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						
02/04/2025	\$ ALLOCATION NUMBER					

Return completed workbook by email to:

coplicsoa@copyright.gov

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

Α	ACCOUNTING PERIOD COVERED BY THIS STATEMENT:										
Accounting Period	2024/2										
B	Instructions: Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation. List any other name or names under which the owner conducts the business of the cable system. If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entire accounting period. Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division. 63 LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM NORTHERN IOWA COMMUNICATIONS PARTNERS										
	634922024/2 63492 2024/2										
	107 S STATE STREET, P.O. BOX 100 TERRIL, IA 51364										
С	INSTRUCTIONS: In line 1, give any business or trade names used to names already appear in space B. In line 2, give the mailing address										
System	1 IDENTIFICATION OF CABLE SYSTEM:										
	MAILING ADDRESS OF CABLE SYSTEM:										
	2 (Number, street, rural route, apartment, or suite number)										
	(City, town, state, zip code)										
D	Instructions: For complete space D instructions, see page 1b. Identi	fy only the frst com	munity served below and re	elist on page 1b							
Area Served	with all communities. CITY OR TOWN	STATE									
First	TITONKA-BURT	IA									
Community	Below is a sample for reporting communities if you report multiple c	│ hannel line-ups in :	Space G.								
	CITY OR TOWN (SAMPLE)	STATE	CH LINE UP	SUB GRP#							
Sample	Alda	MD	A	1							
	Alliance	MD	В	2							
	Gering	MD	В	3							

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

ACCOUNTING PERIOD: 2024/2 FORM SA3E. PAGE 1b. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: 63492 NORTHERN IOWA COMMUNICATIONS PARTNERS Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined D in FCC rules: "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single, discrete unincorporated areas." 47 C.F.R. §76.5(dd). The frst community that you list will serve as a form Area of system identification hereafter known as the "first community." Please use it as the first community on all future fillings. Served Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified city or town. If all communities receive the same complement of television broadcast stations (i.e., one channel line-up for all), then either associate all communities with the channel line-up "A" in the appropriate column below or leave the column blank. If you report any stations on a partially distant or partially permitted basis in the DSE Schedule, associate each relevant community with a subscriber group, designated by a number (based on your reporting from Part 9). When reporting the carriage of television broadcast stations on a community-by-community basis, associate each community with a channel line-up designated by an alpha-letter(s) (based on your Space G reporting) and a subscriber group designated by a number (based on your reporting from Part 9 of the DSE Schedule) in the appropriate columns below. CH LINE UP SUB GRP# CITY OR TOWN STATE **TITONKA-BURT** IA Α First Community **RUTHVEN** IA В В **ROYAL** IA 4 **ARMSTRONG** IA C 5 IΑ В 6 **TERRIL** See instructions for С RINGSTED IA additional information on alphabetization. D 8 **PALMER** IA 9 **POCAHONTAS** IA Ε **PLOVER** IA Ε 10 E **CURLEW** IA 11 Add rows as necessary. ROLFE IA Ε 12 **MALLARD** IA Ε 13 **WEST BEND** IA 14 Ε **HAVELOCK** IA Ε 15 WHITTEMORE IA E 16 **AYRSHIRE - GILLETTE GROVE** IA F 17 **SWEA CITY** IA G 18 **ALGONA** IΑ Н 19 20 - WALLINGFORD IA В

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 63492

NORTHERN IOWA COMMUNICATIONS PARTNERS

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					
	NO. OF			NO. OF				
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE	SUBSCRIBERS	RATE			
Residential:								
 Service to first set 	2,708	\$ 54.22	TIER 2 - EXPANDED	2,199	\$ 50.90			
 Service to additional set(s) 			TIER 3 - PREMIER	1,424	\$ 61.86			
 FM radio (if separate rate) 								
Motel, hotel								
Commercial								
Converter								
Residential								
Non-residential								
	<u> </u>	*		·	¢			

F

Services Other Than Secondary Transmissions: Rates

SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

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

Block 1: Give the standard rate charged by the cable system for each of the applicable services listed.

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

	BLOCK 2				
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE
Continuing Services:		Installation: Non-residential			
• Pay cable		 Motel, hotel 		нво	\$ 17.50
 Pay cable—add'l channel 		Commercial		CINEMAX	\$ 14.50
Fire protection		• Pay cable		SHOWTIME	\$ 10.99
Burglar protection		Pay cable-add'l channel		STARZ	\$ 10.00
Installation: Residential		Fire protection		PLAYBOY	\$ 12.95
First set	\$ 53.89	 Burglar protection 			
 Additional set(s) 	\$ 40.31	Other services:			
 FM radio (if separate rate) 		Reconnect	\$ 30.00		
Converter		Disconnect	N/C		
		Outlet relocation	\$ 56.94		
		 Move to new address 	\$ 51.94		

carried by your cable state of the state of	RS: TELEVISIO i, identify every ystem during the ons in effect on 61(e)(2) and (4 is, as explained tations: With ro C rules, regula here in space (only on a subst and also in space formation concern. n station's call s associated with 2". Simulcast s	television state accounting a June 24, 1984), or 76.63 (rd in the next pespect to any tions, or author. G—but do list itute basis ce I, if the staterning substitutions, Do not rea a station account of the state o	ation (including to period except (1 31, permitting the eferring to 76.61 baragraph distant stations orizations it in space I (the tion was carried ute basis station	ranslator stations 1) stations carried e carriage of certa (e)(2) and (4))]; a carried by your c e Special Stateme both on a substit	and low power television stations) only on a part-time basis unde ain network programs [section and (2) certain stations carried on able system on a substitute prograr	63492	G Primary Transmitters:								
In General: In space G carried by your cable storm of the space of carried by your cable storm of the space of carried by your cable storm of the substitute pages of the station of the station was carried of the station was carried of the station was carried of the station here, a basis. For further ind in the paper SA3 for Column 1: List each each multicast stream as strea	i, identify every ystem during the one in effect on .61(e)(2) and (4 is, as explained tattons: With r C rules, regular here in space (5 only on a substand also in space or mation concern. In station's call sassociated with .2". Simulcast s	television state accounting June 24, 1984), or 76.63 (rd in the next pespect to any tions, or authors—but do list itute basis ce I, if the staterning substitutions, Do not roll a station account of the state of th	period except (181, permitting the ferring to 76.61 baragraph distant stations orizations it in space I (the tion was carried ute basis station	stations carried e carriage of certa (e)(2) and (4))]; a carried by your c e Special Statement both on a substit	only on a part-time basis unde ain network programs [section and (2) certain stations carried on able system on a substitute prograr		Primary								
carried by your cable street and regulation of the community of the commun	ystem during the post in effect on 61(e)(2) and (4) and (4) and (5) and (6) an	ne accounting a June 24, 1984), or 76.63 (rd in the next pespect to any titions, or authors. The distributed basis ce I, if the staterning substitutes ign. Do not roll a station account.	period except (181, permitting the ferring to 76.61 baragraph distant stations orizations it in space I (the tion was carried ute basis station	stations carried e carriage of certa (e)(2) and (4))]; a carried by your c e Special Statement both on a substit	only on a part-time basis unde ain network programs [section and (2) certain stations carried on able system on a substitute prograr		Primary								
station was carried of List the station here, a basis. For further int in the paper SA3 for Column 1: List each each multicast stream a ast stream as "WETA-simulcast). Column 2: Give the ts community of license on which your cable sy Column 3: Indicate	only on a substand also in spar formation concern. In station's call sassociated with -2". Simulcast s	itute basis ce I, if the sta erning substitu sign. Do not re a a station acc	tion was carried ute basis station	both on a substit	ent and Program Log)—if th		Television								
List the station here, a basis. For further inf in the paper SA3 for Column 1: List each each multicast stream as "WETA-WETA-simulcast). Column 2: Give the ts community of licension which your cable sy Column 3: Indicate	and also in span formation conce m. In station's call sassociated with 2". Simulcast s	ce I, if the state erning substitution sign. Do not read a station according a station according the station according a station according to the stati	ute basis station		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										
Column 2: Give the its community of licenson which your cable sy: Column 3: Indicate	channel numb	streams must	ording to its over	program service er-the-air designat	ute basis and also on some other the general instructions locate s such as HBO, ESPN, etc. Identifition. For example, report mult a stream separately; for example										
on which your cable sy: Column 3: Indicate	Guarmat HulliD	er the FCC h	as assigned to t	he television stati	on for broadcasting over-the-air i										
Column 3: Indicate			nnel 4 in Washi	ngton, D.C. This	may be different from the channe										
(for independent multic For the meaning of the	in each case wentering the let ast), "E" (for no se terms, see pation is outside	whether the state "N" (for neoncommercial page (v) of the the local serv	etwork), "N-M" (for educational), or e general instructice area, (i.e. "di	or network multic "E-M" (for nonco tions located in this istant"), enter "Ye	s". If not, enter "No". For an e										
Column 5: If you ha cable system carried the carried the distant static For the retransmissi of a written agreement the cable system and a tion "E" (exempt). For se explanation of these the Column 6: Give the	ave entered "Ye le distant statio on on a part-tin on of a distant entered into on primary transrulimulcasts, also ree categories, a location of each canadian station	es" in column on during the ane basis becamulticast stree or or before Junmitter or an asponenter ("E". If you see page (v) ch station. Forns, if any, give	4, you must com accounting perio use of lack of ac am that is not so that is not	nplete column 5, s d. Indicate by ent citivated channel of ubject to a royalty tween a cable sys senting the primal channel on any ot structions locate st the community e community with	stating the basis on which you ering "LAC" if your cable syste capacity payment because it is the subjectem or an association representing y transmitter, enter the designicher basis, enter "O." For a furthed d in the paper SA3 form to which the station is licensed by the which the station is licensed by the which the station is identified.										
	9		EL LINE-UP		onamo mo ap.										
1. CALL SIGN	2. B'CAST CHANNEL	3. TYPE OF		5. BASIS OF CARRIAGE	6. LOCATION OF STATION										
	NUMBER	STATION	,	(If Distant)											
KDIN	11.1	E	No		DES MOINES, IA										
KDINDT2	11.2	E-M	No		DES MOINES, IA		See instructions for								
KDINDT3	11.3	E-M	No		DES MOINES, IA		additional informatio on alphabetization.								
KDINDT4	11.4	E-M	No		DES MOINES, IA		on dipriductization:								
KCCIDT	8.1	N	No		DES MOINES, IA										
KCCIDT2	8.2	N-M	No		DES MOINES, IA										
KCCIDT3	8.3	N-M	No		DES MOINES, IA										
KEYCDT	12.1	N	Yes	0	MANKATO, MN										
KCWIDT	23.1	N	No		DES MOINES, IA										
KCWIDT3	23.3	N-M	No		DES MOINES, IA										
KCWIDT4	23.4	N-M	No		DES MOINES, IA										
WOIDT	5.1	N	No		DES MOINES, IA										
WOIDT3	5.3	N-M	No		DES MOINES, IA										
WOIDT4	5.4	N-M	No		DES MOINES, IA										
KDSMDT	17.1	N	No	•	DES MOINES, IA										
KDSMDT2	17.2	N-M	No		DES MOINES, IA										
KDSMDT3	17.3	N-M	No		DES MOINES, IA										
KDSMDT4	17.4	N-M	No		DES MOINES, IA										
WHODT	13.1	N	No		DES MOINES, IA										
WHODT2 WHODT3	13.2 13.3	N-M N-M	No No		DES MOINES, IA										
WHODT3	13.3	N-M	No No		DES MOINES, IA DES MOINES, IA										
KDMIDT	19.1	1	No		DES MOINES, IA										
KDMIDT3	56.3	I-M	No		DES MOINES, IA										
KFPXDT	39.1	I	No		DES MOINES, IA										
No															

KMEGDT3

14.3

Ν

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 63492 NORTHERN IOWA COMMUNICATIONS PARTNERS PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a **Primary** substitute program basis, as explained in the next paragraph. Transmitters: Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program Television basis under specifc FCC rules, regulations, or authorizations: • Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located 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 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 noncommercia educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast) For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an 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 you cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP B 1. CALL 2. B'CAST 3. TYPE 4. DISTANT? 5. BASIS OF 6. LOCATION OF STATION **CARRIAGE** SIGN CHANNEL OF (Yes or No) NUMBER (If Distant) **STATION KDIN** 11.1 Ε Е DES MOINES, IA yes **DES MOINES, IA** KDINDT2 11.2 E-M Yes Ε DES MOINES, IA KDINDT3 11.3 E-M Yes Ε Yes Ε KDINDT4 11.4 E-M DES MOINES, IA KTIVDT 4.1 Ν No SIOUX CITY, IA KTIVDT2 4.2 N-M No SIOUX CITY, IA KTIVDT3 4.3 N-M No SIOUX CITY, IA KTIVDT4 4.4 N-M No SIOUX CITY. IA **KCAUDT** 9.1 Ν No SIOUX CITY, IA KCAUDT2 9.2 N-M No SIOUX CITY, IA KCAUDT3 N-M No 9.3 SIOUX CITY, IA KCAUDT4 9.4 N-M No SIOUX CITY, IA **KPTHDT** 44.1 Ν No SIOUX CITY, IA KPTHDT2 44.2 N-M No SIOUX CITY, IA **KPTHDT3** 44.3 Ν No SIOUX CITY, IA KPTHDT4 44.4 N-M No SIOUX CITY, IA KMEGDT4 SIOUX CITY, IA 14.4 N-M No KMEGDT2 SIOUX CITY, IA 14.2 N-M No

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

SIOUX CITY, IA

NO

LEGAL NAME OF OWNER OF CABLE SYSTEM:

NORTHERN IOWA COMMUNICATIONS PARTNERS

PRIMARY TRANSMITTERS: TELEVISION

SYSTEM ID#
Name
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.

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

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

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

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

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

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

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

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

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

		CHANN	EL LINE-UP	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
KDIN	11.1	Е	Yes	E	DES MOINES, IA
KDINDT2	11.2	E-M	Yes	Е	DES MOINES, IA
KDINDT3	11.3	E-M	Yes	E	DES MOINES, IA
KDINDT4	11.4	E-M	Yes	E	DES MOINES, IA
KEYCDT	12.1	N	Yes	0	MANKATO, MN
KTIVDT	4.1	N	No		SIOUX CITY, IA
KTIVDT2	4.2	N-M	No		SIOUX CITY, IA
KTIVDT3	4.3	N-M	No		SIOUX CITY, IA
KTIVDT4	4.4	N-M	No		SIOUX CITY, IA
KCAUDT	9.1	N	No		SIOUX CITY, IA
KCAUDT2	9.2	N-M	No		SIOUX CITY, IA
KCAUDT3	9.3	N-M	No		SIOUX CITY, IA
KCAUDT4	9.4	N-M	No		SIOUX CITY, IA
KPTHDT	44.1	N	No		SIOUX CITY, IA
KPTHDT2	44.2	N-M	No	•	SIOUX CITY, IA
KPTHDT3	44.3	N	No	•	SIOUX CITY, IA
KPTHDT4	44.4	N-M	No		SIOUX CITY, IA
KMEGDT2	14.2	N-M	No	•	SIOUX CITY, IA
KMEGDT3	14.3	N-M	No		SIOUX CITY, IA
KMEGDT4	14.4	N-M	No		SIOUX CITY, IA

G

Primary Transmitters: Television

G

Primary

Transmitters:

Television

LEGAL NAME OF OWNER OF CABLE SYSTEM:

NORTHERN IOWA COMMUNICATIONS PARTNERS

SYSTEM ID#
Name
Name

PRIMARY TRANSMITTERS: TELEVISION

In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [section: 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 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 othe 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 ir its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channe on which your cable system carried the station.

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

Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an 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 you 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 subjec 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 designa tion "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a furthe explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form

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

-		CHANN	EL LINE UD	D.		
	1	CHANN	EL LINE-UP	<u>U</u>		
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	
KDIN	11.1	Е	No		DES MOINES, IA	
KDINDT2	11.2	E-M	No		DES MOINES, IA	
KDINDT3	11.3	E-M	No		DES MOINES, IA	
KDINDT4	11.4	Е-М	No		DES MOINES, IA	
KCCIDT	8.1	N	No		DES MOINES, IA	
KCCIDT2	8.2	N-M	No		DES MOINES, IA	
KCCIDT3	8.3	N-M	No		DES MOINES, IA	
KCWIDT	23.1	N	No		DES MOINES, IA	
KCWIDT3	23.3	N-M	No		DES MOINES, IA	
KCWIDT4	23.4	N-M	No		DES MOINES, IA	
WOIDT	5.1	N	No		DES MOINES, IA	
WOIDT3	5.3	N-M	No		DES MOINES, IA	
WOIDT4	5.4	N-M	No		DES MOINES, IA	
KDSMDT	17.1	N	No		DES MOINES, IA	
KDSMDT2	17.2	N-M	No		DES MOINES, IA	
KDSMDT3	17.3	N-M	No		DES MOINES, IA	
KDSMDT4	17.4	N-M	No		DES MOINES, IA	
WHODT	13.1	N	No		DES MOINES, IA	
WHODT2	13.2	N-M	No		DES MOINES, IA	
WHODT3	13.3	N-M	No		DES MOINES, IA	
WHODT4	13.4	N-M	No		DES MOINES, IA	
KDMIDT	19.1	ı	No		DES MOINES, IA	
KDMIDT3	56.3	I-M	No		DES MOINES, IA	
KFPXDT	39.1	ı	No		DES MOINES, IA	
			No			
KTIVDT	4.1	N	Yes	0	SIOUX CITY, IA	
KTIVDT2	4.2	N-M	Yes	0	SIOUX CITY, IA	
KTIVDT3	4.3	N-M	Yes	0	SIOUX CITY, IA	
KTIVDT4	4.4	N-M	Yes	0	SIOUX CITY, IA	

G

Primary

Transmitters:

Television

LEGAL NAME OF OWNER OF CABLE SYSTEM:

NORTHERN IOWA COMMUNICATIONS PARTNERS

SYSTEM ID#
Name
Name

PRIMARY TRANSMITTERS: TELEVISION

In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [section: 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 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 othe 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 ir its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channe on which your cable system carried the station.

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

Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an 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 you 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 subjec 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 designa tion "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a furthe explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form

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

CHANNEL LINE-UP E									
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE	6. LOCATION OF STATION				
KDIN	11.1	E	No	(If Distant)	DES MOINES, IA				
	·····				•				
KDINDT2	11.2	E-M	No		DES MOINES, IA				
KDINDT3	11.3	E-M	No		DES MOINES, IA				
KDINDT4	11.4	E-M	No		DES MOINES, IA				
KCCIDT	8.1	N	No		DES MOINES, IA				
KCCIDT2	8.2	N-M	No		DES MOINES, IA				
KCCIDT3	8.3	N-M	No		DES MOINES, IA				
KCWIDT	23.1	N	No		DES MOINES, IA				
KCWIDT3	23.3	N-M	No		DES MOINES, IA				
KCWIDT4	23.4	N-M	No		DES MOINES, IA				
WOIDT	5.1	N	No		DES MOINES, IA				
WOIDT3	5.3	N-M	No		DES MOINES, IA				
WOIDT4	5.4	N-M	No		DES MOINES, IA				
KDSMDT	17.1	N	No		DES MOINES, IA				
KDSMDT2	17.2	N-M	No		DES MOINES, IA				
KDSMDT3	17.3	N-M	No		DES MOINES, IA				
KDSMDT4	17.4	N-M	No		DES MOINES, IA				
WHODT	13.1	N	No		DES MOINES, IA				
WHODT2	13.2	N-M	No		DES MOINES, IA				
WHODT3	13.3	N-M	No		DES MOINES, IA				
WHODT4	13.4	N-M	No		DES MOINES, IA				
KDMIDT KDMIDT3	19.1	IM	No		DES MOINES, IA				
KDMID13 KFPXDT	56.3 39.1	I-M	No No		DES MOINES, IA DES MOINES, IA				
NI PADI	39.1	'	No		DEG MOINES, IA				
KTIVDT	4.1	N	Yes	0	SIOUX CITY, IA				
KTIVDT2	4.2	N-M	Yes	0	SIOUX CITY, IA				
KTIVDT3	4.3	N-M	Yes	0	SIOUX CITY, IA				
KTIVDT4	4.4	N-M	Yes	0	SIOUX CITY, IA				

ACCOUNTING PERIOD: 2024/2 FORM SA3E. PAGE 3. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM Name 63492 NORTHERN IOWA COMMUNICATIONS PARTNERS PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on Primary substitute program basis, as explained in the next paragraph Transmitters: Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program Television basis under specifc FCC rules, regulations, or authorizations: • Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis List the station here, and also in space I, if the station was carried both on a substitute basis and also on some othe 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 noncommercia educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast) For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an ex planation of local service area, see page (v) of the general instructions located in the paper SA3 form Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which you cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable systen 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 subjec 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 designa tion "E" (exempt). For simulcasts, also enter "E", If you carried the channel on any other basis, enter "O." For a furthe explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.

		CHANN	EL LINE-UP	F	
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
KDIN	11.1	E	Yes	E	DES MOINES, IA
KDINDT2	11.2	E-M	Yes	E	DES MOINES, IA
KDINDT3	11.3	E-M	Yes	E	DES MOINES, IA
KDINDT4	11.4	E-M	Yes	E	DES MOINES, IA
KTIVDT	4.1	N	No		SIOUX CITY, IA
KTIVDT2	4.2	N-M	No		SIOUX CITY, IA
KTIVDT3	4.3	N-M	No		SIOUX CITY, IA
KTIVDT4	4.4	N-M	No		SIOUX CITY, IA
KCAUDT	9.1	N	No		SIOUX CITY, IA
KCAUDT2	9.2	N-M	No		SIOUX CITY, IA
KCAUDT3	9.3	N-M	No		SIOUX CITY, IA
KCAUDT4	9.4	N-M	No		SIOUX CITY, IA
KPTHDT	44.1	N	No		SIOUX CITY, IA
KPTHDT2	44.2	N-M	No		SIOUX CITY, IA
KPTHDT3	44.3	N	No		SIOUX CITY, IA
KPTHDT4	44.4	N-M	No		SIOUX CITY, IA
KMEGDT2	14.2	N-M	No		SIOUX CITY, IA
KMEGDT3	14.3	N-M	No		SIOUX CITY, IA
KMEGDT4	14.4	N-M	No	,	SIOUX CITY, IA

FORM SA3E. PAGE 3. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 63492 NORTHERN IOWA COMMUNICATIONS PARTNERS PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [section: 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 ε Primary substitute program basis, as explained in the next paragraph Transmitters: Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program Television pasis 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 othe 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 multi 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 i its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channe on which your cable system carried the station Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercia educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast) For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an ex planation of local service area, see page (v) of the general instructions located in the paper SA3 form Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which you cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable syster carried the distant station on a part-time basis because of lack of activated channel capacity For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subjec of a written agreement entered into on or before June 30, 2009, between a cable system or an association representin the cable system and a primary transmitter or an association representing the primary transmitter, enter the designa tion "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a furthe explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP G 1. CALL 2. B'CAST 3. TYPE 4. DISTANT? 5. BASIS OF 6. LOCATION OF STATION SIGN CHANNEL OF (Yes or No) CARRIAGE NUMBER STATION (If Distant) **KDIN** 11.1 Ε DES MOINES, IA No KDINDT2 E-M No DES MOINES, IA 11.2 KDINDT3 11.3 No DES MOINES, IA E-M KDINDT4 11.4 E-M No DES MOINES, IA **KCCIDT** 8.1 N No DES MOINES, IA KCCIDT2 8.2 N-M No DES MOINES, IA KCCIDT3 8.3 N-M No DES MOINES, IA 12.1 KEYCDT Ν Yes MANKATO, MN KCWIDT 23.1 Ν No DES MOINES, IA KCWIDT3 23.3 N-M No DES MOINES, IA KCWIDT4 23.4 N-M No DES MOINES, IA DES MOINES, IA WOIDT 5.1 No Ν WOIDT3 DES MOINES, IA 5.3 N-M No WOIDT4 5.4 N-M No DES MOINES, IA **KDSMDT** 17.1 Ν No DES MOINES, IA KDSMDT2 17.2 N-M **DES MOINES, IA** No KDSMDT3 DES MOINES, IA 17.3 N-M No KDSMDT4 17.4 N-M No DES MOINES, IA WHODT DES MOINES, IA 13.1 Ν No WHODT2 13.2 N-M No DES MOINES, IA DES MOINES, IA WHODT3 13.3 N-M No WHODT4 13.4 N-M Νo DES MOINES, IA **KDMIDT** 19.1 No DES MOINES, IA KDMIDT3 56.3 I-M No DES MOINES, IA KFPXDT DES MOINES, IA 39.1 Νo

FORM SA3E. PAGE 3. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 63492 NORTHERN IOWA COMMUNICATIONS PARTNERS PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [section: 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 ε Primary substitute program basis, as explained in the next paragraph Transmitters: Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program Television pasis 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 othe 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 multi 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 i its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channe on which your cable system carried the station Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercia educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast) For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an ex planation of local service area, see page (v) of the general instructions located in the paper SA3 form Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which you cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable syster carried the distant station on a part-time basis because of lack of activated channel capacity For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subjec of a written agreement entered into on or before June 30, 2009, between a cable system or an association representin the cable system and a primary transmitter or an association representing the primary transmitter, enter the designa tion "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a furthe explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP 1. CALL 2. B'CAST 3. TYPE 4. DISTANT? 5. BASIS OF 6. LOCATION OF STATION SIGN CHANNEL OF (Yes or No) CARRIAGE NUMBER STATION (If Distant) **KDIN** 11.1 Ε DES MOINES, IA No KDINDT2 E-M DES MOINES, IA 11.2 No KDINDT3 No DES MOINES, IA 11.3 E-M KDINDT4 11.4 E-M No DES MOINES, IA **KEYCDT** 12.1 N Yes 0 MANKATO, MN **KEYCDT2** 12.2 N-M Yes 0 MANKATO, MN **KCCIDT** 8.1 Ν No DES MOINES, IA KCCIDT2 8.2 N-M No DES MOINES, IA KCCIDT3 8.3 N-M No DES MOINES, IA **KCWIDT** 23.1 Ν No DES MOINES, IA KCWIDT3 23.3 N-M No DES MOINES, IA KCWIDT4 23.4 N-M No DES MOINES, IA WOIDT DES MOINES, IA 5.1 Ν No WOIDT3 5.3 N-M No DES MOINES, IA WOIDT4 5.4 N-M No DES MOINES, IA **KDSMDT** DES MOINES, IA 17.1 No KDSMDT2 17.2 N-M No DES MOINES, IA KDSMDT3 17.3 N-M No DES MOINES, IA KDSMDT4 N-M DES MOINES, IA 17.4 No WHODT 13.1 N No DES MOINES, IA DES MOINES, IA WHODT2 13.2 N-M No WHODT3 13.3 N-M Νo DES MOINES, IA WHODT4 13.4 N-M No DES MOINES, IA **KDMIDT** DES MOINES, IA 19.1 Nο KDMIDT3 DES MOINES, IA 56.3 I-M Nο KFPXDT 39.1 No DES MOINES, IA Т

ACCOUNTING PERIOD: 2024/2 FORM SA3E. PAGE 4. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 63492 NORTHERN IOWA COMMUNICATIONS PARTNERS PRIMARY TRANSMITTERS: RADIO Н In General: List every radio station carried on a separate and discrete basis and list those FM stations carried on an all-band basis whose signals were "generally receivable" by your cable system during the accounting period. Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally **Primary** Transmitters: receivable if (1) it is carried by the system whenever it is received at the system's headend, and (2) it can be expected, Radio on the basis of monitoring, to be received at the headend, with the system's FM antenna, during certain stated intervals. For detailed information about the the Copyright Office regulations on this point, see page (vi) of the general instructions located in the paper SA3 form. Column 1: Identify the call sign of each station carried. Column 2: State whether the station is AM or FM. Column 3: If the radio station's signal was electronically processed by the cable system as a separate and discrete signal, indicate this by placing a check mark in the "S/D" column. Column 4: Give the station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified). CALL SIGN AM or FM S/D LOCATION OF STATION CALL SIGN AM or FM LOCATION OF STATION S/D KLGA FΜ ALGONA, IA KICD FΜ SPENCER, IA **KILR** FΜ **ESTHERVILLE, IA**

TORWI GASE, I AGE 3.						ACCOUNTING	1 LINIOD. 2024/2
LEGAL NAME OF OWNER OF NORTHERN IOWA CO			RTNERS		S	YSTEM ID# 63492	Name
SUBSTITUTE CARRIAG	E: SPECIA	AL STATEME	ENT AND PROGRAM LO	G			
In General: In space I, ident substitute basis during the a explanation of the programm form.	ccounting pe	eriod, under spe	ecific present and former FC	C rules, regu	lations, or authorizations.	For a further	Substitute
1. SPECIAL STATEMEN	T CONCE	RNING SUBS	TITUTE CARRIAGE				Carriage: Special
• During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program broadcast by a distant station?							
Note: If your answer is "No log in block 2.	o", leave the	e rest of this pa	age blank. If your answer i	s "Yes," you	must complete the progr	ram	
2. LOG OF SUBSTITUTI							
period, was broadcast by a under certain FCC rules, re	ace, please of every no distant sta egulations,	attach additio onnetwork tele ition and that y or authorizatio	nal pages. evision program (substitute rour cable system substitu ns. See page (vi) of the ge	program) the ed for the preneral instruc	at, during the accounting ogramming of another stions located in the paper	g tation er	
SA3 form for futher informatitles, for example, "I Love Column 2: If the progra	Lucy" or "N	BA Basketball			i". List specific program	1	
Column 4: Give the bro	adcast stat	ion's location (casting the substitute prog the community to which th	e station is li		n	
	nth and day		e community with which the estem carried the substitute			onth	
first. Example: for May 7 gi Column 6: State the tim		e substitute pr	ogram was carried by you	r cable syste	m. List the times accura	itely	
to the nearest five minutes						,	
			m was substituted for prog				
to delete under FCC rules gram was substituted for p							
effect on October 19, 1976	-	, ,	·		, and the second		
9	I IDOTITI IT	E PROGRAM	4		EN SUBSTITUTE IAGE OCCURRED	7. REASON	
TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	6. TIMES	FOR DELETION	
	Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM — TO		
					<u> </u>		
					<u> </u>		
					<u> </u>		
	 						
	_				<u> </u>		
						·	
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ACCOUNTING PERIOD: 2024/2 FORM SA3E. PAGE 6.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: NORTHERN IOWA COMMUNICATIONS PARTNERS 6349										
J Part-Time Carriage Log	PART-TIME CARRIAGE LOG In General: This space ties in with column 5 of space G. If you listed a station's basis of carriage as "LAC" for part-time carriage due to lack of activated channel capacity, you are required to complete this log giving the total dates and hours your system carried that station. If you need more space, please attach additional pages. Column 1 (Call sign): Give the call sign of every distant station whose basis of carriage you identified by "LAC" in column 5 of space G. Column 2 (Dates and hours of carriage): For each station, list the dates and hours when part-time carriage occurred during the accounting period. Give the month and day when the carriage occurred. Use numerals, with the month first. Example: for April 10 give "4/10." State the starting and ending times of carriage to the nearest quarter hour. In any case where carriage ran to the end of the television station's broadcast day, you may give an approximate ending hour, followed by the abbreviation "app." Example: "12:30 a.m.— 3:15 a.m. app." You may group together any dates when the hours of carriage were the same. Example: "5/10-5/14, 6:00 p.m.— 12:00 p.m."										
	OALL CION	WHEN	DATES		OF F	PART-TIME CAR		N CARRIAGE O	CCUF	RRED	
	CALL SIGN	DATE	HOUF FROM	RS TO		CALL SIGN	DATE	FROM	OUR:	s TO	
									<u>-</u> -		

LEGA	AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID# 63492	Name
	RTHERN IOWA COMMUNICATIONS PARTNERS	03492	
Inst all a (as	OSS RECEIPTS ructions: The figure you give in this space determines the form you fle and the amount mounts (gross receipts) paid to your cable system by subscribers for the system's seco identifed in space E) during the accounting period. For a further explanation of how to co e (vii) of the general instructions. Gross receipts from subscribers for secondary transmission service(s)	ndary transmission service	K Gross Receipts
IMP	during the accounting period. ORTANT: You must complete a statement in space P concerning gross receipts.	\$ 799,908.00 (Amount of gross receipts)	
ConConIf you feetIf you	'RIGHT ROYALTY FEE ctions: Use the blocks in this space L to determine the royalty fee you owe: nplete block 1, showing your minimum fee. nplete block 2, showing whether your system carried any distant television stations. our system did not carry any distant television stations, leave block 3 blank. Enter the amfrom block 1 on line 1 of block 4, and calculate the total royalty fee. our system did carry any distant television stations, you must complete the applicable participation of the system of th		L Copyright Royalty Fee
	art 8 or part 9, block A, of the DSE schedule was completed, the base rate fee should be ${\bf k}$ 3 below.	e entered on line 1 of	
	art 6 of the DSE schedule was completed, the amount from line 7 of block C should be e slow.	ntered on line 2 in block	
	art 7 or part 9, block B, of the DSE schedule was completed, the surcharge amount should be surcharged.	ald be entered on line	
	MINIMUM FEE: All cable systems with semiannual gross receipts of \$527,600 or more least the minimum fee, regardless of whether they carried any distant stations. This fee system's gross receipts for the accounting period.		
	Line 1. Enter the amount of gross receipts from space K Line 2. Multiply the amount in line 1 by 0.01064 Enter the result here.	\$ 799,908.00	
	This is your minimum fee.	\$ 8,511.02	
2	space G. If, in space G, you identifed any stations as "distant" by stating "Yes" in colum "Yes" in this block. • Did your cable system carry any distant television stations during the accounting period No—Leave block 3 below blank and Line 1. BASE RATE FEE: Enter the base rate fee from either part 8, section 3 or	od?	
Block 3	4, or part 9, block A of the DSE schedule. If none, enter zero	\$ 3,336.26	
	Line 2. 3.75 Fee: Enter the total fee from line 7, block C, part 6 of the DSE schedule. If none, enter zero	0.00	
	Line 3. Add lines 1 and 2 and enter here	\$ 3,336.26	
Block 4	Line 1. BASE RATE FEE/3.75 FEE or MINIMUM FEE: Enter either the minimum fee from block 1 or the sum of the base rate fee / 3.75 fee from block 3, line 3,	\$ 8,511.02	
	whichever is larger 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	Cable systems submitting additional
	zero. Line 3. Line 3. INTEREST CHARGE: Enter the amount from line 4, space Q, page 9 (Interest Worksheet)	0.00	deposits under Section 111(d)(7) should contact
	Line 4. FILING FEE	\$ 725.00	the Licensing additional fees. Division for the
	TOTAL ROYALTY AND FILING FEES DUE FOR ACCOUNTING PERIOD. Add Lines 1, 2 and 3 of block 4 and enter total here	\$ 9,236.02	appropriate form for submitting the
	EFT Trace # or TRANSACTION ID # 27LD00QD		additional fees.
	Remit this amount via <i>electronic payment</i> payable to Register of Copyrights. (Significant contents are supported by the support of the paper SA3 form and the Excel instructions to	,	

ACCOUNTING PERIOD: 2024/2 FORM SA3E, PAGE 8

	FORM SASE. F	
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: NORTHERN IOWA COMMUNICATIONS PARTNERS 6	M 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. 41 2. Enter the total number of activated channels	
	on which the cable system carried television broadcast stations and nonbroadcast services	
N Individual to Be Contacted	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED: (Identify an individual we can contact about this statement of account.)	
for Further Information	Name DANA LORING Telephone 712-853-6121	
	Address 107 S STATE STREET, P.O. BOX 100 (Number, street, rural route, apartment, or suite number) TERRIL, IA 51364 (City, town, state, zip)	
	Email dana@terril.com Fax (optional) 712-853-6185	
O Certifcation	CERTIFICATION (This statement of account must be certifed and signed in accordance with Copyright Office regulations.) • I, the undersigned, hereby certify that (Check one, but only one, of the boxes.) [Owner other than corporation or partnership] I am the owner of the cable system as identifed in line 1 of space B; or	
	 (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as identified in line 1 of space B and that the owner is not a corporation or partnership; or ▼ (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner of the cable system in line 1 of space B. I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith. [18 U.S.C., Section 1001(1986)] 	
	Enter an electronic signature on the line above using an "/s/" signature to certify this statement. (e.g., /s/ John Smith). Before entering the first forward slash of the /s/ signature, place your cursor in the box and press the "F2" button, then type /s/ and your name. Pressing the "F" button will avoid enabling Excel's Lotus compatibility settings. Typed or printed name: /s/Ivan Dalen Title: President (Title of official position held in corporation or partnership)	
	Date: February 5, 2025	

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

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEI	Nama
NORTHERN IOWA COMMUNICATIONS PARTNERS 63	3492 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."	P Special Statement
For more information on when to exclude these amounts, see the note on page (vii) of the general instructions in the paper SA3 form.	Concerning Gross Receipts Exclusion
During the accounting period did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners?	
X NO	
YES. Enter the total here and list the satellite carrier(s) below	
Name Mailing Address Name Mailing Address	
INTEREST ASSESSMENTS	
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions in the paper SA3 form.	Q
Line 1 Enter the amount of late payment or underpayment	Interest Assessment
Line 2 Multiply line 1 by the interest rate* and enter the sum here	- ays
Line 3 Multiply line 2 by the number of days late and enter the sum here	-
Line 4 Multiply line 3 by 0.00274** enter here and on line 3, block 4, space L, (page 7)	_
(interest charge)	
* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@copyright.gov.	
** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.	
NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Offce, please list below the owner, address, first community served, accounting period, and ID number as given in the original filing.	
Owner Address	111111111111111111111
First community served	
Accounting period	
ID number	

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

ACCOUNTING PERIOD: 2024/2

DSE SCHEDULE. PAGE 10.

INSTRUCTIONS FOR DSE SCHEDULE WHAT IS A "DSE"

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

FORMULAS FOR COMPUTING A STATION'S DSE

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

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

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

• Independent: its type-value is	1.00
Network: its type-value is	0.25
Noncommercial educational: its type-value is	0.25
Note that the second of the se	

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

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

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

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

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

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

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

TOTAL OF DSEs

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

THE ROYALTY FEE

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

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

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

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

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

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

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

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

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

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

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

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

COMPUTING THE BASE RATE FEE—PART 8 OF THE DSE

CHEDULE

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

PARTIALLY DISTANT STATIONS—PART 9 OF THE DSE SCHEDULE

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

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

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

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

- Calculate a separate base rate fee for each subscriber group, using
 the rates given above; (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:

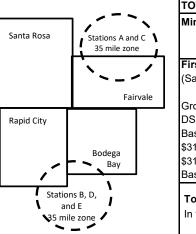
- When the fourth decimal point is 1, 2, 3, or 4, the third decimal remains unchanged (example: .34647 is rounded to .346).
- When the fourth decimal point is 5, 6, 7, 8, or 9, the third decimal is rounded up (example: .34651 is rounded to .347).

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 Carried		identification	or Subscriber Groups	
STATION	DSE	CITY	OUTSIDE LOCAL	GROSS RECEIPTS
A (independent)	1.0		SERVICE AREA OF	FROM SUBSCRIBERS
B (independent)	1.0	Santa Rosa	Stations A, B, C, D ,E	\$310,000.00
C (part-time)	0.083	Rapid City	Stations A and C	100,000.00
D (part-time)	0.139	Bodega Bay	Stations A and C	70,000.00
E (network)	<u>0.25</u>	Fairvale	Stations B, D, and E	120,000.00
TOTAL DSEs	2.472		TOTAL GROSS RECEIPTS	\$600,000.00

inimum Fee Total Gross Receipts	\$600,000.00
	x .01064
	\$6.384.00

		χ .σ.σσ.			
		\$6,384.00			
First Subscriber Group		Second Subscriber Group		Third Subscriber Group	
(Santa Rosa)		(Rapid City and Bodega Bay)		(Fairvale)	
Gross receipts	\$310,000.00	Gross receipts	\$170,000.00	Gross receipts	\$120,000.00
DSEs	2.472	DSEs	1.083	DSEs	1.389
Base rate fee	\$6,497.20	Base rate fee	\$1,907.71	Base rate fee	\$1,604.03
\$310,000 x .01064 x 1.0 =	3,298.40	\$170,000 x .01064 x 1.0 =	1,808.80	\$120,000 x .01064 x 1.0 =	1,276.80
\$310,000 x .00701 x 1.472 =	3,198.80	\$170,000 x .00701 x .083 =	98.91	\$120,000 x .00701 x .389 =	327.23
Base rate fee	\$6.497.20	Base rate fee	\$1.907.71	Base rate fee	\$1.604.03

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

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

DSE SCHEDULE. PAG	· · · · · · · · · · · · · · · · · · ·					
1	LEGAL NAME OF OWNER OF CABL	E SYSTEM:			S	STEM ID#
•	NORTHERN IOWA COM	IMUNICATIOI	NS PARTNERS			63492
	SUM OF DSEs OF CATEGOR	RY "O" STATIO	NS:			
	 Add the DSEs of each station 					
	Enter the sum here and in line	1 of part 5 of thi	s schedule.		1.50	
	Instructions:					
2	In the column headed "Call S	Sian": list the ca	II signs of all distant stations	s identified by t	the letter "O" in column 5	
	of space G (page 3).	_	_	-		
Computation	In the column headed "DSE"			as "1.0"; for	each network or noncom-	
of DSEs for	mercial educational station, given	ve the DSE as ".2		10. DOE		
Category "O" Stations	CALL SIGN	DSE	CATEGORY "O" STATION	DSE DSES	OALL CION	DOE
Stations	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
	L/TN/DT	0.050				
	KTIVDT	0.250				
	KTIVDT2	0.250				
	KTIVDT3	0.250				
Add rows as	KTIVDT4	0.250				
necessary.	KEYCDT	0.250				
Remember to copy	KEYCDT2	0.250				
all formula into new						
rows.						

Name		OWNER OF CABLE SYSTEM:					S	SYSTEM ID#
	NORTHERN	IOWA COMMUNICA	TIONS PART	NERS				63492
Computation of DSEs for Stations Carried Part Time Due to Lack of Activated Channel	Column 2 figure should of Column 3 Column 4 be carried out Column 5 give the type-	st the call sign of all dista :: For each station, give the correspond with the inform :: For each station, give the color of the c	ne number of himation given in the total number im 2 by the fig mal point. This istation, give the flumn 4 by the fi	ours your cable system space J. Calculate or of hours that the stature in column 3, and of sthe "basis of carriag "type-value" as "1.0." gure in column 5, and	m carried the starly one DSE for each or broadcast ow give the result in e value" for the s For each network	tion during the accounting each station. er the air during the acco decimals in column 4. Th	unting period. is figure must cational station, ess than the	
Capacity		C	CATEGORY	LAC STATIONS:	COMPUTATI	ON OF DSFs		
	1. CALL SIGN	2. NUMBE OF HOL CARRIE SYSTEM	R JRS D BY	3. NUMBER OF HOURS STATION ON AIR	4. BASIS OF CARRIAG VALUE	5. TYPE	6. DS	SE
			÷		=	x	=	
			÷ ÷		= 	X Y		
			÷			x x	=	
			÷		=	x	=	
			÷		= =	<u>x</u>	<u>=</u>	
			<u>.</u>		=	x x	=	
	Add the DSEs	OF CATEGORY LAC Soft each station. Im here and in line 2 of p.		edule,		0.00		
Computation of DSEs for Substitute-Basis Stations	Was carried tions in effer broadcast of space I). Column 2: at your option. Column 3: Column 4: I	ict on October 19, 1976 (ine or more live, nonnetwo For each station give the This figure should corres Enter the number of days Divide the figure in colum	itution for a pro as shown by th ork programs du number of live, spond with the i in the calenda in 2 by the figur	gram that your system e letter "P" in column iring that optional carri nonnetwork program nformation in space I. r year: 365, except in the in column 3, and give	Nas permitted to result of space (); and the spa	o delete under FCC rules	of were deleted	rm).
		SU	BSTITUTE-I	BASIS STATION	S: COMPUTA	TION OF DSEs		
	1. CALL SIGN	2. NUMBER OF PROGRAMS	3. NUMBE OF DAY: IN YEAR	S	1. CALL SIGN	2. NUMBER OF PROGRAMS	3. NUMBER OF DAYS IN YEAR	4. DSE
						÷		
		÷		=		-		=
		÷		<u>=</u>				=
	Add the DSEs	OF SUBSTITUTE-BAS	IS STATIONS:	edule,		0.00		
5		ER OF DSEs: Give the am sapplicable to your systen		ooxes in parts 2, 3, and	4 of this schedule	and add them to provide	the total	
Total Number	1. Number o	f DSEs from part 2 ●				•	1.50	
of DSEs		f DSEs from part 3 ●				>	0.00	
	3. Number o	f DSEs from part 4 ●				<u> </u>	0.00	
	TOTAL NUMBE	R OF DSEs						1.50

DSE SCHEDULE. PAGE 13. ACCOUNTING PERIOD: 2024/2

LEGAL NAME OF C			S PARTNER	RS			S	YSTEM ID# 63492	Name
In block A: • If your answer if schedule.		emainder of p	•	7 of the DSE sche	edule blank ar	nd complete pa	art 8, (page 16) of	the	6
If your answer if	"No," complete blo			ELEVISION M.	VDKETS				Computation of
Is the cable system	m located wholly o			iller markets as de		ection 76.5 of	FCC rules and rea	gulations in	3.75 Fee
			OO NOT COM	PLETE THE REMA	AINDER OF F	PART 6 AND 7	' .		
		BLOC	K B: CARR	IAGE OF PERI	MITTED DS	SEs			
Column 1: CALL SIGN	under FCC rules	and regulation ne DSE Sche	ons prior to Ju dule. (Note: T	part 2, 3, and 4 of ne 25, 1981. For fo ne letter M below r Act of 2010.)	urther explana	ation of permitt	ed stations, see t	he	
Column 2: BASIS OF PERMITTED CARRIAGE	(Note the FCC rt A Stations carri 76.61(b)(c)] B Specialty stati C Noncomeric D Grandfathered instructions fc E Carried pursus *F A station pre	ules and regued pursuant from as defined all educations distation (76.) or DSE sched ant to individually carries JHF station well as the station will be stati	lations cited b to the FCC ma d in 76.5(kk) (7 al station [76.5 65) (see paragulule). ual waiver of F ad on a part-tir vithin grade-B	ne or substitute ba contour, [76.59(d)(ose in effect of 76.57, 76.59(b e)(1), 76.63(a 63(a) referring abstitution of g	n June 24, 198 b), 76.61(b)(c), a) referring to 7 g to 76.61(d)] grandfathered s	76.63(a) referring 76.61(e)(1) stations in the		
Column 3:	*(Note: For those this schedule to	e stations ide determine the	ntified by the I	n parts 2, 3, and 4 etter "F" in column	n 2, you must		worksheet on pag		
1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	
0.0.1	27.10.10		5.5.1	57.10.10		5.5.1	2,1010		
			I						
								0.00	
								0.00	
		В	LOCK C: CC	MPUTATION O	F 3.75 FEE				
Line 1: Enter the	e total number of	DSEs from	part 5 of this	schedule			11-		
Line 2: Enter the	sum of permitte	d DSEs from	m block B ab	ove					
				r of DSEs subject 7 of this schedu		rate.	11-		
Line 4: Enter gro	oss receipts from	space K (p	age 7)				x 0.03	375	Do any of the DSEs represen partially
Line 5: Multiply I	ine 4 by 0.0375	and enter su	ım here				X		partially permited/ partially nonpermitted
Line 6: Enter tota	al number of DS	Es from line	3						carriage? If yes, see part 9 instructions.
Line 7: Multiply I	ine 6 by line 5 ar	nd enter her	e and on line	2, block 3, spac	e L (page 7))		0.00	

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name **NORTHERN IOWA COMMUNICATIONS PARTNERS** 63492 Instructions: You must complete this worksheet for those stations identifed by the letter "F" in column 2 of block B, part 6 (i.e., those Worksheet for stations carried prior to June 25, 1981, under former FCC rules governing part-time and substitute carriage.) Column 1: List the call sign for each distant station identifed by the letter "F" in column 2 of part 6 of the DSE schedule. Computating the DSE Column 2: Indicate the DSE for this station for a single accounting period, occurring between January 1, 1978 and June 30, 1981. Schedule for Column 3: Indicate the accounting period and year in which the carriage and DSE occurred (e.g., 1981/1). Permitted Column 4: Indicate the basis of carriage on which the station was carried by listing one of the following letters: Part-Time and (Note that the FCC rules and regulations cited below pertain to those in effect on June 24, 1981.) Substitute A—Part-time specialty programming: Carriage, on a part-time basis, of specialty programming under FCC rules, sections Carriage 76.59(d)(1),76.61(e)(1), or 76.63 (referring to 76.61(e)(1)). B-Late-night programming: Carriage under FCC rules, sections 76.59(d)(3), 76.61(e)(3), or 76.63 (referring to 76.61(e)(3)). S—Substitute carriage under certain FCC rules, regulations, or authorizations. For further explanation, see page (vi) of the general instructions in the paper SA3 form. Column 5: Indicate the station's DSE for the current accounting period as computed in parts 2, 3, and 4 of this schedule. Column 6: Compare the DSE figures listed in columns 2 and 5 and list the smaller of the two figures here. This figure should be entered in block B, column 3 of part 6 for this station. IMPORTANT: The information you give in columns 2, 3, and 4 must be accurate and is subject to verification from the designated statement of account on fle in the Licensing Division. PERMITTED DSE FOR STATIONS CARRIED ON A PART-TIME AND SUBSTITUTE BASIS 1. CALL 2. PRIOR 3. ACCOUNTING 4. BASIS OF 5. PRESENT 6. PERMITTED SIGN DSE **PERIOD** CARRIAGE DSE Instructions: Block A must be completed. 7 In block A: Computation If your answer is "Yes," complete blocks B and C, below. of the If your answer is "No," leave blocks B and C blank and complete part 8 of the DSE schedule. **Syndicated BLOCK A: MAJOR TELEVISION MARKET Exclusivity** ls any portion of the cable system within a top 100 major television market as defned by section 76.5 of FCC rules in effect June 24, 1981? Surcharge Yes—Complete blocks B and C . No—Proceed to part 8 BLOCK B: Carriage of VHF/Grade B Contour Stations **BLOCK C: Computation of Exempt DSEs** Is any station listed in block B of part 6 the primary stream of a Was any station listed in block B of part 7 carried in any commucommercial VHF station that places a grade B contour, in whole nity served by the cable system prior to March 31, 1972? (refer or in part, over the cable system? to former FCC rule 76.159) Yes—List each station below with its appropriate permitted DSE Yes—List each station below with its appropriate permitted DSE X No—Enter zero and proceed to part 8. X No-Enter zero and proceed to part 8. CALL SIGN CALL SIGN CALL SIGN DSE DSE DSE CALL SIGN DSE 0.00 0.00 TOTAL DSEs TOTAL DSEs

LEGAL NA	ME OF OWNER OF CABLE SYSTEM: NORTHERN IOWA COMMUNICATIONS PARTNERS	SYSTEM ID# 63492	Name
	BLOCK D: COMPUTATION OF THE SYNDICATED EXCLUSIVITY SURCHARGE		
Section 1	Enter the amount of gross receipts from space K (page 7)	799,908.00	7
Section 2	A. Enter the total DSEs from block B of part 7	0.00	Computation of the
	B. Enter the total number of exempt DSEs from block C of part 7	0.00	Syndicated Exclusivity
	C. Subtract line B from line A and enter here. This is the total number of DSEs subject to the surcharge computation. If zero, proceed to part 8	0.00	Surcharge
• Is an	y portion of the cable system within a top 50 television market as defined by the FCC? Yes—Complete section 3 below.		
	SECTION 3: TOP 50 TELEVISION MARKET		
Section 3a	Did your cable system retransmit the signals of any partially distant television stations during the accounting period? 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		
Section 4a	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 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		

	LEGAL NAM		SYSTEM ID#
Name	ı	NORTHERN IOWA COMMUNICATIONS PARTNERS	63492
7	Section 4b	If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 4a blank.	
Computation		A. Enter 0.00300 of gross receipts (the amount in section 1)▶\$	
of the Syndicated		B. Enter 0.00189 of gross receipts (the amount in section 1)	
Exclusivity Surcharge		C. Multiply line B by 3.000 and enter here	
		D. Enter 0.00089 of gross receipts (the amount in section 1)	
		E. Subtract 4.000 from the total DSEs (the figure on line C in	
		section 2) and enter here	
		F. Multiply line D by line E and enter here	
		G. Add lines A, C, and F. This is your surcharge. Enter here and on line 2, block 4, space L (page 7)	
		Syndicated Exclusivity Surcharge	
		ctions:	
8		ust complete this part of the DSE schedule for the SUM OF PERMITTED DSEs in part 6, block B; however, if block A of par checked "Yes," use the total number of DSEs from part 5.	rt
		ck A, indicate, by checking "Yes" or "No," whether your system carried any partially distant stations.	
Computation	-	ar answer is "No," compute your system's base rate fee in block B. Leave part 9 blank.	
of Base Rate Fee	If you blank	ir answer is "Yes" (that is, if you carried one or more partially distant stations), you must complete part 9. Leave block B belo	W
		is a partially distant station? A station is "partially distant" if, at the time your system carried it, some of your subscribers	
		ocated within that station's local service area and others were located outside that area. For the definition of a station's "local	I
	service	e area," see page (v) of the general instructions.	
		BLOCK A: CARRIAGE OF PARTIALLY DISTANT STATIONS	
	• Did y	our cable system retransmit the signals of any partially distant television stations during the accounting period?	
		X Yes—Complete part 9 of this schedule. No—Complete the following sections.	
		BLOCK B: NO PARTIALLY DISTANT STATIONS—COMPUTATION OF BASE RATE FEE	
	Section		
	1	Enter the amount of gross receipts from space K (page 7)	
	Section	Enter the total number of permitted DSEs from block B, part 6 of this schedule.	
	2	(If block A of part 6 was checked "Yes," use the total number of DSEs from part 5.) ▶	
		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)	<u> </u>
		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	Da3e Nate : €€	<u></u>

DSE SCHEDULE. PAGE 17. ACCOUNTING PERIOD: 2024/2

	AME OF OWNER OF CABLE SYSTEM: SYSTEM ID# FHERN IOWA COMMUNICATIONS PARTNERS 63492	Nama
Section	If the figure in section 2 is more than 4.000, compute your base rate fee here and leave section 3 blank.	
4		8
	A. Enter 0.01064 of gross receipts (the amount in section 1) ▶\$	
	B. Enter 0.00701 of gross receipts (the amount in section 1) \$	Computation of
	C. Multiply line B by 3.000 and enter here	Base Rate Fe
	D. Enter 0.00330 of gross receipts (the amount in section 1)	
	(the amount in section 1)	
	E. Subtract 4.000 from total DSEs (the figure in section 2) and enter here	
	F. Multiply line D by line E and enter here > \$	
	G. Add lines A, C, and F. This is your base rate fee	
	Enter here and in block 3, line 1, space L (page 7) Base Rate Fee	
shall in	ETANT: It is no longer necessary to report television signals on a system-wide basis. Carriage of television broadcast signals stead be reported on a community-by-community basis (subscriber groups) if the cable system reported multiple channel line-Space G.	9
In Gen	eral: If any of the stations you carried were partially distant, the statute allows you, in computing your base rate fee, to exclude	Computation
	s from subscribers located within the station's local service area, from your system's total gross receipts. To take advantage of clusion, you must:	of
		Base Rate F
	Divide all of your subscribers into subscriber groups, each group consisting entirely of subscribers that are distant to the same or the same group of stations. Next: Treat each subscriber group as if it were a separate cable system. Determine the number or	Syndicated
DSEs a	and the portion of your system's gross receipts attributable to that group, and calculate a separate base rate fee for each group.	Exclusivity Surcharge
Finally	: Add up the separate base rate fees for each subscriber group. That total is the base rate fee for your system.	for
must al	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 lso compute a Syndicated Exclusivity Surcharge for each subscriber group. In this case, complete both block A and B below. er, if your cable system is wholly located outside all major television markets, complete block A only.	Partially Distant Stations, an
How to	Identify a Subscriber Group for Partially Distant Stations	for Partially Permitted
•	: For each community served, determine the local service area of each wholly distant and each partially distant station you to that community.	Stations
outside	: For each wholly distant and each partially distant station you carried, determine which of your subscribers were located the station's local service area. A subscriber located outside the local service area of a station is distant to that station (and, by	
	ne token, the station is distant to the subscriber.) : Divide your subscribers into subscriber groups according to the complement of stations to which they are distant. Each	
subscri	ber group must consist entirely of subscribers who are distant to exactly the same complement of stations. Note that a cable will have only one subscriber group when the distant stations it carried have local service areas that coincide.	
subscri	ating the base rate fee for each subscriber group: Block A contains separate sections, one for each of your system's ber groups.	
	section:	
	fy the communities/areas represented by each subscriber group. the call sign for each of the stations in the subscriber group's complement—that is, each station that is distant to all of the	
	bers in the group.	
l) 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, of this schedule; or,	
2) any	portion of your system is located in a major or smaller televison market, give each station's DSE as you gave it in block B, 6 of this schedule.	
Add tl	he DSEs for each station. This gives you the total DSEs for the particular subscriber group.	
	late gross receipts for the subscriber group. For further explanation of gross receipts see page (vii) of the general instructions apper SA3 form.	
page.	oute a base rate fee for each subscriber group using the formula outline in block B of part 8 of this schedule on the preceding In making this computation, use the DSE and gross receipts figure applicable to the particular subscriber group (that is, the total for that group's complement of stations and total gross receipts from the subscribers in that group). You do not need to show	

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

your actual calculations on the form.

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name 63492 NORTHERN IOWA COMMUNICATIONS PARTNERS Guidance for Computing the Royalty Fee for Partially Permitted/Partially NonPermitted Signals Step 1: Use part 9, block A, of the DSE Schedule to establish subscriber groups to compute the base rate fee for wholly and partially permitted distant signals. Write "Permitted Signals" at the top of the page. Note: One or more permitted signals in these subscriber groups may be partially distant. Step 2: Use a separate part 9, block A, to compute the 3.75 percent fee for wholly nonpermitted and partially nonpermitted distant signals. Write "Nonpermitted 3.75 stations" at the top of this page. Multiply the subscriber group gross receipts by total DSEs by .0375 and enter the grand total 3.75 percent fees on line 2, block 3, of space L. Important: The sum of the gross receipts reported for each part 9 used in steps 1 and 2 must equal the amount reported in space K. Step 3: Use part 9, block B, to compute a syndicated exclusivity surcharge for any wholly or partially permitted distant signals from step 1 that is subject to this surcharge. Guidance for Computing the Royalty Fee for Carriage of Distant and Partially Distant Multicast Streams Step 1: Use part 9, Block A, of the DSE Schedule to report each distant multicast stream of programming that is transmitted from a primary television broadcast signal. Only the base rate fee should be computed for each multicast stream. The 3.75 Percent Rate and Syndicated Exclusivity Surcharge are not applicable to the secondary transmission of a multicast stream. You must report but not assign a DSE value for the retransmission of a multicast stream that is the subject of a written agreement entered into on or before June 30, 2009 between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter.

EGAL NAME OF OWNE			RTNERS			S	63492	ļ
В				TE FEES FOR EAC			LID	
COMMUNITY/ AREA		SUBSCRIBER GRO	Ur	SECOND SUBSCRIBER GROUP COMMUNITY/ AREA 0				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Con
KEYCDT	0.25							Base
	-							_
								Sy Ex
								Su
								Р
		-						D Si
								0
Total DSEs	1		0.25	Total DSEs	1		0.00	
Gross Receipts First G	iroup	\$ 58	3,271.40	Gross Receipts Sec	cond Group	\$	0.00	
Base Rate Fee First G	roup	\$	155.00	Base Rate Fee Sec	cond Group	\$	0.00	
		SUBSCRIBER GRO	JP			SUBSCRIBER GRO	UP	
COMMUNITY/ AREA	RUTHV	EN		COMMUNITY/ ARE	A ROYAL			
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		-						
		-						
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third (Group	\$ 95	5,370.00	Gross Receipts Fou	ırth Group	\$	23,940.00	
							$\overline{}$	
Base Rate Fee Third (Group	\$	0.00	Base Rate Fee Fou	ırth Group	\$	0.00	
				<u> </u>				
Base Rate Fee: Add th			criber group	as shown in the boxe	s above.			
Enter here and in blocl	k 3, line 1, s	space L (page 7)				\$	3,336.26	

LEGAL NAME OF OWNE			RTNERS			S	63492	Name
ВІ		COMPUTATION OF		TE FEES FOR EAC		BER GROUP SUBSCRIBER GRO	NIP	
COMMUNITY/ AREA				COMMUNITY/ ARE				9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
KEYCDT	0.25	0,122 0.0.1	202	07.22 07011	332	0/122 0/011	332	Base Rate Fe
								and
								Syndicated
								Exclusivity
								Surcharge
								for
								Partially Distant
								Stations
						-		
Total DSEs			0.25	Total DSEs			0.00	
Gross Receipts First G	roup	s 53	,235.60	Gross Receipts Sec	ond Group	\$	21,105.00	
•	·							
Base Rate Fee First G	roup	\$	141.61	Base Rate Fee Sec	ond Group	\$	0.00	
(SEVENTH	SUBSCRIBER GRO	UP		EIGHTH	SUBSCRIBER GRO	UP	
COMMUNITY/ AREA	RINGST	ED		COMMUNITY/ ARE	A PALMER	<u> </u>		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
KEYCDT	0.25			KTIVDT	0.25			
				KTIVDT2	0.25			
				KTIVDT3	0.25			
				KTIVDT4	0.25			
			<u></u>					
Total DSEs			0.25	Total DSEs			1.00	
Gross Receipts Third G	Group	\$ 29	,855.10	Gross Receipts Fou	rth Group	\$	30,240.00	
Base Rate Fee Third G	Group	\$	79.41	Base Rate Fee Fou	rth Group	\$	321.75	
	-				•			
Base Rate Fee: Add th Enter here and in block			criber group	as shown in the boxe	s above.	\$		

LEGAL NAME OF OWNE			RTNERS			S	63492	Name
В		COMPUTATION O SUBSCRIBER GRO		TE FEES FOR EA		BER GROUP SUBSCRIBER GRO	OUP	
COMMUNITY/ AREA	POCAH	IONTAS		COMMUNITY/ ARE	EA PLOVER			9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
KTIVDT	0.25			KTIVDT	0.25			Base Rate Fee
KTIVDT2	0.25			KTIVDT2	0.25			and
KTIVDT3	0.25			KTIVDT3	0.25			Syndicated
KTIVDT4	0.25			KTIVDT4	0.25			Exclusivity
					-			Surcharge for
	<u> </u>				-			Partially
					-			Distant
								Stations
	_							
Total DSEs			1.00	Total DSEs			1.00	
Gross Receipts First G	roup	. 33	3,955.20	Gross Receipts Se	cond Group	\$	4,244.40	
Gloss Necelpts I list C	лоир	3 3.	7,333.20	Gross Necelpla Ge	cond Group	J	7,244.40	
Base Rate Fee First G	Froup	\$	361.28	Base Rate Fee Se	cond Group	\$	45.16	
E	LEVENTH	SUBSCRIBER GRO	UP		TWELVTH	SUBSCRIBER GRO	UP	
COMMUNITY/ AREA	CURLE	W		COMMUNITY/ ARE	EA ROLFE			
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
KTIVDT	0.25			KTIVDT	0.25			
KTIVDT2	0.25			KTIVDT2	0.25			
KTIVDT3	0.25			KTIVDT4	0.25			
KTIVDT4	0.25			KTIVDT4	0.25			
	_							
Total DSEs			1.00	Total DSEs			1.00	
Gross Receipts Third (Group	\$	707.40	Gross Receipts Fo	urth Group	\$	13,086.90	
Base Rate Fee Third (Group	\$	7.53	Base Rate Fee For	urth Group	\$	139.24	
1	e base rat	e fees for each subspace L (page 7)		as shown in the box	· 	\$	100.24	

THIRTEENTH SUBSTITUTE OF THE PROPERTY OF THE P			TE FEES FOR EAR COMMUNITY/ ARE CALL SIGN KTIVDT KTIVDT2 KTIVDT3 KTIVDT4	OURTEENTH	SUBSCRIBER GRO	UP DSE	9 Computat
CALL SIGN DSE CA KTIVDT 0.25 KTIVDT2 0.25 KTIVDT3 0.25			COMMUNITY/ ARE CALL SIGN KTIVDT KTIVDT2 KTIVDT3	DSE 0.25 0.25	END		9 Computat
CALL SIGN DSE CA KTIVDT 0.25 CA KTIVDT2 0.25 CA KTIVDT3 0.25 CA	ALL SIGN	DSE	CALL SIGN KTIVDT KTIVDT2 KTIVDT3	DSE 0.25 0.25		DSE	
KTIVDT 0.25 KTIVDT2 0.25 KTIVDT3 0.25	ALL SIGN	DSE	KTIVDT KTIVDT2 KTIVDT3	0.25 0.25	CALL SIGN	DSE	-
KTIVDT2 0.25 KTIVDT3 0.25			KTIVDT2 KTIVDT3	0.25			of
KTIVDT3 0.25			KTIVDT3				Base Rate
KTIVDT3 0.25			KTIVDT3	0.25			and
				<u> </u>	-		Syndicate
			KIIVDI4	0.25			Exclusivi
				0.23			
							Surcharg
							for
							Partially
						<u> </u>	Distant
							Stations
—————————————————————————————————————							
Total DSEs		1.00	Total DSEs			1.00	
Gross Receipts First Group \$	8,8	342.50	Gross Receipts Sec	cond Group	\$	44,212.50	
Base Rate Fee First Group \$		94.08	Base Rate Fee Sec	ond Group	\$	470.42	
FIFTEENTH SUBS	SCRIBER GROU	Р		SIXTEENTH	SUBSCRIBER GRO	UP	
COMMUNITY/ AREA HAVELOCK			COMMUNITY/ ARE	A WHITTEI	MORE		
CALL SIGN DSE CA	ALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
KTIVDT 0.25			KTIVDT	0.25			
KTIVDT2 0.25			KTIVDT2	0.25			
KTIVDT3 0.25			KTIVDT3	0.25			
KTIVDT4 0.25			KTIVDT4	0.25			
K11VD14 0.25			KIIVDI4	0.25			
					-		
H							
		4.65					
Total DSEs		1.00	Total DSEs			1.00	
Gross Receipts Third Group \$	8,8	342.50	Gross Receipts Fou	rth Group	\$	15,916.50	
Base Rate Fee Third Group \$		94.08	Base Rate Fee Fou	irth Group	\$	169.35	
Ψ		20		- · P	T		
Base Rate Fee: Add the base rate fees						7	

LEGAL NAME OF OWNE			RTNERS				YSTEM ID# 63492	Name
				TE FEES FOR EAC	CH SUBSCR	RIBER GROUP		
SEVE	NTEENTH	SUBSCRIBER GROU	JP	E	IGHTEENTH	SUBSCRIBER GRO	JP	^
COMMUNITY/ AREA	AYRSH	IRE - GILLETTE (GROVE	COMMUNITY/ ARE	A SWEA (CITY		9 Computa
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
				KEYCDT	0.25			Base Rate
								and
	<u></u>					·		Syndicate
								-
								Exclusivi
								Surcharg
								for
								Partially
								Distant
								Stations
		-						
						-		
Total DSEs			0.00	Total DSEs			0.25	
Gross Receipts First G	roup	\$ 7.	,781.40	Gross Receipts Sec	ond Group	\$	18,704.40	
5,000 1,000,pt0 1 iiot 0	гоар	·	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	l Cross resolpts cos	ona Oroap	<u> </u>		
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Sec	ond Group	\$	49.75	
		SUBSCRIBER GROU	JP			SUBSCRIBER GRO		
COMMUNITY/ AREA	ALGON	IA		COMMUNITY/ ARE	A GRAET	TINGER - WALLIN	NGFORD	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
KEYCDT	0.25							
KEYCDT2	0.25							
	<u></u>					·		
						n -		
						<u> </u>		
							<u> </u>	
	•				***************************************		100	
Fotal DSEs	•		0.50	Total DSEs			0.00	
Orogo Boosinto Third (roup	. 226			rth Crown	. 1	04 640 00	
Gross Receipts Third C	oroup	\$ 226	,987.20	Gross Receipts Fou	ıın Group	ş 1	04,610.00	
Base Rate Fee Third 0	Group	s 1	,207.57	Base Rate Fee Fou	rth Group	\$	0.00	
	P	<u>"</u>	,_01.01		Сточр	<u>*</u>	0.00	
Dasc Nate I co mila c								
Super Nate Fee Time C								
Base Rate Fee: Add the Enter here and in block			criber group	as shown in the boxe	s above.			

Nonpermitted 3.75 Stations

LEGAL NAME OF OWNE NORTHERN IOWA			RTNERS			S	YSTEM ID# 63492	Name
В	LOCK A: (COMPUTATION O	F BASE RA	TE FEES FOR EAC	H SUBSCR	IBER GROUP		
	FIRST	SUBSCRIBER GRO	UP		SECOND	SUBSCRIBER GRO	UP	_
COMMUNITY/ AREA	TITON	(A-BURT		COMMUNITY/ AREA	Α		0	9 Computat
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate I
								and
		_						Syndicate
	<u> </u>							Exclusivi
								Surcharg
		_						for
								Partially
								Distant
								Stations
	<u> </u>	=						
	<u> </u>							
	_							
Γotal DSEs			0.00	Total DSEs	•		0.00	
Gross Receipts First G	roup	\$ 58	3,271.40	Gross Receipts Seco	ond Group	\$	0.00	
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00	
	THIRD	SUBSCRIBER GRO	UP		FOURTH	SUBSCRIBER GRO	UP	
COMMUNITY/ AREA	RUTHV	'FN		COMMUNITY/ AREA				
					`			
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
	"	-						
		_				-		
	"	-						
			<u> </u>					
	<u> </u>							
otal DSEs			0.00	Total DSEs			0.00	
Gross Possints Third	- -	e 0.5	5,370.00	Gross Bossinta Face	th Group	¢	23,940.00	
Gross Receipts Third (этоир	\$ 95	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Gross Receipts Four	ιι	v	23,340.00	
Base Rate Fee Third 0	Group	\$	0.00	Base Rate Fee Four	th Group	\$	0.00	
				<u> </u>				
Base Rate Fee: Add the Enter here and in block			criber group	as shown in the boxes	s above.	\$	0.00	
Lines from and in biller	. 0, 1, 3	chanc = (hade 1)				*	0.00	

Nonpermitted 3.75 Stations

NORTHERN IOWA	COMMI	UNICATIONS PA	KINERS				63492	Name
В				TE FEES FOR EACH				
		SUBSCRIBER GRO	UP			SUBSCRIBER GRO	UP	9
COMMUNITY/ AREA	ARMST	RONG		COMMUNITY/ AREA	TERRIL			
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Base Rate
								and
		L						Syndicat
	<u> </u>	-				H		Exclusivi
						-		
		_				-		Surcharç for
		_				-		Partially
	<u> </u>	-				H		Distant
		-				-		Stations
		_				-		Stations
		-				-		
		_						
					.			
otal DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	roup	\$ 53	,235.60	Gross Receipts Secon	d Group	\$	21,105.00	
	. очр	-			а отоар	<u>*</u>		
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Secon	d Group	\$	0.00	
;	SEVENTH	SUBSCRIBER GRO	UP		EIGHTH	SUBSCRIBER GRO	UP	
COMMUNITY/ AREA	RINGS	TED		COMMUNITY/ AREA	PALME	R		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
						-		
		=						
		=				u 		
		=				u 		
	<u> </u>	=						
	<u>"</u>	_	<u>"</u>					
	<u> </u>	=	<u></u>			·		
	<u> </u>	=						
					<u> </u>	H		
			<u> </u>		†			
otal DSEs			0.00	Total DSEs	1	11	0.00	
UIAI DOES				Total DSEs				
Gross Receipts Third C	Group	\$ 29	,855.10	Gross Receipts Fourth	Group	\$	30,240.00	
Base Rate Fee Third C	Group	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block			criber group	as shown in the boxes a	above.	\$		

CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE B	EGAL NAME OF OWNE			RTNERS				63492	Name
COMMUNITY/ AREA PLOVER CALL SIGN DSE CALL S	BI				TE FEES FOR EA	CH SUBSCR	RIBER GROUP		
CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE B CALL SIGN DSE				UP				UP	9
CALL SIGN DSE CA	OMMUNITY/ AREA	POCAH	ONTAS		COMMUNITY/ ARE	A PLOVE	R		Computat
Total DSEs 0.00 Gross Receipts First Group \$ 33,955.20 Base Rate Fee First Group \$ 0.00 ELEVENTH SUBSCRIBER GROUP COMMUNITY/ AREA CURLEW COMMUNITY/ AREA ROLFE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
Total DSEs 0.00 Gross Receipts First Group \$ 33,955.20 Base Rate Fee First Group \$ 0.00 ELEVENTH SUBSCRIBER GROUP COMMUNITY/ AREA CURLEW COMMUNITY/ AREA ROLFE COMMUNITY/ AREA ROLFE									Base Rate
Total DSEs 0.00 Gross Receipts First Group \$ 33,955.20 Gross Receipts First Group \$ 0.00 Base Rate Fee First Group \$ 0.00 ELEVENTH SUBSCRIBER GROUP COMMUNITY/ AREA CURLEW COMMUNITY/ AREA ROLFE COMMUNITY/ AREA ROLFE							 		and
Total DSEs 0.00 Gross Receipts First Group \$ 33,955.20 Base Rate Fee First Group \$ 0.00 ELEVENTH SUBSCRIBER GROUP COMMUNITY/ AREA CURLEW COMMUNITY/ AREA ROLFE		•							Syndicate
Total DSEs O.00 Gross Receipts First Group Sase Rate Fee First Group ELEVENTH SUBSCRIBER GROUP COMMUNITY/ AREA CURLEW COMMUNITY/ AREA C			-						Exclusivi
Gross Receipts First Group \$ 33,955.20 Gross Receipts Second Group \$ 4,244.40 Base Rate Fee First Group \$ 0.00 Base Rate Fee Second Group \$ 0.00 ELEVENTH SUBSCRIBER GROUP COMMUNITY/ AREA CURLEW COMMUNITY/ AREA ROLFE									Surcharg
Gross Receipts First Group Sase Rate Fee First Group ELEVENTH SUBSCRIBER GROUP COMMUNITY/ AREA CURLEW Gross Receipts Second Group Sase Rate Fee Second Group TWELVTH SUBSCRIBER GROUP COMMUNITY/ AREA			-						for
Gross Receipts First Group \$ 33,955.20 Gross Receipts Second Group \$ 4,244.40 Base Rate Fee Second Group ELEVENTH SUBSCRIBER GROUP COMMUNITY/ AREA CURLEW COMMUNITY/ AREA ROLFE			-						Partially
Gross Receipts First Group \$ 33,955.20 Gross Receipts Second Group \$ 4,244.40 Base Rate Fee Second Group ELEVENTH SUBSCRIBER GROUP COMMUNITY/ AREA CURLEW COMMUNITY/ AREA ROLFE			-						Distant Stations
Gross Receipts First Group \$ 33,955.20 Gross Receipts Second Group \$ 4,244.40 Base Rate Fee Second Group ELEVENTH SUBSCRIBER GROUP COMMUNITY/ AREA CURLEW COMMUNITY/ AREA ROLFE			-						Stations
Gross Receipts First Group \$ 33,955.20 Gross Receipts Second Group \$ 4,244.40 Base Rate Fee First Group \$ 0.00 Base Rate Fee Second Group \$ 0.00 ELEVENTH SUBSCRIBER GROUP COMMUNITY/ AREA CURLEW COMMUNITY/ AREA ROLFE			-						
Gross Receipts First Group Sase Rate Fee First Group ELEVENTH SUBSCRIBER GROUP COMMUNITY/ AREA CURLEW Gross Receipts Second Group Sase Rate Fee Second Group TWELVTH SUBSCRIBER GROUP COMMUNITY/ AREA									
Gross Receipts First Group Sase Rate Fee First Group ELEVENTH SUBSCRIBER GROUP COMMUNITY/ AREA CURLEW Gross Receipts Second Group Sase Rate Fee Second Group TWELVTH SUBSCRIBER GROUP COMMUNITY/ AREA		<u> </u>							
Gross Receipts First Group \$ 33,955.20 Gross Receipts Second Group \$ 4,244.40 Base Rate Fee First Group \$ 0.00 Base Rate Fee Second Group \$ 0.00 ELEVENTH SUBSCRIBER GROUP COMMUNITY/ AREA CURLEW COMMUNITY/ AREA ROLFE									
Gross Receipts First Group \$ 33,955.20 Gross Receipts Second Group \$ 4,244.40 Base Rate Fee First Group \$ 0.00 Base Rate Fee Second Group \$ 0.00 ELEVENTH SUBSCRIBER GROUP COMMUNITY/ AREA CURLEW COMMUNITY/ AREA ROLFE			•						
Base Rate Fee First Group \$ 0.00 ELEVENTH SUBSCRIBER GROUP COMMUNITY/ AREA CURLEW COMMUNITY/ AREA ROLFE	otal DSEs		1	0.00	Total DSEs	'		0.00	
ELEVENTH SUBSCRIBER GROUP COMMUNITY/ AREA CURLEW COMMUNITY/ AREA ROLFE	Gross Receipts First G	oup	\$ 33	3,955.20	Gross Receipts Sec	ond Group	\$	4,244.40	
ELEVENTH SUBSCRIBER GROUP COMMUNITY/ AREA CURLEW COMMUNITY/ AREA ROLFE									
COMMUNITY/ AREA CURLEW COMMUNITY/ AREA ROLFE	ase Rate Fee First G	oup	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
	EI	EVENTH	SUBSCRIBER GRO)UP		TWELVTH	SUBSCRIBER GRO	UP	
CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE	OMMUNITY/ AREA	CURLE	W		COMMUNITY/ ARE	A ROLFE			
	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		•	-						
<u></u>									
		•							
		ļ							
									
		 							
Total DSEs 0.00 Total DSEs 0.00	otal DSEs	1		0.00	Total DSEs		11	0.00	
							•		
Gross Receipts Third Group \$ 707.40 Gross Receipts Fourth Group \$ 13,086.90	ross Receipts Third G	roup	>	101.40	Gross Receipts Fol	rin Group	\$	13,086.90	
Base Rate Fee Third Group \$ 0.00 Base Rate Fee Fourth Group \$ 0.00	ase Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	

Nonpermitted 3.75 Stations

Name	63492				· · · · · · · · · · · · · · · · · · ·			
				TE FEES FOR EACH				
_	Р	SUBSCRIBER GROUP			IP	SUBSCRIBER GROU		
9 Computa		BEND	WEST B	COMMUNITY/ AREA		RD	MALLA	COMMUNITY/ AREA
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate						07.12.21.21		
and							-	
Syndicat							-	
"	<mark></mark>						-	
Exclusiv						<u> </u>		
Surcharg						-		
for								
Partially								
Distant								
Stations						_		
•	<u></u>					= 	,	
							 	
								
						H	ļ	
							.	
	0.00			Total DSEs	0.00			otal DSEs
	4,212.50	\$ 4	d Group	Gross Receipts Second	842.50	\$ 8,	roup	Gross Receipts First G
	4 ,212.30	3 4	Group	Gross Receipts Second	042.30	\$ 0,	loup	oloss Receipts Filst G
	0.00	\$	d Group	Base Rate Fee Second	0.00	\$	roup	3ase Rate Fee First G
=	<u> </u>	\$ SUBSCRIBER GROUI				\$ SUBSCRIBER GROU		
	<u> </u>	SUBSCRIBER GROUP	XTEENTH			SUBSCRIBER GROU	TEENTH	FIF
	P	SUBSCRIBER GROUI	XTEENTH WHITTE	SI COMMUNITY/ AREA	IP	SUBSCRIBER GROU	TEENTH HAVEL	FIF
	<u> </u>	SUBSCRIBER GROUP	XTEENTH	SI		SUBSCRIBER GROU	TEENTH	FIF
	P	SUBSCRIBER GROUI	XTEENTH WHITTE	SI COMMUNITY/ AREA	IP	SUBSCRIBER GROU	TEENTH HAVEL	FIF
	P	SUBSCRIBER GROUI	XTEENTH WHITTE	SI COMMUNITY/ AREA	IP	SUBSCRIBER GROU	TEENTH HAVEL	FIF
	P	SUBSCRIBER GROUI	XTEENTH WHITTE	SI COMMUNITY/ AREA	IP	SUBSCRIBER GROU	TEENTH HAVEL	FIF
	P	SUBSCRIBER GROUI	XTEENTH WHITTE	SI COMMUNITY/ AREA	IP	SUBSCRIBER GROU	TEENTH HAVEL	FIF
	P	SUBSCRIBER GROUI	XTEENTH WHITTE	SI COMMUNITY/ AREA	IP	SUBSCRIBER GROU	TEENTH HAVEL	FIF
	P	SUBSCRIBER GROUI	XTEENTH WHITTE	SI COMMUNITY/ AREA	IP	SUBSCRIBER GROU	TEENTH HAVEL	FIF
	P	SUBSCRIBER GROUI	XTEENTH WHITTE	SI COMMUNITY/ AREA	IP	SUBSCRIBER GROU	TEENTH HAVEL	FIF
	P	SUBSCRIBER GROUI	XTEENTH WHITTE	SI COMMUNITY/ AREA	IP	SUBSCRIBER GROU	TEENTH HAVEL	FIF
	P	SUBSCRIBER GROUI	XTEENTH WHITTE	SI COMMUNITY/ AREA	IP	SUBSCRIBER GROU	TEENTH HAVEL	FIF
	P	SUBSCRIBER GROUI	XTEENTH WHITTE	SI COMMUNITY/ AREA	IP	SUBSCRIBER GROU	TEENTH HAVEL	FIF
	P	SUBSCRIBER GROUI	XTEENTH WHITTE	SI COMMUNITY/ AREA	IP	SUBSCRIBER GROU	TEENTH HAVEL	FIF
	P	SUBSCRIBER GROUI	XTEENTH WHITTE	SI COMMUNITY/ AREA	IP	SUBSCRIBER GROU	TEENTH HAVEL	COMMUNITY/ AREA
	P	SUBSCRIBER GROUI	XTEENTH WHITTE	SI COMMUNITY/ AREA	IP	SUBSCRIBER GROU	TEENTH HAVEL	FIF
	P	SUBSCRIBER GROUI	XTEENTH WHITTE	SI COMMUNITY/ AREA	IP	SUBSCRIBER GROU	TEENTH HAVEL	FIF
	P	SUBSCRIBER GROUI	XTEENTH WHITTE	SI COMMUNITY/ AREA	IP	SUBSCRIBER GROU	TEENTH HAVEL	FIF
	P	SUBSCRIBER GROUI	XTEENTH WHITTE	SI COMMUNITY/ AREA	IP	SUBSCRIBER GROU	TEENTH HAVEL	FIF
	P	SUBSCRIBER GROUI	XTEENTH WHITTE	SI COMMUNITY/ AREA	IP	SUBSCRIBER GROU	TEENTH HAVEL	FIF
	DSE O.00	SUBSCRIBER GROUI CALL SIGN	DSE	CALL SIGN CALL SIGN Total DSEs	DSE O.00	SUBSCRIBER GROU OCK CALL SIGN	DSE	CALL SIGN CALL SIGN Total DSEs
	DSE	SUBSCRIBER GROUI CALL SIGN	DSE	CALL SIGN	DSE	SUBSCRIBER GROU OCK CALL SIGN	DSE	CALL SIGN

LEGAL NAME OF OWNE			RTNERS				63492	Name
				TE FEES FOR EACH				
		SUBSCRIBER GRO				SUBSCRIBER GRO	UP	9
COMMUNITY/ AREA	AYRSH	IRE - GILLETTE	GROVE	COMMUNITY/ AREA	SWEA C	CITY		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 G	roup	\$ 7	,781.40	Gross Receipts Secon	d Group	\$	18,704.40	
·	•		<u>·</u>	·	·	·		
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Secon	d Group	\$	0.00	
NII	NTEENTH	SUBSCRIBER GRO	UP	T\	VENTIETH	SUBSCRIBER GRO	UP	
COMMUNITY/ AREA	ALGON	IA		COMMUNITY/ AREA	GRAET	TINGER - WALLII	NGFORD	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
						 -		
						H		
					.	-		
								
otal DSEs			0.00	Total DSEs		<u> </u>	0.00	
Gross Receipts Third C	Group	\$ 226	,987.20	Gross Receipts Fourth	Group	\$ 1	04,610.00	
		le .	0.00	Base Rate Fee Fourth	Group	\$	0.00	
Base Rate Fee Third C	Group	Þ	0.00			<u>*</u>	0.00	
ase Rate Fee Third C	Group	\$	0.00				0.00	
		te fees for each subs		as shown in the boxes a		V	0.00	

FORM SA3E. PAGE 20.

	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	NORTHERN IOWA COMMUNICATIONS PARTNERS	63492
	BLOCK B: COMPUTATION OF SYNDICATED EXCLUS	SIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP
9	If your cable system is located within a top 100 television market and Syndicated Exclusivity Surcharge. Indicate which major television may by section 76.5 of FCC rules in effect on June 24, 1981:	
Computation of	☐ First 50 major television market	Second 50 major television market
Base Rate Fee	INSTRUCTIONS:	,
and	Step 1: In line 1, give the total DSEs by subscriber group for comm	ercial VHF Grade B contour stations listed in block A, part 9 of
Syndicated Exclusivity	this schedule. Step 2: In line 2, give the total number of DSEs by subscriber group	o for the VHF Grade B contour stations that were classified as
Surcharge	Exempt DSEs in block C, part 7 of this schedule. If none er	
for Partially	Step 3: In line 3, subtract line 2 from line 1. This is the total numberStep 4: Compute the surcharge for each subscriber group using the	,
Distant Stations		gures applicable to the particular group. You do not need to show
	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 this subscriber group	total number of DSEs for this subscriber group
	subject to the surcharge	subject to the surcharge
	computation	computation
	SYNDICATED EXCLUSIVITY	SYNDICATED EXCLUSIVITY
	SURCHARGE	SURCHARGE
	First Group	Second Group
	THIRD SUBSCRIBER GROUP	FOURTH SUBSCRIBER GROUP
	Line 1: Enter the VHF DSEs	Line 1: Enter the VHF DSEs
	Line 2: Enter the Exempt DSEs	Line 2: Enter the Exempt DSEs
	Line 3: Subtract line 2 from line 1	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 computation	subject to the surcharge computation
	SYNDICATED EXCLUSIVITY SURCHARGE	SYNDICATED EXCLUSIVITY SURCHARGE
	Third Group	Fourth Group
	SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for in the boxes above. Enter here and in block 4, line 2 of space L (pag	

FORM SA3E. PAGE 20.

Nama	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	NORTHERN IOWA COMMUNICATIONS PARTNERS	63492
	BLOCK B: COMPUTATION OF SYNDICATED EXCLUS	IVITY SURCHARGE FOR EACH SUBSCRIBER GROUP
9	If your cable system is located within a top 100 television market and Syndicated Exclusivity Surcharge. Indicate which major television ma by section 76.5 of FCC rules in effect on June 24, 1981:	
Computation of	First 50 major television market	Second 50 major television market
Base Rate Fee	INSTRUCTIONS:	
and	Step 1: In line 1, give the total DSEs by subscriber group for comme	ercial 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 VHE Grade B contour stations, that were classified as
Exclusivity Surcharge	Exempt DSEs in block C, part 7 of this schedule. If none en	
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	
Distant Stations	your actual calculations on this form.	gures applicable to the particular group. You do not need to show
	,	
l	FIFTH SUBSCRIBER GROUP	SIXTH SUBSCRIBER GROUP
	Line 1: Enter the VHF DSEs	Line 1: Enter the VHF DSEs
	Line 2: Enter the Exempt DSEs	Line 2: Enter the Exempt DSEs
	Line 3: Subtract line 2 from line 1	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 this subscriber group	total number of DSEs for this subscriber group
	subject to the surcharge	subject to the surcharge
	computation	computation
	SYNDICATED EXCLUSIVITY	SYNDICATED EXCLUSIVITY
	SURCHARGE	SURCHARGE
	First Group	Second Group
	SEVENTH SUBSCRIBER GROUP	EIGHTH SUBSCRIBER GROUP
	Line 1: Enter the VHF DSEs	Line 1: Enter the VHF DSEs
	Line 2: Enter the Exempt DSEs	Line 2: Enter the Exempt DSEs
	Line 3: Subtract line 2 from line 1	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	SYNDICATED EXCLUSIVITY
	SURCHARGE Third Group \$	SURCHARGE Fourth Group\$
	1111d 010dp	Touriti Group
	SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for in the boxes above. Enter here and in block 4, line 2 of space L (page	
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FORM SA3E. PAGE 20.

	LEGAL NAME OF OWNER OF CABLE SYSTEM: NORTHERN IOWA COMMUNICATIONS PARTNERS 634			
Name				
	BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP			
9	If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you mus also compute a Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined by section 76.5 of FCC rules in effect on June 24, 1981:			
Computation of	☐ First 50 major television market	Second 50 major television market		
Base Rate Fee and	INSTRUCTIONS:	arcial VHE Grade R contour stations listed in block A part 0 of		
Syndicated Exclusivity Surcharge	 Step 1: In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block A, part 9 of this schedule. 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 Exempt DSEs in block C, part 7 of this schedule. If none enter zero. 			
for Partially Distant Stations	 Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used 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. 			
	NINTH SUBSCRIBER GROUP	TENTH SUBSCRIBER GROUP		
	Line 1: Enter the VHF DSEs	Line 1: Enter the VHF DSEs		
	Line 2: Enter the Exempt DSEs	Line 2: Enter the Exempt DSEs		
	Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation	Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation		
	SYNDICATED EXCLUSIVITY SURCHARGE First Group	SYNDICATED EXCLUSIVITY SURCHARGE Second Group		
	ELEVENTH SUBSCRIBER GROUP	TWELVTH SUBSCRIBER GROUP		
	Line 1: Enter the VHF DSEs	Line 1: Enter the VHF DSEs		
	Line 2: Enter the Exempt DSEs	Line 2: Enter the Exempt DSEs		
	Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge	Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge		
	computation	computation		
	SYNDICATED EXCLUSIVITY SURCHARGE Third Group	SYNDICATED EXCLUSIVITY SURCHARGE Fourth Group		
	SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for e in the boxes above. Enter here and in block 4, line 2 of space L (page	each subscriber group as shown		

FORM SA3E. PAGE 20.

	LEGAL NAME OF OWNER OF CABLE SYSTEM: NORTHERN IOWA COMMUNICATIONS PARTNERS 634		
Name			
	BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP		
9	If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you mus also compute a Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined by section 76.5 of FCC rules in effect on June 24, 1981:		
Computation of	☐ First 50 major television market	Second 50 major television market	
Base Rate Fee	INSTRUCTIONS:		
and Syndicated	Step 1: In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block A, part 9 of this schedule.		
Exclusivity	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		
Surcharge for	Exempt DSEs in block C, part 7 of this schedule. If none enter zero. Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge.		
Partially	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		
Distant Stations	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.		
	,		
	THIRTEENTH SUBSCRIBER GROUP	FOURTEENTH 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 SURCHARGE	SYNDICATED EXCLUSIVITY SURCHARGE	
	First Group \$	Second Group \$	
	FIFTEENTH SUBSCRIBER GROUP	SIXTEENTH SUBSCRIBER GROUP	
	Line 1: Enter the VHF DSEs	Line 1: Enter the VHF DSEs	
	Line 2: Enter the Exempt DSEs	Line 2: Enter the Exempt DSEs	
	Line 3: Subtract line 2 from line 1	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 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)		

FORM SA3E. PAGE 20.

	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	
Name	NORTHERN IOWA COMMUNICATIONS PARTNERS 634		
	BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP		
9 Computation	If your cable system is located within a top 100 television market and syndicated Exclusivity Surcharge. Indicate which major television mar by section 76.5 of FCC rules in effect on June 24, 1981:	rket any portion of your cable system is located in as defined	
of Base Rate Fee	☐ First 50 major television market INSTRUCTIONS:	Second 50 major television market	
and	Step 1: In line 1, give the total DSEs by subscriber group for comme	rcial VHF Grade B contour stations listed in block A, part 9 of	
Syndicated Exclusivity Surcharge for Partially Distant Stations	 this schedule. In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were classified as Exempt DSEs in block C, part 7 of this schedule. If none enter zero. In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge. 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. 		
	SEVENTEENTH SUBSCRIBER GROUP	EIGHTEENTH SUBSCRIBER GROUP	
	Line 1: Enter the VHF DSEs	Line 1: Enter the VHF DSEs	
	Line 2: Enter the Exempt DSEs	Line 2: Enter the Exempt DSEs	
	Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation	Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation	
	SYNDICATED EXCLUSIVITY	SYNDICATED EXCLUSIVITY	
	SURCHARGE First Group	SURCHARGE Second Group\$	
	NINEENTH SUBSCRIBER GROUP	TWENTYTH SUBSCRIBER GROUP	
	Line 1: Enter the VHF DSEs	Line 1: Enter the VHF DSEs	
	Line 2: Enter the Exempt DSEs	Line 2: Enter the Exempt DSEs	
	Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group	Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group	
	subject to the surcharge computation	subject to the surcharge computation	
	SYNDICATED EXCLUSIVITY SURCHARGE	SYNDICATED EXCLUSIVITY SURCHARGE	
	Third Group	Fourth Group	
	SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for e in the boxes above. Enter here and in block 4, line 2 of space L (page		