 0.00 Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.		<u></u>					H	·····	
Gross Receipts Third Group \$ 0.00 Base Rate Fee Third Group \$ 0.00 Base Rate Fee Third Group \$ 0.00 Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.					-		 	·····	
Gross Receipts Third Group \$ 0.00 Base Rate Fee Third Group \$ 0.00 Base Rate Fee Third Group \$ 0.00 Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.		<u> </u>					 	•••••	
Gross Receipts Third Group \$ 0.00 Base Rate Fee Third Group \$ 0.00 Base Rate Fee Third Group \$ 0.00 Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.							-		
Gross Receipts Third Group \$ 0.00 Base Rate Fee Third Group \$ 0.00 Base Rate Fee Third Group \$ 0.00 Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.									
Gross Receipts Third Group \$ 0.00 Base Rate Fee Third Group \$ 0.00 Base Rate Fee Fourth Group \$ 0.00 Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.									
Gross Receipts Third Group \$ 0.00 Base Rate Fee Third Group \$ 0.00 Base Rate Fee Fourth Group \$ 0.00 Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.									
Gross Receipts Third Group \$ 0.00 Base Rate Fee Third Group \$ 0.00 Base Rate Fee Fourth Group \$ 0.00 Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.									
Base Rate Fee Third Group \$ 0.00 Base Rate Fee Fourth Group \$ 0.00 Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.	Total DSEs			0.00	Total DSEs			0.00	
Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.	Gross Receipts Third G	roup	\$	0.00	Gross Receipts Four	th Group	\$	0.00	
Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.	Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Four	th Group	\$	0.00	
inter here and in block 3, line 1, space L (page 7)	ase Rate Fee: Add the	e base rate 3, line 1, sp	e fees for each subso	criber group a	s shown in the boxes a	above.	\$		

Base Rate Fee and Syndicated Exclusivity Surcharge for Partially Distant Stations O.00 Total DSEs O.00 Gross Receipts Second Group \$ 0.00 Base Rate Fee Second Group \$ 0.00 COMMUNITY/ AREA 0	LEGAL NAME OF OWN Alliance Commu						5	SYSTEM ID# 851	Name
CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE Base Rate Fee Second Group O.00 O.00 Base Rate Fee Second Group O.00 O.00 COMMUNITY/ AREA O Computation of Base Rate Fee and Syndicated Exclusivity Surcharge for Partially Distant Stations					ATE FEES FOR EAC	H SUBSCR	IBER GROUP		
CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE Base Rate Fe and Syndicated Exclusivity Surcharge for Partially Distant Stations 0.00		HTY-FIRST	SUBSCRIBER GRO		11		SUBSCRIBER GROU		9
CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE Base Rate Fer and Syndicated Exclusivity Surcharge for Partially Distant Stations 0.00 Total DSEs 0.00 0.00 Gross Receipts Second Group \$ 0.00 0.00 0.00 0.00 \$ 0.00 0.00 0.00 \$ 0.00 0.00 0.00 \$ 0.00 0.00 0.00 \$ 0.00 0.00 </th <th>COMMUNITY/ AREA</th> <th></th> <th></th> <th></th> <th>COMMUNITY/ AREA</th> <th></th> <th></th> <th>U</th> <th></th>	COMMUNITY/ AREA				COMMUNITY/ AREA			U	
and Syndicated Exclusivity Surcharge for Partially Distant Stations O.00 Total DSEs O.00 Gross Receipts Second Group \$ 0.00 Base Rate Fee Second Group \$ 0.00 UBSCRIBER GROUP EIGHTY-FOURTH SUBSCRIBER GROUP COMMUNITY/ AREA 0	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
Syndicated Exclusivity Surcharge for Partially Distant Stations 1.0.00 Gross Receipts Second Group 1.0.00 Base Rate Fee Second Group			 						
Exclusivity Surcharge for Partially Distant Stations		·····							
1		·····							
Distant Stations Distant Stations Distant Stations Distant Stations Distant Distant									
Distant Stations									
0.00									-
0.00 Gross Receipts Second Group \$ 0.00 0.00 Base Rate Fee Second Group \$ 0.00 JBSCRIBER GROUP EIGHTY-FOURTH SUBSCRIBER GROUP 0 0 COMMUNITY/ AREA 0									Stations
0.00 Gross Receipts Second Group \$ 0.00 0.00 Base Rate Fee Second Group \$ 0.00 JBSCRIBER GROUP EIGHTY-FOURTH SUBSCRIBER GROUP 0 0 COMMUNITY/ AREA 0									
0.00 Gross Receipts Second Group \$ 0.00 0.00 Base Rate Fee Second Group \$ 0.00 JBSCRIBER GROUP EIGHTY-FOURTH SUBSCRIBER GROUP 0 0 COMMUNITY/ AREA 0									
0.00 Gross Receipts Second Group \$ 0.00 0.00 Base Rate Fee Second Group \$ 0.00 JBSCRIBER GROUP EIGHTY-FOURTH SUBSCRIBER GROUP 0 0 COMMUNITY/ AREA 0									
0.00 Gross Receipts Second Group \$ 0.00 0.00 Base Rate Fee Second Group \$ 0.00 JBSCRIBER GROUP EIGHTY-FOURTH SUBSCRIBER GROUP 0 0 COMMUNITY/ AREA 0									
0.00 Gross Receipts Second Group \$ 0.00 0.00 Base Rate Fee Second Group \$ 0.00 JBSCRIBER GROUP EIGHTY-FOURTH SUBSCRIBER GROUP 0 0 COMMUNITY/ AREA 0	Total DSEs			0.00	Total DSEs			0.00	
0.00 Base Rate Fee Second Group \$ 0.00 DBSCRIBER GROUP EIGHTY-FOURTH SUBSCRIBER GROUP COMMUNITY/ AREA 0		2	•			and Casua	•		
JBSCRIBER GROUP EIGHTY-FOURTH SUBSCRIBER GROUP COMMUNITY/ AREA O	Gross Receipts First (oroup .	\$	0.00	Gross Receipts Seco	ona Group	\$	0.00	
0 COMMUNITY/ AREA 0	Base Rate Fee First (Group	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00	
		HTY-THIRD	SUBSCRIBER GRO		11		SUBSCRIBER GROU		
CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE	COMMUNITY/ AREA			0	COMMUNITY/ AREA	4		0	
	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		·····							
0.00 Total DSEs 0.00	Total DSEs			0.00	Total DSEs			0.00	
0.00 Gross Receipts Fourth Group \$ 0.00	Gross Receipts Third	Group	\$	0.00	Gross Receipts Four	th Group	\$	0.00	
0.00 Base Rate Fee Fourth Group \$ 0.00	Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Four	th Group	\$	0.00	

LEGAL NAME OF OWN Alliance Commu			•			S	SYSTEM ID# 851	Name
				TE FEES FOR EAC				
		SUBSCRIBER GRO		EI	9			
COMMUNITY/ AREA			0	COMMUNITY/ AREA	Α		0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
								Syndicated
								Exclusivity Surcharge
				-				for
								Partially
								Distant
								Stations
Total DSEs		-	0.00	Total DSEs		-	0.00	
Gross Receipts First Group \$ 0.00			0.00	Gross Receipts Second Group \$ 0.00				
Base Rate Fee First (Group	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00	
EIGHT	Y-SEVENTH	SUBSCRIBER GRO	OUP	EIG	HTY-EIGHTH	SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
				-				
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Four	rth Group	\$	0.00	
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Four	rth Group	\$	0.00	
Base Rate Fee: Add Enter here and in bloo			criber group a	s shown in the boxes	above.	\$		

LEGAL NAME OF OWI Alliance Commu			;.			S	SYSTEM ID# 851	Name
				ATE FEES FOR EAC				
		SUBSCRIBER GRO				I SUBSCRIBER GROU		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
		_						Base Rate Fe
								and Syndicated
		<u> </u>						Exclusivity
								Surcharge
		-						for
		-						Partially Distant
								Stations
		_						
		 						
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First	Group	\$	0.00	Gross Receipts Seco	ond Group	\$	0.00	
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00	
		SUBSCRIBER GRO		11		SUBSCRIBER GROU		
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		 						
		-						
		-						
		<u> </u>						
		H						
Total DSEs			0.00	Total DSEs		· ·	0.00	
Gross Receipts Third	I Group	\$	0.00	Gross Receipts Four	th Group	\$	0.00	
Base Rate Fee Third	l Group	\$	0.00	Base Rate Fee Four	th Group	\$	0.00	
Base Rate Fee: Add Enter here and in blo			criber group a	as shown in the boxes a	above.	\$		

LEGAL NAME OF OWNER Alliance Communi						\$	SYSTEM ID# 851	Name
E	BLOCK A:	COMPUTATION C	F BASE RA	TE FEES FOR EAC	H SUBSCR	IBER GROUP		
NINE	TY-THIRD	SUBSCRIBER GRO)UP	NINE	TY-FOURTH	SUBSCRIBER GROU	JP	•
COMMUNITY/ AREA			0	COMMUNITY/ AREA	A		0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
0.122 0.011	332	07.22 0.0.1	332	07122 07011	232	07.22 0.0.1	302	Base Rate Fee
								and
								Syndicated
								Exclusivity
								Surcharge
								for
								Partially
								Distant
								Stations
Total DSEs			0.00	Total DSEs			0.00	
			0.00	Gross Receipts Second Group \$ 0.00				
Cross recorpts i list Cr	oup	•	0.00	Gross receipts occi	ла Огоар	•	0.00	
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Seco		\$	0.00	
NINE	TY-FIFTH	SUBSCRIBER GRO	UP	NI	NETY-SIXTH	SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA	0			
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
							·····	
				-		-		
						H	·····	
				-		H		
	···					 		
	<u></u>					·		
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	roup	\$	0.00	Gross Receipts Four	th Group	\$	0.00	
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Four	th Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block	e base rate 3, line 1, sp	e fees for each subso	criber group a	s shown in the boxes a	above.	\$		

LEGAL NAME OF OWNER Alliance Communic						SY	STEM ID# 851	Name
				TE FEES FOR EACH				
	SEVENTH	SUBSCRIBER GROU		İ	Y-EIGHTH	SUBSCRIBER GROUP		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and Syndicated
								Exclusivity
								Surcharge
								for
								Partially Distant
								Stations
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gro	oup	\$	0.00	Gross Receipts Second	d Group	\$	0.00	
Base Rate Fee First Gro	oup	\$	0.00	Base Rate Fee Second	d Group	\$	0.00	
NINET	Y-NINTH	SUBSCRIBER GROU	IP	ONE HU	NDREDTH	SUBSCRIBER GROUP)	
COMMUNITY/ AREA			0	COMMUNITY/ AREA	0			
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
Total DSEs	<u> </u>		0.00	Total DSEs	1		0.00	
Gross Receipts Third Gr	oup	\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
Base Rate Fee Third Gr	oup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block 3	base rate 3, line 1, sp	fees for each subscri	ber group a	us shown in the boxes abo	ove.	\$		

LEGAL NAME OF OWNER Alliance Communic						S	SYSTEM ID# 851	Name
		COMPUTATION OF		ATE FEES FOR EACH		IBER GROUP SUBSCRIBER GROU	IP.	
COMMUNITY/ AREA	D I II(O)	ODDOT NIDER ONCE	0	COMMUNITY/ AREA		- GODOGNIBEN GNOC	0	9
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of
								Base Rate Fee and
								Syndicated
								Exclusivity Surcharge
								for
				-				Partially Distant
								Stations
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gro	oup	\$	0.00	Gross Receipts Secon	nd Group	\$	0.00	
Base Rate Fee First Gro	oup	\$	0.00	Base Rate Fee Second	nd Group	\$	0.00	
ONE HUNDRE COMMUNITY/ AREA	D THIRD	SUBSCRIBER GROU	JP 0	ONE HUNDRE		SUBSCRIBER GROU	JP 0	
COMMONT I/ AREA				COMMONT IT AREA				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
Total DSEs	<u> </u>		0.00	Total DSEs			0.00	
Gross Receipts Third Gr	oup	\$	0.00	Gross Receipts Fourt	h Group	\$	0.00	
Base Rate Fee Third Gr	oup	\$	0.00	Base Rate Fee Fourt	h Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block 3			iber group a	as shown in the boxes a	bove.	\$		

LEGAL NAME OF OWNER Alliance Communic						SY	STEM ID# 851	Name
				TE FEES FOR EACH	SUBSCRI	BER GROUP		
	ED FIFTH	SUBSCRIBER GROU		ll .	RED SIXTH	SUBSCRIBER GROUP		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
							-	and Syndicated
							<u></u>	Exclusivity
								Surcharge
								for Partially
								Distant
								Stations
				-				
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gro	oup	\$	0.00	Gross Receipts Second	d Group	\$	0.00	
Base Rate Fee First Gro	oup	\$	0.00	Base Rate Fee Second	d Group	\$	0.00	
	SEVENTH	SUBSCRIBER GROU		ii ee	D EIGHTH	SUBSCRIBER GROUP)	
COMMUNITY/ AREA			0	COMMUNITY/ AREA	0			
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
							-	
				-			<u></u>	
Total DSEs			0.00	Total DSEs	•		0.00	
Gross Receipts Third Gr	oup	\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
Base Rate Fee Third Gr	oup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
Base Rate Fee: Add the	base rate	• fees for each subscri	ber group a	as shown in the boxes abo	ove.			
Enter here and in block 3	3, line 1, sp	pace L (page 7)				\$		

LEGAL NAME OF OWNER Alliance Communi						S	YSTEM ID# 851	Name
				TE FEES FOR EACH	H SUBSCR	BER GROUP		
	ED NINTH	SUBSCRIBER GROU		ONE HUND		9		
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
	<u>.</u>							and
	<u></u>							Syndicated
	<mark></mark>							Exclusivity Surcharge
	<u></u>					-		for
								Partially
								Distant
	<u> </u>					-		Stations
		<u> </u>						
			-	-				
								
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gr	oup	\$	0.00	Gross Receipts Secon	nd Group	\$	0.00	
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Second	nd Group	\$	0.00	
ONE HUNDRED E	LEVENTH	SUBSCRIBER GROU	JP	ONE HUNDREI	D TWELVTH	SUBSCRIBER GROU	Р	
COMMUNITY/ AREA			0	COMMUNITY/ AREA	0			
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
	<u>.</u>							
	<u></u>							
			<u></u>					
	<u> </u>							
	<u>-</u>		 					
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	roup	\$	0.00	Gross Receipts Fourt	h Group	\$	0.00	
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourt	h Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block			iber group a	s shown in the boxes a	bove.	\$		

LEGAL NAME OF OWNER Alliance Communic						SY	STEM ID# 851	Name
				TE FEES FOR EACH	SUBSCR	BER GROUP		
ONE HUNDRED THIR	RTEENTH	SUBSCRIBER GROU		11	IRTEENTH	SUBSCRIBER GROUP		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
								Syndicated Exclusivity
								Surcharge
								for
						_		Partially
								Distant Stations
								Stations
Total DSEs			0.00	Total DSEs	•		0.00	
Gross Receipts First Gro	oup	\$	0.00	Gross Receipts Second	d Group	\$	0.00	
Base Rate Fee First Gro		\$	0.00	Base Rate Fee Second		\$	0.00	
	TEENTH	SUBSCRIBER GROU		11	IXTEENTH	SUBSCRIBER GROUP	_	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
						-		
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third Gro	oup	\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
Base Rate Fee Third Gre	oup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block 3			ber group a	s shown in the boxes abo	ove.	\$		

LEGAL NAME OF OWN						S	SYSTEM ID#	Name
Alliance Commun	nications	Cooperative, Inc.					851	
				ATE FEES FOR EAC				
ONE HUNDRED SEV	ENTEENTH	SUBSCRIBER GRO		ii e		SUBSCRIBER GROU		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
						_		Syndicated
						_		Exclusivity Surcharge
				-		H		for
								Partially
								Distant
						_		Stations
						_		
						-		
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First 0	Group	\$	0.00	Gross Receipts Seco	and Group	\$	0.00	
Base Rate Fee First (Group	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00	
ONE HUNDRED N	IINTEENTH	SUBSCRIBER GRO	UP	ONE HUNDRED	TWENTIETH	SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
	·····							
						_		
						<u> </u>		
						-		
				-				
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Four	th Group	\$	0.00	
,	•				,			
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Four	th Group	\$	0.00	
				**				
			riber group a	as shown in the boxes a	above.			
Enter here and in bloc	k 3, line 1, s	pace L (page 7)				\$		

LEGAL NAME OF OWN						\$	SYSTEM ID#	Name
Alliance Commu	nications (Cooperative, Inc.					851	Hume
				ATE FEES FOR EAC				
	/ENTY-FIRST	SUBSCRIBER GRO		T .		SUBSCRIBER GROUP		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
								Syndicated
			<u></u>					Exclusivity Surcharge
			<u> </u>	-				for
								Partially
								Distant
								Stations
				-				
			<u> </u>					
Total DSEs			0.00	Total DSEs		-	0.00	
Gross Receipts First (Group	\$	0.00	Gross Receipts Seco	ond Group	\$	0.00	
Base Rate Fee First (Group	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00	
		SUBSCRIBER GROUP		ii .		SUBSCRIBER GROUP	0	
COMMUNITY/ AREA			0	COMMUNITY/ AREA				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
				-				
		 	<u></u>	1		H		
				-		-		
Total DSEs	•		0.00	Total DSEs			0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Four	th Group	\$	0.00	
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Four	th Group	\$	0.00	
				••				
			riber group a	as shown in the boxes a	above.	¢		
Enter here and in bloc	κ 3, IINE 1, S	pace L (page /)				Þ		

LEGAL NAME OF OWN						5	SYSTEM ID# 851	Name
	BLOCK A:	COMPUTATION O	F BASE RA	TE FEES FOR EACH	H SUBSCR	IBER GROUP		
	ENTY-FIFTH	SUBSCRIBER GROUP		ii		SUBSCRIBER GROUP		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of
OF ILLE STORY	502	OF ILLE STORY	502	ONEE STORY	562	O/ALL SIGIY	562	Base Rate Fee
								and
								Syndicated
								Exclusivity
			<u> </u>	-				Surcharge for
				-				Partially
								Distant
								Stations
				-				
				-				
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First 0	Group	\$	0.00	Gross Receipts Seco	nd Group	\$	0.00	
,								
Base Rate Fee First 0	Group	\$	0.00	Base Rate Fee Second	nd Group	\$	0.00	
ONE HUNDRED TWENT	Y-SEVENTH	SUBSCRIBER GROUP	•	ONE HUNDRED TWE	ENTY-EIGHTH	SUBSCRIBER GROUP		
COMMUNITY/ AREA			0	COMMUNITY/ AREA				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
				-				
	·····			-				
					•••••			
			<u> </u>	-				
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fourt	h Group	\$	0.00	
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fourt	h Group	\$	0.00	
Base Rate Fee: Add t Enter here and in bloc			riber group a	as shown in the boxes a	bove.	\$		

LEGAL NAME OF OWNER Alliance Communic						S	YSTEM ID# 851	Name
Bl	OCK A:	COMPUTATION OF	BASE RA	TE FEES FOR EACH	SUBSCRI	BER GROUP		
ONE HUNDRED TWEN	TY-NINTH	SUBSCRIBER GROUP		ONE HUNDRED	THIRTIETH	SUBSCRIBER GROUP		•
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
								Syndicated
								Exclusivity
								Surcharge
								for Partially
								Distant
								Stations
Total DSEs			0.00	Total DSEs			0.00	
					1.0			
Gross Receipts First Gro	oup	<u>\$</u>	0.00	Gross Receipts Second	d Group	\$	0.00	
Base Rate Fee First Gro	oup	\$	0.00	Base Rate Fee Second	d Group	\$	0.00	
ONE HUNDRED THIS	TY-FIRST	SUBSCRIBER GROUP		ONE HUNDRED THIR	TY-SECOND	SUBSCRIBER GROUP		
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
Total DSEs	! 		0.00	Total DSEs	· l	_	0.00	
Gross Receipts Third Gr	oup	\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
Base Rate Fee Third Gro	oup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block 3	base rate 3, line 1, sp	fees for each subscripace L (page 7)	ber group a	s shown in the boxes ab	ove.	\$		

LEGAL NAME OF OWN						\$	SYSTEM ID#	Name
Alliance Commu	nications	Cooperative, Inc.					851	
				ATE FEES FOR EAC				
		SUBSCRIBER GROUP		II		SUBSCRIBER GROUP		9
COMMUNITY/ AREA			0	COMMUNITY/ ARE	4		0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
								Syndicated
						-		Exclusivity
				-		H		Surcharge for
	······		••••			H		Partially
								Distant
								Stations
						_		
			<u></u>					
				-		H		
	·····					-		
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First (Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
,		·				·		
Base Rate Fee First (Group	\$	0.00	Base Rate Fee Sec	and Group	\$	0.00	
		<u> </u>	0.00					
		SUBSCRIBER GROUP		II		SUBSCRIBER GROUP	0	
COMMUNITY/ AREA			0	COMMUNITY/ AREA				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
						_		
						-		
			<u> </u>	-				
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Four	th Group	\$	0.00	
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Four	th Group	\$	0.00	
				<u> </u>			-	
_								
Base Rate Fee: Add Enter here and in bloo			riber group a	as shown in the boxes	above.	s		
	0, 10 1, 3	(page /)				T		

LEGAL NAME OF OWNER Alliance Communic						S	YSTEM ID# 851	Name
В	LOCK A:	COMPUTATION OF	BASE RA	ATE FEES FOR EACH	SUBSCRI	BER GROUP		
ONE HUNDRED THIRTY-	SEVENTH	SUBSCRIBER GROUP		11	RTY-EIGHTH	SUBSCRIBER GROUP		0
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
		-				_		Base Rate Fee
								and
				-	<u>-</u>			Syndicated Exclusivity
								Surcharge
								for
								Partially
								Distant
					<u> </u>			Stations
					-		····	
Total DSEs			0.00	Total DSEs			0.00	
		•			d C	•		
Gross Receipts First Gro	oup	\$	0.00	Gross Receipts Second	a Group	\$	0.00	
Base Rate Fee First Gro	oup	\$	0.00	Base Rate Fee Second		\$	0.00	
	RTY-NINTH	SUBSCRIBER GROUP		ii ee	FORTIETH	SUBSCRIBER GROU	_	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
				-				
				-				
				-	<u>-</u>			
					<u> </u>			
				-	<u>-</u>		····	
				-				
				-	<u>-</u>			
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third Gr	oup	\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
Base Rate Fee Third Gr	oup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
Base Rate Fee: Add the	base rate	e fees for each subscri	ber group a	as shown in the boxes ab	ove.			
Enter here and in block	3, line 1, sp	pace L (page 7)	5 1 -			\$		

LEGAL NAME OF OWN						\$	SYSTEM ID#	Name
Alliance Commu	nications	Cooperative, Inc.					851	
				ATE FEES FOR EAC				
		SUBSCRIBER GROUP		11		SUBSCRIBER GROUP		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA	Α		0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
								Syndicated
						-		Exclusivity
								Surcharge
			 			H		for Partially
	•••••		<u> </u>					Distant
								Stations
						-		
T-4-1 DOE-			0.00	T-1-1 DO5-			0.00	
Total DSEs	0		0.00	Total DSEs			0.00	
Gross Receipts First	Group	\$	0.00	Gross Receipts Seco	ona Group	\$	0.00	
Base Rate Fee First (Group	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00	
ONE HUNDRED F	ORTY-THIRD	SUBSCRIBER GROUP	1	ONE HUNDRED FO	ORTY-FOURTH	SUBSCRIBER GROUP		
COMMUNITY/ AREA			0	COMMUNITY/ AREA				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
			<u> </u>			H		
						H		
			<u> </u>					
						_		
			-			H		
			-					
			<u></u>					
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Four	th Group	\$	0.00	
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Four	th Group	\$	0.00	
Base Rate Fee: Add Enter here and in bloo			riber group a	as shown in the boxes a	above.	s		
Line nere and in bloc	ا بر النات I, S	pade L (page 1)				٧		

LEGAL NAME OF OWN						\$	SYSTEM ID#	Name
Alliance Commun	nications	Cooperative, Inc.					851	
				ATE FEES FOR EAC				
	ORTY-FIFTH	SUBSCRIBER GROUP		ii e		SUBSCRIBER GROUP		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA	A		0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
								Syndicated
								Exclusivity
								Surcharge
			<u></u>			<u> </u>		for Partially
	·····		<u></u>			H		Distant
				-		-		Stations
			<u></u>	-				
Total DSEs			0.00	Total DSEs			0.00	
	3	_				_		
Gross Receipts First (∍roup	\$	0.00	Gross Receipts Seco	ona Group	\$	0.00	
Boss Bots Ess First (- Croun		0.00	Base Bate Fee Soos	and Croup		0.00	
Base Rate Fee First (эгоир	\$	0.00	Base Rate Fee Seco	ліц Отоцр	\$	0.00	
	ry-seventh	SUBSCRIBER GROUP		ii e		SUBSCRIBER GROUP	0	
COMMUNITY/ AREA			0	COMMUNITY/ AREA				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		 				-		
						-		
						_		
			<u></u>			H		
	·····		<u></u>	·				
				-		H		
			<u>-</u>	1		H		
				"				
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Four	th Group	\$	0.00	
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Four	th Group	\$	0.00	
				<u> </u>				
Base Rate Fee: Add t	he hase rate	a fees for each subsc	riher group o	as shown in the boxes a	ahove			
Enter here and in bloc			ibei gioup a	STOWN IN THE DOVES O	ADOVC.	\$		
						1		

O COMMUNITY/ AREA DSE CALL SIGN DSE CALL SIGN DSE Base Rate Fere and Syndicated Exclusivity Surcharge for Partially Distant Stations O.00 Total DSEs Gross Receipts Second Group \$ 0.00 Base Rate Fee Second Group \$ 0.00	LEGAL NAME OF OWNER Alliance Communic						\$	SYSTEM ID# 851	Name
ONE HUNDRED FIFTIETH SUBSCRIBER GROUP COMMUNITY/ AREA DESCRIPTION DESCRIPTIO	В	LOCK A:	COMPUTATION O	F BASE RA	ATE FEES FOR EAC	H SUBSCRI	BER GROUP		
DSE CALL SIGN DSE CALL SIGN DSE Base Rate Fee Second Group O.00 DSE CALL SIGN DSE CALL SIGN DSE Base Rate Fee Second Group O.00 DSE CALL SIGN DSE CALL SIGN DSE ONE HUNDRED FIFTY-SECOND SUBSCRIBER GROUP OCMMUNITY/ AREA OCMU	ONE HUNDRED FOR							JP	•
DSE CALL SIGN DSE CALL SIGN DSE Base Rate Fee and Syndicated Exclusivity Surcharge for Partially Distant Stations O.00 Total DSEs O.00 O.00 Base Rate Fee Second Group \$ 0.00 DOB COMMUNITY/ AREA O. DSE CALL SIGN DSE CALL SIGN DSE DSE CALL SIGN DSE CALL SIGN DSE O.00 DSE CALL SIGN DSE CALL SIGN DSE DSE CALL SIGN DSE CALL SIGN DSE O.00 DSE CALL SIGN DSE CALL SIGN DSE DSE CALL SIGN DSE CALL SIGN DSE DSE CALL SIGN DSE CALL SIGN DSE O.00 DSE O.00 DSE CALL SIGN DSE O.00	COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	_
and Syndicated Exclusivity Surcharge for Partially Distant Stations Total DSEs 0.00 0.00 Gross Receipts Second Group \$ 0.00 DIP ONE HUNDRED FIFTY-SECOND SUBSCRIBER GROUP COMMUNITY/ AREA 0 DSE CALL SIGN DSE CALL SIGN DSE DSE CALL SIGN DSE CALL SIGN DSE 0.00 Total DSEs 0.00	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
Syndicated Exclusivity Surcharge for Partially Distant Stations O.00 Total DSEs O.00 Gross Receipts Second Group \$ 0.00 DIP ONE HUNDRED FIFTY-SECOND SUBSCRIBER GROUP COMMUNITY/ AREA O DSE CALL SIGN DSE CALL SIGN DSE DSE CALL SIGN DSE CALL SIGN DSE O.00 Total DSEs O.00 Total DSEs O.00 O.00 Total DSEs O.00 O.00 Total DSEs O.00 O.00 Total DSEs O.00 O.00 Total DSEs O.00									Base Rate Fe
Exclusivity Surcharge for Partially Distant Stations									
Surcharge for Partially Distant Stations O.00 Total DSEs O.00 O.00 Base Rate Fee Second Group SOMMUNITY/ AREA O COMMUNITY/ AREA O DSE CALL SIGN DSE CALL SIGN DSE O.00 DSE CALL SIGN DSE O.00									
for Partially Distant Stations									
D.00 Total DSEs									
Distant Stations									
O.00 Total DSEs O.00 O.00 O.00 Base Rate Fee Second Group S O.00									
0.00 Gross Receipts Second Group \$ 0.00 D.00 Base Rate Fee Second Group \$ 0.00 DP ONE HUNDRED FIFTY-SECOND SUBSCRIBER GROUP COMMUNITY/ AREA 0 DSE CALL SIGN DSE CALL SIGN DSE DSE CALL SIGN DSE CALL SIGN DSE O.00 Total DSEs 0.00									Stations
0.00 Gross Receipts Second Group \$ 0.00 D.00 Base Rate Fee Second Group \$ 0.00 DP ONE HUNDRED FIFTY-SECOND SUBSCRIBER GROUP COMMUNITY/ AREA 0 DSE CALL SIGN DSE CALL SIGN DSE DSE CALL SIGN DSE CALL SIGN DSE O.00 Total DSEs 0.00									
0.00 Gross Receipts Second Group \$ 0.00 D.00 Base Rate Fee Second Group \$ 0.00 DP ONE HUNDRED FIFTY-SECOND SUBSCRIBER GROUP COMMUNITY/ AREA 0 DSE CALL SIGN DSE CALL SIGN DSE DSE CALL SIGN DSE CALL SIGN DSE O.00 Total DSEs 0.00									
0.00 Gross Receipts Second Group \$ 0.00 D.00 Base Rate Fee Second Group \$ 0.00 DP ONE HUNDRED FIFTY-SECOND SUBSCRIBER GROUP COMMUNITY/ AREA 0 DSE CALL SIGN DSE CALL SIGN DSE DSE CALL SIGN DSE CALL SIGN DSE O.00 Total DSEs 0.00				<u> </u>					
0.00 Gross Receipts Second Group \$ 0.00 D.00 Base Rate Fee Second Group \$ 0.00 DP ONE HUNDRED FIFTY-SECOND SUBSCRIBER GROUP COMMUNITY/ AREA 0 DSE CALL SIGN DSE CALL SIGN DSE DSE CALL SIGN DSE CALL SIGN DSE O.00 Total DSEs 0.00		<u> </u>		<u> </u>					
0.00 Gross Receipts Second Group \$ 0.00 D.00 Base Rate Fee Second Group \$ 0.00 DP ONE HUNDRED FIFTY-SECOND SUBSCRIBER GROUP COMMUNITY/ AREA 0 DSE CALL SIGN DSE CALL SIGN DSE DSE CALL SIGN DSE CALL SIGN DSE DOING DOING DOING DSE DOING DOING DSE D.00 Total DSES 0.00					-				
0.00 Gross Receipts Second Group \$ 0.00 D.00 Base Rate Fee Second Group \$ 0.00 DP ONE HUNDRED FIFTY-SECOND SUBSCRIBER GROUP COMMUNITY/ AREA 0 DSE CALL SIGN DSE CALL SIGN DSE DSE CALL SIGN DSE CALL SIGN DSE DOING DOING DOING DSE DOING DOING DSE D.00 Total DSES 0.00	Γotal DSEs			0.00	Total DSEs			0.00	
0.00 Base Rate Fee Second Group \$ 0.00 DP ONE HUNDRED FIFTY-SECOND SUBSCRIBER GROUP COMMUNITY/ AREA 0 DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE O.00 Total DSES 0.00	Gross Receipts First Gr	oup	\$			nd Group	\$		
DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE DSE CALL SIGN DSE CALL SIGN DSE DSE CALL SIGN DSE CALL SIGN DSE DSE CALL SIGN DSE CALL SIGN DSE DSE CALL SIGN DSE CALL SIGN DSE DSE CALL SIGN DSE CALL SIGN DSE DSE CALL SIGN	, -	•					·		
O COMMUNITY/ AREA O DSE CALL SIGN DSE CALL SIGN DSE O O O O O O O O O O O O O O O O O O O	Base Rate Fee First Gro	oup	\$	0.00	Base Rate Fee Seco	nd Group	\$	0.00	
DSE CALL SIGN DSE CALL SIGN DSE O.00 Total DSEs CALL SIGN DSE O.00	ONE HUNDRED FIF	TY-FIRST	SUBSCRIBER GRO	JP	ONE HUNDRED FIF	TY-SECOND	SUBSCRIBER GROU	JP	
	COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
				<u> </u>					
		-		-					
0.00 Gross Receipts Fourth Group \$ 0.00	Total DSEs			0.00	Total DSEs			0.00	
	Gross Receipts Third G	oup	\$	0.00	Gross Receipts Fourt	h Group	\$	0.00	
0.00 Base Rate Fee Fourth Group \$ 0.00	3ase Rate Fee Third Gi	oup	\$	0.00	Base Rate Fee Fourt	h Group	\$	0.00	

LEGAL NAME OF OWNE						S	SYSTEM ID#	Name
Alliance Commun	ications (Cooperative, Inc.					851	
				ATE FEES FOR EAC				
	TY-THIRD	SUBSCRIBER GRO		II .		SUBSCRIBER GROU		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
								Syndicated
	····		<u> </u>	-				Exclusivity Surcharge
			···	-		H		for
								Partially
								Distant
								Stations
	····		<u> </u>	-				
			<u></u>	1				
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	roup	\$	0.00	Gross Receipts Seco	nd Group	\$	0.00	
Base Rate Fee First G		\$	0.00	Base Rate Fee Seco		\$	0.00	
	FTY-FIFTH	SUBSCRIBER GRO		li		SUBSCRIBER GROU	JP 0	
COMMUNITY/ AREA			0	COMMUNITY/ AREA				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
				-				
				-				
			<u></u>			H		
			•					
				-				
	···		<u></u>					
	····		<u> </u>	1				
Total DSEs		-	0.00	Total DSEs			0.00	
Gross Receipts Third G	Group	\$	0.00	Gross Receipts Four	th Group	\$	0.00	
Base Rate Fee Third G	Group	\$	0.00	Base Rate Fee Fourt	th Group	\$	0.00	
				<u> </u>				
Base Rate Fee: Add th	e base rate	e fees for each subsc	riber group a	as shown in the boxes a	bove.			
Enter here and in block	3, line 1, sp	pace L (page 7)				\$		

LEGAL NAME OF OWN						\$	SYSTEM ID#	Name
Alliance Commu	nications	Cooperative, Inc.					851	Hume
				ATE FEES FOR EAC				
	TY-SEVENTH	SUBSCRIBER GROUP		ii —		SUBSCRIBER GROUP		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA	4		0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
						_		Syndicated
						_		Exclusivity
				-		H		Surcharge for
				-				Partially
								Distant
								Stations
						_		
						H		
			-	-				
			-					
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First (Group	\$	0.00	Gross Receipts Seco	ond Group	\$	0.00	
·								
Base Rate Fee First (Group	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00	
ONE HUNDRED	FIFTY-NINTH	SUBSCRIBER GROUP)	ONE HUNDI	RED SIXTIETH	SUBSCRIBER GROUP		
COMMUNITY/ AREA			0	COMMUNITY/ AREA				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
				-				
			<u></u>	-				
			<u></u>	-		H		
			<u></u>	-				
			<u> </u>					
Total DSEs			0.00	Total DSEs		Ц	0.00	
	_						•	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Four	tn Group	\$	0.00	
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Four	th Group	\$	0.00	
			riber group a	s shown in the boxes a	above.			
Enter here and in bloc	к 3, line 1, s	pace L (page 7)				\$		

LEGAL NAME OF OWNE						\$	SYSTEM ID#	Name
Alliance Commun	ications	Cooperative, Inc	•				851	1101110
E	BLOCK A:	COMPUTATION C	F BASE RA	ATE FEES FOR EACH	SUBSCR	IBER GROUP		
		SUBSCRIBER GRO				SUBSCRIBER GROU	JP	9
COMMUNITY/ AREA	South	Dakota-No Unior	n County	COMMUNITY/ AREA	COMMUNITY/ AREA Lyon County IA			
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of
								Base Rate Fe
								and
								Syndicated
								Exclusivity
					<u>.</u>			Surcharge
								for
								Partially
								Distant
					<u> </u>			Stations
					<u> </u>	H		
	····				<u>-</u>	H	······	
	···-							
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	···		••••		<u>-</u>	1	······	
Total DSEs			0.00	Total DSEs			0.00	
						-	_	
Gross Receipts First G	roup	\$ 1,87	0,706.31	Gross Receipts Secon	d Group	\$	374,755.07	
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Second	d Group	\$	0.00	
	THIRD	SUBSCRIBER GRO)UP		FOURTH	SUBSCRIBER GROU	JP	
COMMUNITY/ AREA	Union (County SD		COMMUNITY/ AREA	Rock C	ounty MN		
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Total DSEs			0.00	Total DSEs			0.00	
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Gross Receipts Third G	σιουρ	a 14	5,991.33	Gross Receipts Fourth	Group	\$ 2	117,729.81	
Base Rate Fee Third G	Group	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
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Raco Dato Eco. Add th	a hace ret	o foos for each sub-	oriber group	as shown in the haves	ove			
Base Rate Fee: Add th Enter here and in block			mber group a	as shown in the boxes ab	ove.	\$	0.00	
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Alliance Commun	R OF CABLE						SYSTEM ID# 851	Name
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į.		COMPUTATION C SUBSCRIBER GRO		TE FEES FOR EAC			ID	
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Total DSEs			0.00	Total DSEs		11	0.00	
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Gross Receipts First G	roup	<u>\$ 1</u>	1,570.51	Gross Receipts Seco	ond Group	\$	0.00	
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00	
		SUBSCRIBER GRO	DUP		EIGHTH	\$UBSCRIBER GROU		
		•		Base Rate Fee Second COMMUNITY/ AREA	EIGHTH			
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		•	DUP		EIGHTH		JP	
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COMMUNITY/ AREA	SEVENTH	SUBSCRIBER GRO	0 0	COMMUNITY/ AREA	EIGHTH	SUBSCRIBER GROU	JP 0	
COMMUNITY/ AREA	SEVENTH	SUBSCRIBER GRO	0 0	COMMUNITY/ AREA	EIGHTH	SUBSCRIBER GROU	JP 0	
COMMUNITY/ AREA	SEVENTH	SUBSCRIBER GRO	0 0	COMMUNITY/ AREA	EIGHTH	SUBSCRIBER GROU	JP 0	
COMMUNITY/ AREA	SEVENTH	SUBSCRIBER GRO	0 0	COMMUNITY/ AREA	EIGHTH	SUBSCRIBER GROU	JP 0	
COMMUNITY/ AREA	SEVENTH	SUBSCRIBER GRO	0 0	COMMUNITY/ AREA	EIGHTH	SUBSCRIBER GROU	JP 0	
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Amance Communication	BLE SYSTEM: IS Cooperative, Inc	•			S	YSTEM ID#	Name
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Gross Receipts First Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First Group	\$	0.00	Base Rate Fee Sec		\$	0.00	
ELEVEN	TH SUBSCRIBER GR	OUP		TWELVTH	SUBSCRIBER GROU	JP	
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		Cooperative, Inc					851	
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Gross Receipts First	Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
ase Rate Fee First	Group	s	0.00	Base Rate Fee Sec	and Group	\$	0.00	
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	l Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
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٥٢				ATE FEES FOR EAC			ID	
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Name	YSTEM ID# 851							LEGAL NAME OF OWNER Alliance Communi
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LEGAL NAME OF OWNER Alliance Communic						S	YSTEM ID# 851	Name
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Base Rate Fee First Gro	oup	\$	0.00	Base Rate Fee Seco	nd Group	\$	0.00	
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Base Rate Fee: Add the Enter here and in block 3			iber group a	s shown in the boxes a	bove.	\$		

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Alliance Communication	-					851	
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Name	YSTEM ID# 851	S						LEGAL NAME OF OWNER Alliance Communi
	IP	BER GROUP SUBSCRIBER GROU		TE FEES FOR EACH		COMPUTATION O SUBSCRIBER GRO		
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Alliance Communication	ABLE SYSTEM:	_			S	SYSTEM ID#	Name
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Base Rate Fee First Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
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	0.00	\$	Group	Gross Receipts Fourth	0.00	\$	Group	Gross Receipts Third G
	0.00	\$	Group	Base Rate Fee Fourth	0.00	\$	Group	Base Rate Fee Third G
	U.UU							

Alliance Communica		SYSTEM: Cooperative, Inc					8YSTEM ID# 851	Name
				ATE FEES FOR EAC				
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		I						Computat
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of Base Rate
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otal DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Grou	n	\$	0.00	Gross Receipts Sec	and Group	\$	0.00	
rescipto i irst croa	۲		0.00	Cross recorpts cost	ond Group	<u>*</u>	0.00	
ase Rate Fee First Grou	р	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
	'-FIRST	SUBSCRIBER GRO		11		SUBSCRIBER GROU		
COMMUNITY/ AREA			0	COMMUNITY/ AREA 0			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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otal DSEs			0.00	Total DSEs			0.00	
	ıþ	\$	0.00	Total DSEs Gross Receipts Foul	th Group	\$	0.00	
	ıp	\$			th Group	\$	•	
Total DSEs Gross Receipts Third Grou		\$			·	\$	•	

Alliance Communication	LE SYSTEM: SYSTEM ID#						Name
	•					851	
	A: COMPUTATION RD SUBSCRIBER GR				IBER GROUP SUBSCRIBER GROU	JP	
COMMUNITY/ AREA		0	COMMUNITY/ ARE			0	9 Computation
CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
							Base Rate F
							and
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					-		Surcharge
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							Partially
			-				Distant Stations
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			-				
Total DSEs		0.00	Total DSEs	1		0.00	
Gross Receipts First Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
oroso risoso,pie r mot Orosop	<u>*</u>			оа О. очр			
Base Rate Fee First Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
FIFTY-FIF	TH SUBSCRIBER GR	OUP		FIFTY-SIXTH	SUBSCRIBER GROU	JP	
COMMUNITY/ AREA		0	COMMUNITY/ ARE	Α		0	
CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
						•••••	
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Total DSEs		0.00	Total DSEs			0.00	
	\$	0.00	Total DSEs Gross Receipts Fou	rth Group	\$	0.00	
	\$			rth Group	\$		
Total DSEs Gross Receipts Third Group Base Rate Fee Third Group	\$			·	\$		

Name								LEGAL NAME OF OWNER Alliance Communi
		BER GROUP	SUBSCRI	TE FEES FOR EACH	F BASE RA	COMPUTATION O	BLOCK A:	B
0	JP	SUBSCRIBER GROU	Y-EIGHTH	FIFT	JP	SUBSCRIBER GRO	SEVENTH	FIFTY-
9 Commutation	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
Computation of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate Fe	DOL	OTTEL CICIT	DOL	O/ ILLE GIGIT	DOL	O/ LE GIGIT	DOL	O/ LEE OTOTA
and					•••••••••••			
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	0.00			Total DSEs	0.00			Total DSEs
	0.00	\$	l Group	Gross Receipts Second	0.00	\$	roun	Gross Receipts First Gr
	0.00	Ψ	TOTOUP	Gross receipts occorr	0.00	•	Ιουρ	Orosa Neccipia i irai Or
	0.00	\$	l Group	Base Rate Fee Second	0.00	\$	roup	Base Rate Fee First Gr
	JP	SUBSCRIBER GROU	SIXTIETH		JP	SUBSCRIBER GRO	TY-NINTH	FIF
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	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
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			_	Gross Receipts Fourth	0.00	\$	Group	Gross Receipts Third G
	0.00	\$	Group	Ciossi (Cocipis i Cuiti)	0.00			
	0.00	\$	Group	Gross recorpts rourin		<u>·</u>		·

		ABLE SYSTEM: SYSTEM ID# ns Cooperative, Inc. 851						
BL	OCK A: (COMPUTATION C	F BASE RA	ATE FEES FOR EAC	H SUBSCR	IBER GROUP		
	Y-FIRST	SUBSCRIBER GRO		11		SUBSCRIBER GROU		ç
COMMUNITY/ AREA			0	COMMUNITY/ AREA	4		0	Compi
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	00p
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				1				
otal DSEs			0.00	Total DSEs		-	0.00	
Gross Receipts First Grou	up	\$	0.00	Gross Receipts Seco	ond Group	\$	0.00	
lana Bata Fan First Cree								
sase Rate Fee First Grot	ир	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00	
SIXT		SUBSCRIBER GRO)UP	SIX	(TY-FOURTH	SUBSCRIBER GROU	JP	
SIXT		SUBSCRIBER GRO	-		(TY-FOURTH			
SIXTY COMMUNITY/ AREA	Y-THIRD		0 0	SIX COMMUNITY/ AREA	(TY-FOURTH	SUBSCRIBER GROU	JP 0	
SIXTY COMMUNITY/ AREA		SUBSCRIBER GRO)UP	SIX	(TY-FOURTH		JP	
SIXTY COMMUNITY/ AREA	Y-THIRD		0 0	SIX COMMUNITY/ AREA	(TY-FOURTH	SUBSCRIBER GROU	JP 0	
SIXTY OMMUNITY/ AREA	Y-THIRD		0 0	SIX COMMUNITY/ AREA	(TY-FOURTH	SUBSCRIBER GROU	JP 0	
SIXTY OMMUNITY/ AREA	Y-THIRD		0 0	SIX COMMUNITY/ AREA	(TY-FOURTH	SUBSCRIBER GROU	JP 0	
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SIXTY COMMUNITY/ AREA	Y-THIRD		0 0	SIX COMMUNITY/ AREA	(TY-FOURTH	SUBSCRIBER GROU	JP 0	
SIXTY COMMUNITY/ AREA	Y-THIRD		0 0	SIX COMMUNITY/ AREA	(TY-FOURTH	SUBSCRIBER GROU	JP 0	
CALL SIGN	Y-THIRD		0 0	SIX COMMUNITY/ AREA	(TY-FOURTH	SUBSCRIBER GROU	JP 0	
SIXTY COMMUNITY/ AREA CALL SIGN fotal DSEs	DSE	CALL SIGN	DUP O DSE O O O O O O O O O O O O O	COMMUNITY/ AREA CALL SIGN Total DSEs	DSE	SUBSCRIBER GROU	DSE	
SIXTY COMMUNITY/ AREA CALL SIGN Fotal DSEs	DSE		DUP 0	CALL SIGN	DSE	SUBSCRIBER GROU	JP 0 DSE	
COMMUNITY/ AREA	DSE DSE	CALL SIGN	DUP O DSE O O O O O O O O O O O O O	COMMUNITY/ AREA CALL SIGN Total DSEs	DSE th Group	SUBSCRIBER GROU	DSE	

		of CABLE SYSTEM: SYSTEM ID# Itions Cooperative, Inc. 851						
BL	OCK A:	COMPUTATION C	F BASE RA	ATE FEES FOR EAC	H SUBSCR	BER GROUP		
	Y-FIFTH	SUBSCRIBER GRO		11		SUBSCRIBER GROU		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	Computa
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
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otal DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gro	up	\$	0.00	Gross Receipts Seco	nd Group	\$	0.00	
Base Rate Fee First Gro	up	\$	0.00	Base Rate Fee Seco	nd Group	\$	0.00	
SIXTY-S	EVENTH	SUBSCRIBER GRO	UP	SIX	KTY-EIGHTH	SUBSCRIBER GROU	JP	
	EVENTH	SUBSCRIBER GRO	UP 0	SI) COMMUNITY/ AREA		SUBSCRIBER GROU	JP 0	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
	DSE	SUBSCRIBER GRO		11		SUBSCRIBER GROU		
OMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
OMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
OMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
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COMMUNITY/ AREA	DSE	CALL SIGN	0 DSE	CALL SIGN CALL SIGN Total DSEs	DSE	CALL SIGN	0 DSE	

	cations (: sysтем: Cooperative, Inc				8	SYSTEM ID# 851	Nar
B	LOCK A:	COMPUTATION C	F BASE RA	ATE FEES FOR EAC	CH SUBSCR	IBER GROUP		
SIX	TY-NINTH	SUBSCRIBER GRO		11		SUBSCRIBER GROU	JP	0
COMMUNITY/ AREA			0	COMMUNITY/ ARE	٩		0	9 Compu
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
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otal DSEs			0.00	Total DSEs			0.00	
ross Receipts First Gr	oup	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First Gr		\$	0.00	Base Rate Fee Sec		\$	0.00	
SEVEN	TY-FIRST	SUBSCRIBER GRO	UP	11		SUBSCRIBER GROU	JP	
OMMUNITY/ AREA			0	COMMUNITY/ ARE	٩		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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Total DSEs			0.00	Total DSEs			0.00	
	roup	S	0.00	Total DSEs Gross Receipts Fou	rth Group	\$	0.00	
Fotal DSEs Gross Receipts Third G	roup	\$			rth Group	\$	•	

	ations (Cooperative, Inc					851	N
BLO	OCK A: (COMPUTATION C)F BASE R/	ATE FEES FOR EAC	H SUBSCR	IBER GROUP		
	/-THIRD	SUBSCRIBER GRO		11		SUBSCRIBER GROU		(
COMMUNITY/ AREA			0	COMMUNITY/ AREA	<i></i>		0	Com
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Oom
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otal DSEs			0.00	Total DSEs			0.00	
ross Receipts First Grou	aı	\$	0.00	Gross Receipts Sec	and Group	\$	0.00	
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ase Rate Fee First Grou	ıb	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
		\$ SUBSCRIBER GRO				SUBSCRIBER GROU		
SEVENT		SUBSCRIBER GRO			ENTY-SIXTH			
SEVENTY OMMUNITY/ AREA	Y-FIFTH		0 0	SEV COMMUNITY/ AREA	ENTY-SIXTH	SUBSCRIBER GROU	JP 0	
SEVENTY OMMUNITY/ AREA		SUBSCRIBER GRO	OUP	SEV	ENTY-SIXTH		JP	
SEVENTY OMMUNITY/ AREA	Y-FIFTH		0 0	SEV COMMUNITY/ AREA	ENTY-SIXTH	SUBSCRIBER GROU	JP 0	
SEVENTY OMMUNITY/ AREA	Y-FIFTH		0 0	SEV COMMUNITY/ AREA	ENTY-SIXTH	SUBSCRIBER GROU	JP 0	
SEVENTY OMMUNITY/ AREA	Y-FIFTH		0 0	SEV COMMUNITY/ AREA	ENTY-SIXTH	SUBSCRIBER GROU	JP 0	
SEVENTY OMMUNITY/ AREA	Y-FIFTH		0 0	SEV COMMUNITY/ AREA	ENTY-SIXTH	SUBSCRIBER GROU	JP 0	
SEVENTY OMMUNITY/ AREA	Y-FIFTH		0 0	SEV COMMUNITY/ AREA	ENTY-SIXTH	SUBSCRIBER GROU	JP 0	
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SEVENTY OMMUNITY/ AREA	Y-FIFTH		0 0	SEV COMMUNITY/ AREA	ENTY-SIXTH	SUBSCRIBER GROU	JP 0	
SEVENTY OMMUNITY/ AREA	Y-FIFTH		0 0	SEV COMMUNITY/ AREA	ENTY-SIXTH	SUBSCRIBER GROU	JP 0	
SEVENT	Y-FIFTH		0 0	SEV COMMUNITY/ AREA	ENTY-SIXTH	SUBSCRIBER GROU	JP 0	
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SEVENT	Y-FIFTH		0 0	SEV COMMUNITY/ AREA	ENTY-SIXTH	SUBSCRIBER GROU	JP 0	
SEVENTY OMMUNITY/ AREA	Y-FIFTH		0 0	SEV COMMUNITY/ AREA	ENTY-SIXTH	SUBSCRIBER GROU	JP 0	
SEVENTY COMMUNITY/ AREA	Y-FIFTH		0 0	SEV COMMUNITY/ AREA	ENTY-SIXTH	SUBSCRIBER GROU	JP 0	
SEVENTY OMMUNITY/ AREA CALL SIGN otal DSEs	Y-FIFTH DSE	CALL SIGN	DUP DSE DSE O.000	CALL SIGN CALL SIGN Total DSEs	DSE	SUBSCRIBER GROU	DSE DSE O.00	
SEVENTY COMMUNITY/ AREA CALL SIGN Fotal DSEs	Y-FIFTH DSE		DUP 0	CALL SIGN	DSE	SUBSCRIBER GROU	JP 0 DSE	
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	ABLE SYSTEM:	_			\$	SYSTEM ID#	Name
Alliance Communication	-					851	
	A: COMPUTATION					ID	
COMMUNITY/ AREA	TH SUBSCRIBER GR	0	COMMUNITY/ ARE		I SUBSCRIBER GROU	0	9
			OOMMONT 1774KE				Computation
CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
							Base Rate F
							and
							Syndicated Exclusivity
							Surcharge
							for
							Partially
							Distant
							Stations
Total DSEs		0.00	Total DSEs			0.00	
Gross Receipts First Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
SEVENTY-NIN	TH SUBSCRIBER GR	OUP		EIGHTIETH	SUBSCRIBER GROU	JP	
COMMUNITY/ AREA		0	COMMUNITY/ ARE	Α		0	
CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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Total DSEs		0.00	Total DSEs			0.00	
	S			rth Group	\$	_	
Total DSEs Gross Receipts Third Group	\$	0.00	Total DSEs Gross Receipts Fou	rth Group	\$	0.00	

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9	0	SUBSCRIBER GROU	Y-SECOND	1	<u>0</u>	SUBSCRIBER GRO	HIY-FIRST	EIGH COMMUNITY/ AREA
Computati				COMMUNITY/ AREA				COMMUNITY AREA
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
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	0.00			Total DSEs	0.00			otal DSEs
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	IP	SUBSCRIBER GROU	Y-FOURTH	EIGH ⁻	UP	SUBSCRIBER GRO	HTY-THIRD	EIGH
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	0.00		n Group	CALL SIGN Total DSEs	0.00		Group	Fotal DSEs

Amanec Communic	OF CABLE SYSTEM: SYSTEM ID# ations Cooperative, Inc. 851						Na	
BL	OCK A:	COMPUTATION C	F BASE R/	ATE FEES FOR EAC	CH SUBSCR	IBER GROUP		
	Y-FIFTH	SUBSCRIBER GRO		11		SUBSCRIBER GROU	JP	g
COMMUNITY/ AREA			0	COMMUNITY/ AREA	4		0	Comp
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Comp
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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Grou	лр	\$	0.00	Gross Receipts Seco	ond Group	\$	0.00	
Base Rate Fee First Grou	dr dr	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00	
		SUBSCRIBER GRO				SUBSCRIBER GROU		
EIGHTY-SE		SUBSCRIBER GRC			HTY-EIGHTH			
EIGHTY-SE OMMUNITY/ AREA		SUBSCRIBER GRO	DUP	EIG	HTY-EIGHTH		JP	
EIGHTY-SE	EVENTH		0 0	EIG COMMUNITY/ AREA	HTY-EIGHTH	SUBSCRIBER GROU	JP 0	
EIGHTY-SE OMMUNITY/ AREA	EVENTH		0 0	EIG COMMUNITY/ AREA	HTY-EIGHTH	SUBSCRIBER GROU	JP 0	
EIGHTY-SE OMMUNITY/ AREA	EVENTH		0 0	EIG COMMUNITY/ AREA	HTY-EIGHTH	SUBSCRIBER GROU	JP 0	
EIGHTY-SE	EVENTH		0 0	EIG COMMUNITY/ AREA	HTY-EIGHTH	SUBSCRIBER GROU	JP 0	
EIGHTY-SE	EVENTH		0 0	EIG COMMUNITY/ AREA	HTY-EIGHTH	SUBSCRIBER GROU	JP 0	
EIGHTY-SE COMMUNITY/ AREA	EVENTH		0 0	EIG COMMUNITY/ AREA	HTY-EIGHTH	SUBSCRIBER GROU	JP 0	
EIGHTY-SE	EVENTH		0 0	EIG COMMUNITY/ AREA	HTY-EIGHTH	SUBSCRIBER GROU	JP 0	
EIGHTY-SE	EVENTH		0 0	EIG COMMUNITY/ AREA	HTY-EIGHTH	SUBSCRIBER GROU	JP 0	
EIGHTY-SE	EVENTH		0 0	EIG COMMUNITY/ AREA	HTY-EIGHTH	SUBSCRIBER GROU	JP 0	
EIGHTY-SE	EVENTH		0 0	EIG COMMUNITY/ AREA	HTY-EIGHTH	SUBSCRIBER GROU	JP 0	
EIGHTY-SE	EVENTH		0 0	EIG COMMUNITY/ AREA	HTY-EIGHTH	SUBSCRIBER GROU	JP 0	
EIGHTY-SE	EVENTH		0 0	EIG COMMUNITY/ AREA	HTY-EIGHTH	SUBSCRIBER GROU	JP 0	
EIGHTY-SE COMMUNITY/ AREA CALL SIGN	EVENTH		DUP 0	CALL SIGN	HTY-EIGHTH	SUBSCRIBER GROU	JP 0 DSE	
EIGHTY-SE COMMUNITY/ AREA CALL SIGN Fotal DSEs	DSE		DUP DSE DSE O.000	CALL SIGN CALL SIGN Total DSEs	DSE	SUBSCRIBER GROU	DSE	
EIGHTY-SE COMMUNITY/ AREA CALL SIGN Fotal DSEs	DSE		DUP 0	CALL SIGN	DSE	SUBSCRIBER GROU	JP 0 DSE	
COMMUNITY/ AREA	DSE	CALL SIGN	DUP DSE DSE O.000	CALL SIGN CALL SIGN Total DSEs	DSE The Group	SUBSCRIBER GROU	DSE	

	SLE SYSTEM: SYSTEM ID#						Name
	s Cooperative, Inc					851	
	A: COMPUTATION (TH SUBSCRIBER GRO		ATE FEES FOR EAC		IBER GROUP I SUBSCRIBER GROU	IP	
COMMUNITY/ AREA		0	COMMUNITY/ AREA		- SOBSCRIBER GROC	0	9 Computation
CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of
							Base Rate F
							and
							Syndicated
							Exclusivity Surcharge
		••••					for
							Partially
							Distant
							Stations
Total DSEs		0.00	Total DSEs			0.00	
Gross Receipts First Group	\$	0.00	Gross Receipts Seco	nd Group	\$	0.00	
	·				·		
Base Rate Fee First Group	\$	0.00	Base Rate Fee Seco	nd Group	\$	0.00	
NINETY-FIR	ST SUBSCRIBER GRO	OUP	NINE	TY-SECOND	SUBSCRIBER GROU	ID	
			 	TT OLOGIND	COBCONIBEN CINC	J	
COMMUNITY/ AREA		0	COMMUNITY/ AREA			0	
COMMUNITY/ AREA CALL SIGN DSE	CALL SIGN		11		CALL SIGN	_	
	CALL SIGN	0	COMMUNITY/ AREA			0	
	CALL SIGN	0	COMMUNITY/ AREA			0	
	CALL SIGN	0	COMMUNITY/ AREA			0	
	CALL SIGN	0	COMMUNITY/ AREA			0	
	CALL SIGN	0	COMMUNITY/ AREA			0	
	CALL SIGN	0	COMMUNITY/ AREA			0	
	CALL SIGN	0	COMMUNITY/ AREA			0	
	CALL SIGN	0	COMMUNITY/ AREA			0	
	CALL SIGN	0	COMMUNITY/ AREA			0	
	CALL SIGN	0	COMMUNITY/ AREA			0	
CALL SIGN DSE	CALL SIGN	0	COMMUNITY/ AREA			0	
	CALL SIGN	0	COMMUNITY/ AREA			0	
CALL SIGN DSE	CALL SIGN	0	COMMUNITY/ AREA			0	
CALL SIGN DSE		0.00	CALL SIGN CALL SIGN Total DSEs	DSE	CALL SIGN	0 DSE	
	CALL SIGN	DSE	CALL SIGN	DSE		DSE	

LEGAL NAME OF OWNER Alliance Communic			-			S	SYSTEM ID# 851	Name
NINE		COMPUTATION OI SUBSCRIBER GROU	JP	11	TY-FOURTH	IBER GROUP I SUBSCRIBER GROU		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA	······		0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and Syndicated
				-				Exclusivity
								Surcharge
								for
								Partially Distant
								Stations
				-				
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gro	oup	\$	0.00	Gross Receipts Seco	ond Group	\$	0.00	
Base Rate Fee First Gro	oup	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00	
	TY-FIFTH	SUBSCRIBER GROU		ll .		SUBSCRIBER GROU	_	
COMMUNITY/ AREA			0	COMMUNITY/ AREA	A		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
				-				
Total DSEs	<u> </u>		0.00	Total DSEs			0.00	
	oup.	•	0.00		th Group	¢	0.00	
Gross Receipts Third Gr	oup	<u>Ψ</u>	0.00	Gross Receipts Four	и отоир	\$	0.00	
Base Rate Fee Third Gr	oup	\$	0.00	Base Rate Fee Four	th Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block			iber group a	as shown in the boxes a	above.	\$		

Alliana - Camana	ABLE SYSTEM:				\$	SYSTEM ID#	Name
Alliance Communication	-					851	
	A: COMPUTATION					ID	
NINE I Y-SEVEN COMMUNITY/ AREA	TH SUBSCRIBER GR	<u>0</u>	COMMUNITY/ ARE		SUBSCRIBER GROU	0	9
			OOMMONT 1774KE				Computation
CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
							Base Rate F
							and
					-		Syndicated Exclusivity
					- H		Surcharge
							for
							Partially
							Distant
							Stations
Total DSEs		0.00	Total DSEs			0.00	
Gross Receipts First Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
NINETY-NIN	TH SUBSCRIBER GR	OUP	ONE	HUNDREDTH	SUBSCRIBER GROU	JP	
COMMUNITY/ AREA		0	COMMUNITY/ ARE	Α		0	
CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
CALL GIGIT	O'TEE GIGIT	DOL	ONLE GIGIT	DOL	OALL GIGIT	DOL	
					-		
			-				
					t i		
						······	
Fotal DSEs		0.00	Total DSEs			0.00	
	- S			rth Group	-	0.00	
Total DSEs Gross Receipts Third Group	\$	0.00	Total DSEs Gross Receipts Fou	rth Group	\$	_	

Alliance Communication	BLE SYSTEM:				8	SYSTEM ID#	Name
	s Cooperative, Inc). 				851	
			ATE FEES FOR EAC			ID.	
ONE HUNDRED FIR COMMUNITY/ AREA	ST SUBSCRIBER GRO	OUP 0	ONE HUNDR		SUBSCRIBER GROU	JP 0	9
COMMUNITY/ AREA		U	COMMONT Y/ AREA				_
CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation SE Of Base Rate Fee and Syndicated Exclusivity Surcharge for Partially Distant Stations
							Base Rate Fe
							Partially
							Stations
							for Partially Distant
Total DSEs		0.00	Total DSEs			0.00	
Gross Receipts First Group	\$	0.00	Gross Receipts Seco	nd Group	\$	0.00	
Base Rate Fee First Group	\$	0.00	Base Rate Fee Seco	nd Group	\$	0.00	
ONE HUNDRED THII	RD SUBSCRIBER GRO) I IP	ONE HUNDR		I SUBSCRIBER GROU	ID.	
·			11		30B3CRIBER GROC	JP	‡ -
COMMUNITY/ AREA		0	COMMUNITY/ AREA		30B3CRIBER GROU	0	
COMMUNITY/ AREA CALL SIGN DSE			11			_	
		0	COMMUNITY/ AREA		CALL SIGN	0	
		0	COMMUNITY/ AREA			0	
		0	COMMUNITY/ AREA			0	
		0	COMMUNITY/ AREA			0	
		0	COMMUNITY/ AREA			0	
		0	COMMUNITY/ AREA			0	
		0	COMMUNITY/ AREA			0	
		0	COMMUNITY/ AREA			0	
		0	COMMUNITY/ AREA			0	
		0	COMMUNITY/ AREA			0	
CALL SIGN DSE		0	COMMUNITY/ AREA			0	
		0	COMMUNITY/ AREA			0	
		DSE	CALL SIGN			DSE	
		0	COMMUNITY/ AREA			0	
CALL SIGN DSE		DSE	CALL SIGN	DSE		DSE	

	ID.			TE FEES FOR EACH				
9		I SUBSCRIBER GROU	RED SIX I H	1		SUBSCRIBER GRO	KED FIFTH	
	U			COMMUNITY/ AREA	0			COMMUNITY/ AREA
O Computation O DSE Of Base Rate Fee and Syndicated Exclusivity Surcharge for Partially Distant Stations	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	
	302	07122 01011	202	07.22 070.1	332	07.22 0.0.1	202	0,120.0.1
and								
Syndicat								
Exclusiv								
Surchar								
for								
Partially								
Station								
	·····						····	
	2.22							
	0.00			Total DSEs	0.00			otal DSEs
	0.00	\$	d Group	Gross Receipts Secon	0.00	\$	roup	ross Receipts First G
	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	roup	ase Rate Fee First G
	IP.	I SUBSCRIBER GROU	ED FIGHTH	ONE HUNDR	UP	SUBSCRIBER GRO	SEVENTH	ONE HUNDRED
	0	T GODGOTTIDETT OFTO	LD LIGHT	II ONE HOUSE	0	ODDOG NIDER OF C	OLVENIN	OMMUNITY/ AREA
				COMMUNITY/ AREA				OWWONT IT AIRLA
				COMMUNITY/ AREA				
	DSE	CALL SIGN	l nee			CALL SIGN	DSE	CALL SIGN
	DSE	CALL SIGN	DSE	COMMUNITY/ AREA	DSE	CALL SIGN	DSE	CALL SIGN
	DSE	CALL SIGN	DSE			CALL SIGN	DSE	CALL SIGN
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	DSE	CALL SIGN	DSE			CALL SIGN	DSE	CALL SIGN
		CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
	0.00	CALL SIGN		CALL SIGN Total DSEs	DSE	CALL SIGN		otal DSEs
		CALL SIGN		CALL SIGN	DSE	CALL SIGN		otal DSEs
	0.00	\$	n Group	Total DSEs Gross Receipts Fourt	DSE		Group	otal DSEs
	0.00		n Group	CALL SIGN Total DSEs	DSE		Group	otal DSEs

Name	YSTEM ID# 851	9						LEGAL NAME OF OWNER Alliance Communi
•	P	IBER GROUP SUBSCRIBER GROU		TE FEES FOR EACH		COMPUTATION OF		
	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
0 Computation DSE of Base Rate F and Syndicate Exclusivit Surcharge for Partially Distant	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	
Base Rate Fo								
							···	
Exclusivity								
Surcharge								
Partially							<u></u>	
-								
Stations								
	0.00			Total DSEs	0.00			Total DSEs
	0.00	\$	l Group	Gross Receipts Second	0.00	\$	oup	Gross Receipts First Gr
	0.00	\$		Base Rate Fee Second	0.00	\$		Base Rate Fee First Gr
	P 0	SUBSCRIBER GROU	TWELVTH	li e		SUBSCRIBER GROU	LEVENTH	
				COMMUNITY/ AREA	0			COMMUNITY/ AREA
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
							<u></u>	
							<u></u>	
	0.00	•	•	Total DSEs	0.00	-	1	Total DSEs
		•	Group	Gross Receipts Fourth	0.00	\$	roup	Gross Receipts Third G
	0.00	\$					•	•
	0.00	\$	O. 5 up					

Alliance Communication	e Connarativo Inc				8	SYSTEM ID#	Name
BI OCK). 				851	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	A: COMPUTATION (TI .				
ONE HUNDRED THIRTEEN COMMUNITY/ AREA	TH SUBSCRIBER GRO		ii e		I SUBSCRIBER GROU		9
COMMUNITY/ AREA		0	COMMUNITY/ ARE	Α		0	_
CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation Of Base Rate Fee and Syndicated Exclusivity Surcharge for Partially Distant Stations
							Base Rate Fe
							-
							Stations
							for Partially Distant
T / 1 DOE		0.00	T / 1 DOF			0.00	
Total DSEs		0.00	Total DSEs			0.00	
Gross Receipts First Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First Group	\$	0.00	Base Rate Fee Sec		\$	0.00	
ONE HUNDRED FIFTEEN	TH SUBSCRIBER GRO		11		I SUBSCRIBER GROU	_	
COMMUNITY/ AREA		0	COMMUNITY/ ARE	Α		0	
CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		0.00	Total DSEs		П	0.00	
Total DSEs				rth Group	\$	0.00	
	\$	0.00	HGross Receipts Foli			U.UU I	
Total DSEs Gross Receipts Third Group	\$	0.00	Gross Receipts Fou	riii Gioup		0.00	

Alliance Communication	BLE SYSTEM:				S	SYSTEM ID#	Name
	ıs Cooperative, In	C.				851	
	A: COMPUTATION		II				
ONE HUNDRED SEVENTEEN	ITH SUBSCRIBER GRO		li		SUBSCRIBER GROUP	0	9
COMMUNITY/ AREA		0	COMMUNITY/ ARE	4			_
CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation OSE of Base Rate Fee and Syndicated Exclusivity Surcharge for Partially Distant Stations
							Base Rate Fe
			-				
			-				Stations
			-				
T DOF		0.00				0.00	
Total DSEs		0.00	Total DSEs			0.00	
Gross Receipts First Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First Group	\$	0.00	Base Rate Fee Sec		\$	0.00	
ONE HUNDRED NINTEEN	TH SUBSCRIBER GR		ii ee		SUBSCRIBER GROU	_	
COMMUNITY/ AREA		0	COMMUNITY/ ARE	٩		0	
CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	I CALL SIGN		
				I DOE	II CALL SIGN	l DSE	
	Ш			DSE	CALL SIGN	DSE	
				DSE	CALL SIGN	DSE	
				DSE	CALL SIGN	DSE	
				DSE	CALL SIGN	DSE	
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				DSE	CALL SIGN	DSE	
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				DSE	CALL SIGN	DSE	
				DSE	CALL SIGN	DSE	
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				DSE	CALL SIGN	DSE	
Total DSEs		0.00	Total DSEs	DSE	CALL SIGN		
		0.00				0.00	
Total DSEs Gross Receipts Third Group	\$	0.00	Total DSEs Gross Receipts Fou		\$		

LEGAL NAME OF OWNE Alliance Commun						S	SYSTEM ID# 851	Name
		COMPUTATION O		ATE FEES FOR EAC		BER GROUP SUBSCRIBER GROUP		
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation DSE of Base Rate Fee and Syndicated Exclusivity Surcharge for Partially Distant Stations
								•
								Distant
Tetal DOF-			0.00	Total DSEs			0.00	
Total DSEs Gross Receipts First G	roun	\$	0.00	Gross Receipts Seco	nd Group	\$	0.00	
Oroco recorpto i not o	гоцр			Cross recorpts cost	na Group		0.00	
Base Rate Fee First G		\$	0.00	Base Rate Fee Seco		\$	0.00	
ONE HUNDRED TWE COMMUNITY/ AREA	NTY-THIRD	SUBSCRIBER GROUP	0	ONE HUNDRED TWE		SUBSCRIBER GROUP	0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
Total DSEs	1		0.00	Total DSEs			0.00	
Gross Receipts Third C	Group	\$	0.00	Gross Receipts Fourt	th Group	\$	0.00	
Base Rate Fee Third C	Group	\$	0.00	Base Rate Fee Fourt	th Group	\$	0.00	
ne base r				as shown in the boxes a		\$	0.00	

Alliance Communicat	ions C	ooperative, Inc.					851	Name
				ATE FEES FOR EAC				
ONE HUNDRED TWENTY	'-FIFTH S	SUBSCRIBER GROUP		11		SUBSCRIBER GROUP		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA				
CALL SIGN D	OSE	CALL SIGN	DSE	CALL SIGN	DSE	SE CALL SIGN DSE Base Rate and Syndica Exclusive Surchar for Partial Distar		
								Base Rate I
								Syndicate
								Partially
								Distant
								Stations
			<u></u>					
Γotal DSEs	_		0.00	Total DSEs			0.00	
Gross Receipts First Group	,	\$	0.00	Gross Receipts Seco	nd Group	\$	0.00	
	-	· <u>·</u>				·		
	Ī							
Base Rate Fee First Group		\$	0.00	Base Rate Fee Seco	nd Group	\$	0.00	
		\$ SUBSCRIBER GROUP				\$ I SUBSCRIBER GROUP	•	
ONE HUNDRED TWENTY-SE		\$ SUBSCRIBER GROUP			ENTY-EIGHTH		•	
ONE HUNDRED TWENTY-SEV		\$ SUBSCRIBER GROUP CALL SIGN	P	ONE HUNDRED TWI	ENTY-EIGHTH			
ONE HUNDRED TWENTY-SEV	VENTH S		0	ONE HUNDRED TWI	ENTY-EIGHTH	SUBSCRIBER GROUP	0	
ONE HUNDRED TWENTY-SEV	VENTH S		0	ONE HUNDRED TWI	ENTY-EIGHTH	SUBSCRIBER GROUP	0	
ONE HUNDRED TWENTY-SEV	VENTH S		0	ONE HUNDRED TWI	ENTY-EIGHTH	SUBSCRIBER GROUP	0	
ONE HUNDRED TWENTY-SEV	VENTH S		0	ONE HUNDRED TWI	ENTY-EIGHTH	SUBSCRIBER GROUP	0	
ONE HUNDRED TWENTY-SEV	VENTH S		0	ONE HUNDRED TWI	ENTY-EIGHTH	SUBSCRIBER GROUP	0	
ONE HUNDRED TWENTY-SEV	VENTH S		0	ONE HUNDRED TWI	ENTY-EIGHTH	SUBSCRIBER GROUP	0	
ONE HUNDRED TWENTY-SEV	VENTH S		0	ONE HUNDRED TWI	ENTY-EIGHTH	SUBSCRIBER GROUP	0	
ONE HUNDRED TWENTY-SEV	VENTH S		0	ONE HUNDRED TWI	ENTY-EIGHTH	SUBSCRIBER GROUP	0	
ONE HUNDRED TWENTY-SEV	VENTH S		0	ONE HUNDRED TWI	ENTY-EIGHTH	SUBSCRIBER GROUP	0	
Base Rate Fee First Group ONE HUNDRED TWENTY-SEV COMMUNITY/ AREA CALL SIGN CALL SIGN	VENTH S		0	ONE HUNDRED TWI	ENTY-EIGHTH	SUBSCRIBER GROUP	0	
ONE HUNDRED TWENTY-SEV	VENTH S		0	ONE HUNDRED TWI	ENTY-EIGHTH	SUBSCRIBER GROUP	0	
ONE HUNDRED TWENTY-SEV	VENTH S		0	ONE HUNDRED TWI	ENTY-EIGHTH	SUBSCRIBER GROUP	0	
CALL SIGN E	VENTH S		0	ONE HUNDRED TWI	ENTY-EIGHTH	SUBSCRIBER GROUP	0	
CALL SIGN C	DSE DSE		DSE	ONE HUNDRED TWI COMMUNITY/ AREA CALL SIGN	DSE	SUBSCRIBER GROUP	DSE	
ONE HUNDRED TWENTY-SEV	DSE DSE	CALL SIGN	0 DSE 0.00	ONE HUNDRED TWI COMMUNITY/ AREA CALL SIGN Total DSEs	DSE	CALL SIGN	0 DSE	

LEGAL NAME OF OWNER Alliance Communic			-			S	YSTEM ID# 851	Name
BI ONE HUNDRED TWEN			BASE RA	ATE FEES FOR EAC		IBER GROUP		
COMMUNITY/ AREA	III-NINIII	SUBSCRIBER GROUP	0	COMMUNITY/ AREA		1 30B3CKIBEK GROUP	0	9
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of
								Base Rate Fee and
								Syndicated
								Exclusivity Surcharge
								for
								Partially Distant
								Stations
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gro	oup	s	0.00	Gross Receipts Seco	nd Group	\$	0.00	
,	'					·		
Base Rate Fee First Gro		\$	0.00	Base Rate Fee Seco		\$	0.00	
ONE HUNDRED THIS COMMUNITY/ AREA	RTY-FIRST	SUBSCRIBER GROUP	0	ONE HUNDRED THII COMMUNITY/ AREA		SUBSCRIBER GROUP	0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
							<u></u>	
							<u></u>	
Total DSEs	• •		0.00	Total DSEs	-	· ·	0.00	
Gross Receipts Third Gr	oup	\$	0.00	Gross Receipts Fourt	h Group	\$	0.00	
Base Rate Fee Third Gr	oup	\$	0.00	Base Rate Fee Fourt	h Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block 3			ber group a	as shown in the boxes a	bove.	\$		

Name	YSTEM ID# 851	5						LEGAL NAME OF OWNE Alliance Communi
9	0	BER GROUP SUBSCRIBER GROUP		TE FEES FOR EACH ONE HUNDRED THIR COMMUNITY/ AREA		COMPUTATION C SUBSCRIBER GROU		
Computatio				COMMONT I/ AREA				COMMONT IT AREA
of Base Rate Fe	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
and	·····							
Syndicated								
Exclusivity Surcharge								
for								
Partially								
Distant								
Stations							····	
							····	
	0.00			Total DSEs	0.00			Total DSEs
	0.00	\$	d Group	Gross Receipts Secon	0.00	\$	roup	Gross Receipts First G
	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	roup	Base Rate Fee First G
	IP	SUBSCRIBER GROU	RTY-SIXTH	ONE HUNDRED THI	UP	SUBSCRIBER GRO	RTY-FIFTH	ONE HUNDRED THIS
	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
		-						
	0.00			Total DSEs	0.00			Total DSEs
	0.00	\$	Group	Total DSEs Gross Receipts Fourth	0.00	\$	Group	Total DSEs Gross Receipts Third G

LEGAL NAME OF OWNER Alliance Communic						S	YSTEM ID# 851	Name
BIONE HUNDRED THIRTY-			BASE RA	ONE HUNDRED THIR		BER GROUP SUBSCRIBER GROUP	0	9
OALL GION	DOE	L CALL CION	DOE	OALL CION	LDOE	II out gov	DOE	Computation of
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of Base Rate Fee
						-		and
						-		
								Stations
			<u> </u>					
			<u>.</u>			-		
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gro	oup	\$	0.00	Gross Receipts Second	l Group	\$	0.00	
Base Rate Fee First Gro	oup	\$	0.00	Base Rate Fee Second	l Group	\$	0.00	
ONE HUNDRED THIRT	Y-NINTH	SUBSCRIBER GROU	JP	ONE HUNDRED	FORTIETH	SUBSCRIBER GROU	Р	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
				-				
								
						·		
				-				
			-	-		-		
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third Gr	oup	\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
Base Rate Fee Third Gr	oup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
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IBER GROUP I SUBSCRIBER GROUP CALL SIGN	0 Computation DSE of Base Rate Form and Syndicated Exclusivity Surcharge for Partially Distant Stations		
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FORM SA3E. PAGE 20.

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name Alliance Communications Cooperative, Inc. 851 BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you must also compute a 9 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 First 50 major television market Second 50 major television market Base Rate Fee INSTRUCTIONS: and Step 1: In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block A, part 9 of Syndicated this schedule. Step 2: In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were classified as **Exclusivity** Surcharge Exempt DSEs in block C, part 7 of this schedule. If none enter zero. for Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge. Partially Step 4: Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this Distant schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show Stations your actual calculations on this form. FIRST SUBSCRIBER GROUP SECOND SUBSCRIBER GROUP Line 1: Enter the VHF DSEs Line 1: Enter the VHF DSEs Line 2: Enter the Exempt DSEs Line 2: Enter the Exempt DSEs Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE THIRD SUBSCRIBER GROUP FOURTH SUBSCRIBER GROUP Line 1: Enter the VHF DSEs Line 1: Enter the VHF DSEs Line 2: Enter the Exempt DSEs. . Line 2: Enter the Exempt DSEs. . Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation computation SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE Fourth Group SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown

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ACCOUNTING PERIOD: 2023/2 FORM SA3E. PAGE 20. LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name Alliance Communications Cooperative, Inc. 851 BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you must also compute a 9 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 First 50 major television market Second 50 major television market Base Rate Fee INSTRUCTIONS: and Step 1: In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block A, part 9 of Syndicated this schedule. Step 2: In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were classified as **Exclusivity** Surcharge Exempt DSEs in block C, part 7 of this schedule. If none enter zero. for Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge. Partially Step 4: Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this Distant schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show Stations your actual calculations on this form. TWENTY-FIFTH SUBSCRIBER GROUP TWENTY-SIXTH SUBSCRIBER GROUP Line 1: Enter the VHF DSEs Line 1: Enter the VHF DSEs Line 2: Enter the Exempt DSEs Line 2: Enter the Exempt DSEs Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE Second Group TWENTY-EIGHTH SUBSCRIBER GROUP TWENTY-SEVENTH SUBSCRIBER GROUP Line 1: Enter the VHF DSEs Line 1: Enter the VHF DSFs Line 2: Enter the Exempt DSEs. . Line 2: Enter the Exempt DSEs. . Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation computation SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE Fourth Group SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown

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Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Alliance Communications Cooperative Inc.	SYSTEM {					
	Alliance Communications Cooperative, Inc.						
	BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP						
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yndicated xclusivity urcharge for							
Partially Distant Stations	Step 3: If the 3, subtract line 2 from line 1. This is the total number of BSLs dised to compute the surcharge. Step 4: Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show your actual calculations on this form.						
	EIGHTY-FIFTH SUBSCRIBER GROUP	EIGHTY-SIXTH SUBSCRIBER GROUP					
	Line 1: Enter the VHF DSEs	Line 1: Enter the VHF DSEs					
	Line 2: Enter the Exempt DSEs	Line 2: Enter the Exempt DSEs					
	Line 3: Subtract line 2 from line 1	Line 3: Subtract line 2 from line 1					
	and enter here. This is the total number of DSEs for	and enter here. This is the total number of DSEs for					
	this subscriber group	this subscriber group					
	subject to the surcharge	subject to the surcharge					
	computation	computation					
	SYNDICATED EXCLUSIVITY SURCHARGE First Group	SYNDICATED EXCLUSIVITY SURCHARGE Second Group					
	EIGHTY-SEVENTH SUBSCRIBER GROUP	EIGHTY-EIGHTH SUBSCRIBER GROUP					
	Line 1: Enter the VHF DSEs	Line 1: Enter the VHF DSEs					
	Line 2: Enter the Exempt DSEs	Line 2: Enter the Exempt DSEs					
	Line 3: Subtract line 2 from line 1	Line 3: Subtract line 2 from line 1					
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	this subscriber group	this subscriber group					
	subject to the surcharge computation	subject to the surcharge computation					
	SYNDICATED EXCLUSIVITY	SYNDICATED EXCLUSIVITY					
	SURCHARGE	SURCHARGE					
	Third Group	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)						

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Space A Accounting Period Letter Accep Space B Owner Letter Accep Space D Area Served	sent	Date of remittance Date examination completed (enter four digit year and	Information rec	eriod) or /2 (for Jul- eeived e/Contact	Amount	Initials ces)			
Space A Accounting Period Letter Accep Space B Owner Letter Accep Space D Area Served	sent ted	completed	/1 (for Jan-Jun pe] Information rec] Phone call/Date	eriod) or /2 (for Jul- eeived e/Contact					
Space A Accounting Period Letter Accep Space B Owner Letter Accep Space D Area Served	sent ted	completed	/1 (for Jan-Jun pe] Information rec] Phone call/Date	eriod) or /2 (for Jul- eeived e/Contact	Dec period) No spa	ces)			
Accounting Period Letter Accept Space B Owner Letter Accept Acc	sent	(enter four digit year and	Information rec	eeived e/Contact	Dec period) No spa	ces)			
Period Letter Accept Space B Owner Letter Accept Accept Accept Accept Accept Area Served	sent		Information rec	eeived e/Contact					
Space B Owner Letter Accept Space D Area Served	sent		Information rec	reived					
Owner Letter Accep Space D Area Served									
Space D Area Served									
Space D Area Served	ted		Phone call/Date	e/Contact					
Area Served				Accepted Phone call/Date/Contact					
□ Letter									
Letter	sent		Information rec	ceived					
Accept	ted		Phone call/Date	e/Contact					
Space E Secondary Transission									
Service Letter Subscribers:	sent		Information rec	ceived					
and Rates	Accepted Phone call/Date/Contact								
Space G Primary Transmitters:									
Television Letter	sent		Information red	ceived					
	Accepted Phone call/Date/Contact								
Space H Primary Transmitters:									
Radio Accept	ted		Phone call/Date	e/Contact					

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