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.

STATEMENT OF ACCOUNT

for Secondary Transmissions by

Cable Systems (Long Form)

General instructions are located in

the first tab of this workbook.

# SA3E Long Form

Return completed workbook by email to

#### coplicsoa@copyright.gov

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

Α ACCOUNTING PERIOD COVERED BY THIS STATEMENT: 2024/2 Accounting Period Instructions: Β Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corpo-Owner rate title of the subsidiary, not that of the parent corporation. List any other name or names under which the owner conducts the business of the cable system. If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entire accounting period. 851 Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division. LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM Alliance Communications Cooperative, Inc. 8512024/2 851 2024/2 **PO Box 349** Garretson, SD 57030 **INSTRUCTIONS:** In line 1, give any business or trade names used to identify the business and operation of the system unless these С names already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B. System IDENTIFICATION OF CABLE SYSTEM: 1 MAILING ADDRESS OF CABLE SYSTEM: 2 (Number, street, rural route, apartment, or suite number) City, town, state, zip code) D Instructions: For complete space D instructions, see page 1b. Identify only the first community served below and relist on page 1b with all communities. Area Served CITY OR TOWN STATE Garretson SD First Community Below is a sample for reporting communities if you report multiple channel line-ups in Space G. CITY OR TOWN (SAMPLE) CH LINE UP STATE SUB GRP# MD Alda Α Sample MD В 2 Alliance MD в 3 Gering Privacy Act Notice: Section 111 of Title 17 of the United States Code authorizes the Copyright Office to collect the personally identifying information (PII) requested on this form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address, and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Office's public indexes and in search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal sufficiency of the filing, a determination that would be made by a court of law.

# FOR COPYRIGHT OFFICE USE ONLY DATE RECEIVED AMOUNT 2/21/2025 \$ ALLOCATION NUMBER

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

FORM SA3E. PAGE 1b.

Name         Attiance Communications Cooperative, Inc.         84           E         Secondary Transmission         Secondary Executive Secondary Transmission         Secondary Executive Secondary Transmission         Secondary Executive Secondary Transmission         Secondary Executive Secondary Transmission         Secondary Executive Secondary Transmission         Secondary Executive Secondary Transmission         Secondary Executive Secondary Transmission         Secondary Executive Secondary Transmission         Secondary Executive Secondary Transmission         Secondary Secondary Transmission         Secondary Secondary Transmission         Secondary Secondary Secondary Transmission         Secondary Seco	News	LEGAL NAME OF OWNER OF CABL	E SYSTEM:						S	YSTE	EM ID
E       In General: The information in grace E should cover all categories of secondary transmission service of the retarnomission of tendension and rately breadeasts by your system to auborate. Give information about other services (including pay cately in space E, not here. All the facts you state must be those existen on the instance of subscribers in a sch category by counting peter during and so to December 31. as the case moups the number of subscribers in a cate category by counting the number of billings in that category (in number of subscribers to the cable system, broken down by categories of secondary transmission service. Include both the amount of the charge and the category of service. Include both the amount of the charge and the category	Name	Alliance Communicatio	ns Coopera	tive, l	nc.						85
Secondary Transmission Rets         Secondary and the subscription of the instance and radio broadcess by your system to subscribers. Give information and out ofter services in paper E and here. All the facts you state must be indone existing on the stat day of the accounting period (June 30 or Desember 31, as the case may be).           Winder of Subscripters: Both blocks in space E and the number of subscripters in exclusion of the accounting the number of subscripters in exclusion of the subscripters: Both blocks in space E and the number of subscripters in exclusion of the number of subscripters in exclusion of the accounting the number of subscripters in exclusion of the charge and the charged space sparately for the particular service at the rate indicated — on the number of subscripters and the charged the unit in which it is generally Dilled. (Example: "Subscripters any standard rate valations which a particular rate chargery but to no indivad discussing experiment.           Business commonly moving the number of subscripters and radio for each stepsy vision. Note: White an antibiotic of second incide discussing comparison.           Subscripter which and the charge of second conductant transmission service that catel upstem moving system. Note: Where an individual set space is subscripters and radio for each subscripters and radio charger system. Note: Where an individual set subscripters and radio for each subscripters and radio for each subscripters.           BioCk: 1 (Your cately system is react categories for cost asservation as existent and the charger and subscripters and radio disecting asservation that induce dise asservations and radio in the charge and radio category system moves that subscripters.           BioCk: 1 (Your example, List of the service is and the charge and beaccostas) system moves system. Note: Where an induchald a		SECONDARY TRANSMISSION	SERVICE: S	UBSCR	IBERS AND R	ATES					
Secondary Transmission Service: Sub- scription         about other services (including pay, cable) in space F, not here. All the facts you state must be those existing on the transmission service: Sub- scription           Retes         Number of Subscripters: Both blocks in space F, not here. All the facts you state must be those existing, notken down by categories of secondary transmission service. In general, you can compute the number of subscripters in each category by counting the number of billings in that category (the number of subscripters in each category by counting the number of billings in that category (the number of secondary transmission service). Rete: Give the standard tate changed for each category of service. Include both the amount of the change and the unit which it is generally vialed. (category the number of subscripters are due to the category, but do not include duecounts allowed for advance payment.           Before the mumous of the change of the advance payment.         Before the service in additional sets would be included as a subscripter in and tail for advance adjunct.           Bidde to your system. Note: Where an individual or organization is receiving service that and fifterent different existence in the service is adjuncter. Service to additional sets:         Bidde 200 (Category CE angle). Example: a residential subscripters and rates, in the right-hand block. A two- or three-word description of the service is sufficient.           Bidde Control one of subscripters and rates, in the right-hand block. A two- or three-word description of the service is sufficient.         Bidde 2 (CatEGORY OF SERVICE SUBSCRIBERS RATE Services to first set (First and () separate rate)         Bidde 2 (CatEGORY OF SERVICE SUBSCRIBERS RATE Services to first set () services in adjunct and services have complexes; your	E		•		-		•				
Transmission Barvice: Sub- Service: Sub- Rates         Isst day of the accounting period (June 30 or December 31, as the case may be). Number of Subscripters: Boh blocks in space E. In general, you can compute the number of subscripters in each otagory by conting the number of billings in that category (the number of sets acceiving service). Rate: Give the standard rate charged for each category (the number of sets acceiving service). Rate: Give the standard rate charged for each category (set number of sets acceiving service). Biock 1: In the left-hard block in space E. In term lists the categories of accordary transmission service that category that applies to your system. Note: Where an individual or organization is neewing service that fails under the category that applies to your system. Note: Where an individual or organization is neewing service that fails under Glowert categories, that period end the counted as a subscripter in each applicable category. Example: a residential service subscripters and rates of services that include one or more accordary transmission service that and efferent from those printed in block 1 (for example. item of services that include one or more accordary transmission) service that and efferent from those printed in block 1 (for example. item of services that include one or more accordary transmission) service that and efferent from those printed in block 1 (for example. item of services that include one or more accordary transmission) service that and efferent from those printed in block 1 (for example. item of services that include one or more accordary transmission) service is a sufficient.           Biok 2: I your cable system has and category item in the origit from the under Service is a sufficient.         Biok 2: I your cable system from the origit from the under Service is a sufficient.           Biok 3: I wite apple         Service I wite apple apple apple apple a		-					•				
Service: Sub- services up- Rates         Number of Subscribers: Both blocks in space E call for the number of subscribers to the cable system, broken each category by counting the number of billings in that category (the number of secondary transmission service). Rate: Sive the standard rate charged for each category of service. Include both the amount of the charge and the up and the standard rate charged for each category of service. Include both the amount of the charge and the unit which it is generally siled. (Example: 'S20mmi'), Summarize any standard rate variations within a particular rate category, but do not include discounts allowed for advance payment.         Biock : 1: In the chard block in space E. In the firm lists the category is standard rate variations within a particular rate categorie, that person or entity should be counted as a subscribers and rate for each that fails under different categories, that person are entity should be counted as a subscriber and rate for each that fails under different categories, that person are entity should be counted as a subscriber and rate of each that fails under different categories, that person are entity should be counted as a subscriber and rate categories of secondary transmission service that that mode different categories of secondary transmission service that are different from those primed in block 1 (for example; ters of services that include one or more secondary transmissions) is service to the sufficient.           Block 2:         Non-OF Service to first set -Service to first set -Service to that set -Service to first set -Service to that set -Service to that set categories for secondary transmission service share -Service to first set -Service to first set -Service to additional set(s).         Block 2: -Service to first set -Service to additional set(s).           Secondary -Service to first set -Service to additional set(s). <td>-</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>those exis</td> <td>sting on the</td> <td></td> <td></td>	-							those exis	sting on the		
Sertions and Rates         down by categories of secondary transmission service. In general, you can compute the number of orsions or organizations charged separately for the particular service at the rate indicated—ont the number of sets nearing service).           Rate: Give the standard rate charged for each category (the number of sets nearing service).         Biot 1: In the left-hand block in space E. The form lists the categories of secondary transmission service that cable segore, but on include discound bloc counted as a subscripter in each applicable category. Example: a residential subscripter 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 and as aubcorber in eace secondary transmissions. Just them, together with the number of subscripters and rates, in the right-hand block. A two- or three-word description of the service is sufficient.           Image: Residential subscripter 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 and set subscripter in advice secondary transmissions. Just them, together with the number of subscripters and rates, in the right-hand block. A two- or three-word description of the service is sufficient.           ELOCK 1         ELOCK 2         NO. OF CATEGORY OF SERVICE         SUBSCRIPERS         RATE           Service to additional sets, would be included in the service is sufficient.         NO. OF Services         Service to additional sets, would be included in the service is services and the subscripters information with respect to all your cable systems services that were not overefail           Mole, hold         Mole         NO. OF Services		, , , , , , , , , , , , , , , , , , , ,	·				,	able svster	m. broken		
Rates       each category by counting the number of billings in that category (the number of passnake or organizations charged separately for the particular service at the rate indicated—ont the number of sets readings service).         Rate: Sive the standard rate variage and the main indicated—ont the number of sets readings service).       Rate: Sive the standard rate variage and the annotations within a particular rate category, but do not include discounts allowed for advance payment.         BioC4: 11: the tech-hand tock: name: Size first form lists the categories of secondary transmission service that category that applies to your system. Note: Where an individual or organization is creating service: a residential subcriber with bernah and tock and service that fails under different categories, that person or entity should be counted as a subscriber in each applicable category. Example: tess of services that include one or more secondary transmission as write that are different from these printed in block. It for example: tess of services that include one or more secondary transmission service is sufficient.         BLOCK 1       BLOCK 1       BLOCK 2         CATEGORY OF SERVICE       subscribers and rate. In the right-hand block. No: OF         Residential:       Service to additional set(s)         Service to additional set(s)       Basic       3,767       5,62         Service to inst set       S								•			
Rate:         Give the standard rate charged for each category of service. Include both the amount of the charge and the unit which it is generally billed. (Example: "320mth"). Summarize any standard rate variations within a paticular rate category, but do not include discounts allowed for advance payment.           Biock 1: In the left-hand block in space 5, the form inits the categories of secondary transmission service that cable systems most commonly provide to their subscribers. Give the number of subscribers and rate or available category that applies to your system. Not:: Where an individual or organization is receiving service that fails under different categories, that person or entity should be counted as a subscriber in each applicable category. Example: a residential subscritter who pays exits for cables or secondary transmission service that are different from those printed in block 1 (for example, ties 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.           BLOCK 1         BLOCK 2           CATEGORY OF SERVICE         SUBSCRIBERS           Services to first set - Services to right set - Services of right set - Service	Rates			-			•	-	s charged		
F         Subscription         BLOCK 1         BLOCK 2           Viel to this definition of this state state in the right of the state state in the result of the state state state state in the result of the state state state state in the result of the state state state state state in the result of the state state state state in the result of the state state state state state in the result of the state state state state in the result of the state st							•	,			
category, but do not include discounts allowed for advance payment.             Biok 1: In the lefh-and block in space E, the form lists the categories of secondary transmission service that acable         systems most commonly provide to their subscribers. Give the number of subscribers and rate of each listed category.              Biok 1: In the lefh-and block in Where an individual or organization is receiving service that all sunder different         categories, that person or entity should be counted as a subscriber in each applicable category.        Example: a residential             Biok 2: If your system. Note: state categories for secondary transmissions envice that are different from those         prined in block 1 (for example, tiers of services that include one or more secondary transmissions), list them, together             Biok 2: If your cable system has rate categories for secondary transmission service that are different from those         prined in block 1 (for example, tiers of services that include one or more secondary transmissions         sufficient.             Biok 2: If your cable system has rate categories for secondary transmissions             Survices to first set             Services to first set             Service to additional set(s)             Fild radie (if separate rate)             Motion host             Services             Services             Services			-						-		
Biock 1: In the loft-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 fields under different categories, that person or entity should be counted as a subscriber in each applicable category. Examples, 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)."           Biock 2: If your cable system has rate categories for secondary transmission service that are different from hose printed in block 1 (for example, lates) devices of services that include one or more secondary transmission).         Biock 2: If your cable system has rate categories for secondary transmission.           Biock 1: (for example, lates) devices of services that include category transmission.         Biock 2: If your cable system has rate categories for secondary transmission.         Biock 2: If your cable system has rate categories for secondary transmission.           Service to additional set(s):         Image: transmission service to far set:         Service to additional set(s):         Image: transmission service for secondary transmission.           Service to first set:         Service to additional set(s):         Image: transmission service set that were not covered in separate rate;         Image: transmission services from the services in the form that are to different information.           Services Other Than SECONDARY TRANSMISSIONS: RATES In General: Space F cable for take (not cables) information with respect to all your cable system's services that were not covered in space E; that is, those se								is within a	i particular rate		
It hat applies to your system, Note: Where an individual or organization is receiving service that fails under different ''       -         ctappoies, that person or entity should be counted as a subscriber in each applicable category. Example, are residential subscriber who pays extra for cable service to additional set(s)'.       -         Biock 2: if your cable system has rate categories for secondary transmission service that are different from these printed in block 1 (for example, tiers of services that include one or more secondary transmission), 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.         BLOCK 1       ELOCK 2         CATEGORY OF SERVICE       SUBSCRIBERS         Particle 1       Basic         Service to first set		0,00					condary transm	ission serv	/ice that cable		
Image: Static person or onlity should be counted as a subscriber in each applicable category. Example: a residential subscriber who page works for cable service to additional set(s)."       Biock 2:19 your cable system has rate categories for secondary transmission service that are different from those printed in block. I (for example, tiers of services that include one or more secondary transmission, 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.         BLOCK 1       BLOCK 1       BLOCK 2         CATEGORY OF SERVICE       Subscribers and rates, in the right-hand block. A two- or three-word description of the service is sufficient.         • Service to first set       3.767 \$ 6.65.         • Service to first set		5							0,		
Subscriber who pays extra for cable service to additional sets: would be included in the count under "Service to additional set(s)."       Biock 2: If your cable system has rate categories for secondary transmission, service that are different from those printed in block 1: (for example, lister of services that include one or more secondary transmission), solution the service is sufficient.         Biock 2: If your cable system has rate categories for secondary transmission, service that are different from those printed in block 1: (for example, lister of services that include one or more secondary transmissions), solution the service is sufficient.         Biock 2: If your cable system has rate categories for secondary transmission.       BLOCK 1       BLOCK 2         CATEGORY OF SERVICE       NO. OF       CATEGORY OF SERVICE       NO. OF         Category OF SERVICE       Susscribers in the right-hand block. A two- or three-word description of the service is sufficient.       Service to first set       Service to first se					•		•				
Inst set? and would be counted once again under "Service to additional set(s)."       Bitok 2: If your cable system has rate categories for secondary transmissions), list then, together with the number of subscribers and rates, in the right-hand block. A low-or three-word description of the service is sufficient.         BLOCK 1       BLOCK 1       BLOCK 2         CATEGORY OF SERVICE       SUBSCRIBERS       RATE       CATEGORY OF SERVICE       SUBSCRIBERS         Residential:       - Service to additional set(s)       - CATEGORY OF SERVICE       SUBSCRIBERS       RATE         Service to additional set(s)       - FM radio (ff separato rate)       - Eith       - Service to additional set(s)       - Service         Commercial       - Service to additional set(s)       - Nursing Home       - S - S - Nursing Home <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>•</td> <td></td> <td></td> <td></td> <td></td>							•				
Block 2: If your cable system has rate categories for secondary transmission, service that are different from those printed in block 1 (for example, lister of services that include one rom core secondary transmission, 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.           BLOCK 1         BLOCK 2           CATEGORY OF SERVICE         SUBSCRIBERS         RATE           CATEGORY OF SERVICE         SUBSCRIBERS         RATE           CATEGORY OF SERVICE         SUBSCRIBERS         RATE           Service to first set								nuel Selv			
with the number of subscribers and rates, in the right-hand block. A two- or three-word description of the service is sufficient.           BLOCK 1         BLOCK 2           CATEGORY OF SERVICE         SUBSCRIBERS         RATE           CATEGORY OF SERVICE         SUBSCRIBERS         RATE           Service to first set         Service to additional set(s)         Eithe         2,903         5,16.           Service to additional set(s)         Eithe         2,903         5,16.         5,5.           FM radio (if separate rate)         Motel, hotel         Eithe         2,903         5,16.           Converter         Nursing Home         - 8,5.         -         5,5.         -           Residential         Motel, hotel         Nursing Home         - 8,5.         -           Converter         Nursing Home         - 8,5.         -         Nursing Home         - 8,5.           Non-residential         Motel         Motel         48,5.         3.0.         -           Services         In General: Space F, calls for rate (not subscriber) information with any secondary transmission services that are not offered in combination with any secondary transmission services or (2) Services that are not offered in combination on with any secondary transmission services or (2) Services or facilities framished to nose or facilities traininshed tononorabuschibers. Rate information sould include both th								e different	from those		
sufficient.         BLOCK 1         BLOCK 2           CATEGORY OF SERVICE         SUBSCRIBERS         RATE         CATEGORY OF SERVICE         SUBSCRIBERS         RATE           Residential:							•	,	-		
BLOCK 1         BLOCK 2           NO OF         CATEGORY OF SERVICE         SUBSCRIBERS         RATE         CATEGORY OF SERVICE         SUBSCRIBERS         RATE           Residential         · Service to first set         · Service to additional set(s)         · Elle         2,903         \$ 15.           · FM radio (if separate rate)         Motel, hotel         Elle         2,903         \$ 15.           · FM radio (if separate rate)         Motel, hotel         Family&Ed/Sports/Entertmt         188         \$ 11.           · FM radio (if separate rate)         Motel, hotel         Family&Ed/Sports/Entertmt         188         \$ 13.           · Converter         · Nursing Home         · S · ·         S · ·         Nursing Home         S · ·           · Non-residential         · Non-residential         Motel         48         \$ 30.           · Non-residential         · Non-residential         Motel         48         \$ 30.           services         final 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 rese to fered uncombination with any secondary transmission service for a single fee. There are two exceptions: you do not need to give 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, ente			and rates, in th	ne right-	hand block. A	two- or thr	ee-word descrip	tion of the	service is		
F         NO. OF Services to first set         NO. OF Service to first						T		BLOC	к 2		
Residential:			NO. OF			0.7			NO. OF		<u> </u>
• Service to first set       • Service to additional set(s)       • Service to additional set(s)         • FM radio (if separate rate)       • Service       • Service       • Service         Motel, hotel       • Service       • Service       • Service       • Service         • Residential       • Non-residential       • Non-residential       • Services       • Services         • Non-residential       • Non-residential       • Non-residential       • Services       • Services         • Non-residential       • Non-residential       • Services       • Services       • Services         Other Than Secondary ransmissions       services of a single fee. There are two exceptions: you do not need to give rate information concerning (1) services       • Services         Other Than Secondary ransmissions       services of a control (2) services or facilities furnished to nonsubscribers. Rate information soludi 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 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.         ECATEGORY OF SERVICE       RATE       CATEGORY OF SERVICE       RATE       CATEGORY OF SERVICE       RATE <td< td=""><td></td><td></td><td>SUBSCRIB</td><td>ERS</td><td>RATE</td><td>CAT</td><td>EGORY OF SEI</td><td>RVICE</td><td>SUBSCRIBERS</td><td>R</td><td>AIE</td></td<>			SUBSCRIB	ERS	RATE	CAT	EGORY OF SEI	RVICE	SUBSCRIBERS	R	AIE
• Service to additional set(s)						Basic			3 767	¢	65 (
+FM radio (if separate rate)       Limited       8       \$ 11:         Motel, hotel       Commercial       Nursing Home       -       \$ -         Converter       -       Residential       Non-residential       Non-residential       Non-residential       Non-residential         Non-residential       Services       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.         Excited 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 1       BLOCK 2         CATEGORY OF SERVICE       RATE       CATEGORY											
Motel, hotel Commercial Converter       Family&Ed/Sports/Entertmt       188       \$ 5.         Converter       Nursing Home       -       \$ -         • Residential       Nursing Home       -       \$ -         • Non-residential       Motel       48       \$ 30.         • Non-residential       Motel       48       \$ 30.         F       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 1: List any services that your cable system for each of the applicable services in the form of a brief (two- or three-word) description and include the rate for each.         CATEGORY OF SERVICE       RATE         CATEGORY OF SERVICE       RATE         Pay cable       -         • Pay cable       -         • Pay cable       -         • Fire protection       S 16.		( )									
Commercial Converter       Nursing Home       -       \$         · Residential       Nursing Home       -       \$         · Residential       Notel       48       \$       30.         in Converter       At an 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 with 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 are rate for each.         CATEGORY OF SERVICE       RATE         Pay cable       -         · Pay cable       -         · Pay cable       -         · Fire protection       -         · Fire protection       -         · Fire protection       -         · Fire protection       -         · Fire rotection       -							Ed/Sports/Ente	rtmt		\$	
• Residential       • Motel       48       \$ 30.0         • Non-residential       Motel       48       \$ 30.0         F       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       functional service for a single fee. There are two exceptions: you do not need to give rate information concerning (1) services         Secondary       transmissions:       Rates       Block 1: Give the standard rate charged by the cable system for each of the applicable services listed.       Block 1: Give the standard rate charged by the cable system for each of the applicable services in the form of a brief (two- or three-word) description and include the rate for each.         E       CATEGORY OF SERVICE       RATE       CATEGORY OF SERVICE       RATE         Installation:       Secondary       Wotel, hotel       Secondary       Secondary         • Pay cable       • Motel, hotel       • Motel, hotel       BLOCK 2       Category OF SERVICE       RATE         Isted in block 1 and for which a separate charge was made or established.       List dive for services:       Installation: Non-residential       HBO       \$ 16.2         • Pay cable       • Motel, hotel       • Oremercial       • Category OF SERVICE									-	\$	-
• Non-residential       • Non-residential         F       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 services for a single fee. There are two exceptions: you do not need to give rate information concerning (1) services of furinshed at cost or (2) services or facilities furnished to nonsubscribers. Rate information concerning (1) services 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 in the form of a brief (two- or three-word) description and include the rate for each.         It is used to be the services in the form of a brief (two- or three-word) description and include the rate for each.         BLOCK 1       BLOCK 2         CATEGORY OF SERVICE       RATE         CATEGORY OF SERVICE       RATE         Other hand       · Commercial         · Pay cable       · Motel, hotel         · First set       \$ 51.00         · Pay cable       · Pay cable         · Additional set(s)       \$ 26.00         · First set       \$ 51.00         · Pay cable       · Pay cable         · Fire protection       · Pay cable		Converter				Nursing	Home		-	\$	-
F       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 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 insted.         Block 2: List any services that your cable system for each of the applicable services in the form of a brief (two- or three-word) description and include the rate for each.         BLOCK 1       BLOCK 2         Continuing Services:       Installation: Non-residential · Pay cable · Fire protection · Burglar protection · Pay cable · Additional set(s) · FM radio (if separate rate) · Converter       S 51.00 · Pay cable · Reconnect · Pay cable · Reconnect · Outlet relocation       S 40.00 · Pay cable · Converter       S 40.00 · Disconnect · Outlet relocation		Residential				Motel			48	\$	30.
F       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 1       BLOCK 2         CATEGORY OF SERVICE       RATE         CATEGORY OF SERVICE       RATE         CATEGORY OF SERVICE       RATE         Other, hotel       •Motel, hotel         •Pay cable       •Motel, hotel         •Pay cable       •Pay cable-add'I channel         •Fire protection       •Pay cable-add'I channel         •Fire protection       •Pay cable-add'I channel         •Fire st et       \$ 26.00         Other services:       \$ 40.00 <td< td=""><td></td><td>Non-residential</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></td<>		Non-residential									
F       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 onsubscribers. 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 1       BLOCK 2         CATEGORY OF SERVICE       RATE         CATEGORY OF SERVICE       RATE         CATEGORY OF SERVICE       RATE         Other, hotel       •Motel, hotel         •Pay cable       •Motel, hotel         •Pay cable       •Motel, andel         •Fire protection       •Pay cable-add'I channel         •Fire protection       •Pay cable-add'I channel         •Fire stet       \$ 26.00         •Fire rotection       •Pay cable-add'I channel											
Image: Services of the 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 frunished 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 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.         Excert Continuing Services:       Installation: Non-residential            • Pay cable       • Motel, hotel            • Pay cable       • Motel, hotel            • Pay cable       • Pay cable            • Fire protection       • Burg/ar protection            • Fire protection       • Burg/a								atom'a ca	miless that wars		
Services Other Than Secondary ransmissions: Rates       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 1       BLOCK 2         CATEGORY OF SERVICE       RATE         CATEGORY OF SERVICE: • Pay cable • Pay cable • Pay cable • Pay cable • Fire protection • Burglar protection • Burglar protection • Burglar protection • Burglar protection • Burglar protection • Starz/Encore       Notel, hotel • Pay cable • Fire protection • Burglar protection • Burglar protection • Burglar protection • Burglar protection • Burglar protection • Converter       S 51.00 • Reconnect • Outlet relocation	F			,		•					
Services Other Than Secondary ramsissions Rates       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 charge dby the cable system for each of the applicable services listed.       Block 1: List any services that your cable system for each of the applicable services in the form of a brief (two- or three-word) description and include the rate for each.       BLOCK 1       BLOCK 2         CATEGORY OF SERVICE       RATE       CATEGORY OF SERVICE       RATE         CATEGORY OF SERVICE       RATE       CATEGORY OF SERVICE       RATE         Oontinuing Services:       Installation: Non-residential       HBO       \$ 16.9         Pay cable       • Motel, hotel       • Pay cable       • Motel, hotel       HBO       \$ 16.9         • Fire protection       • Pay cable       • Burglar protection       • Pay cable       • Starz/Encore       \$ 12.0         • First set       \$ 51.00       • Burglar protection       • Burglar protection       • Fire protection       • Fire protection       • Fire services:       • Fire services:       • Fire services:       • Outlet relocation       • Pay cable       • Outlet relocation       • Outlet relocation       • Outlet relocation       • Outlet relocation       • Outl	-										
Secondary ransmissions: Rates       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 for each of the applicable services in the form of a brief (two- or three-word) description and include the rate for each.         BLOCK 1       BLOCK 2         CATEGORY OF SERVICE       RATE       CATEGORY OF SERVICE         Pay cable       Installation: Non-residential       HBO       \$ 16.4         • Pay cable       • Motel, hotel       HBO       \$ 16.4         • Fire protection       • Pay cable       • Notel, hotel       Showtime       \$ 16.4         • Fire protection       • Pay cable       • Pay cable       \$ 16.4       Showtime       \$ 16.4         • First set       \$ 51.00       • Pay cable-add'l channel       • Fire protection       • Pay cable       \$ 16.4         • First set       \$ 51.00       • Burglar protection       • Fire protection       • Starz/Encore       \$ 12.4         • FM radio (if separate rate)       • Converter       • Reconnect       \$ 40.00       • Outlet relocation       • Outlet relocation	Services	•		-		-		• •	·		
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 1       BLOCK 2         CATEGORY OF SERVICE       RATE       CATEGORY OF SERVICE       RATE         CATEGORY OF SERVICE       RATE       CATEGORY OF SERVICE       RATE         Pay cable       • Motel, hotel       HBO       \$ 16.9         • Pay cable       • Motel, hotel       Showtime       \$ 16.9         • Fire protection       • Pay cable       • Pay cable       Showtime       \$ 16.9         • Fire protection       • Pay cable       • Motel, hotel       Showtime       \$ 16.9         • Fire protection       • Pay cable       • Pay cable       Showtime       \$ 16.9         • Fire protection       • Pay cable       • Pay cable       Showtime       \$ 16.9         • Fire protection       • Pay cable-add'l channel       • Fire protection       Showtime       \$ 16.9         • Fire protection       • Pay cable-add'l channel       • Fire protection       • Fire protection       • Fire protection       • Euconnect <t< td=""><td></td><td></td><td></td><td>s usuall</td><td>y billed. If any</td><td>rates are c</td><td>harged on a var</td><td>iable per-p</td><td>program basis,</td><td></td><td></td></t<>				s usuall	y billed. If any	rates are c	harged on a var	iable per-p	program basis,		
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 1       BLOCK 2         CATEGORY OF SERVICE       RATE       CATEGORY OF SERVICE       RATE         Continuing Services:       Installation: Non-residential       HBO       \$ 16.9         Pay cable       · Motel, hotel       Block 2       Cinemax       \$ 12.9         Fire protection       · Pay cable       · Motel, hotel       Showtime       \$ 16.9         · Fire protection       · Pay cable       · Pay cable       · Pay cable       · Commercial       Starz/Encore       \$ 12.9         · Fire protection       · Pay cable       · Commercial       · Cinemax       \$ 12.9         · Fire protection       · Pay cable       · P	-			the cab	le system for e	ach of the	applicable serv	ices listed			
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 1       BLOCK 2         CATEGORY OF SERVICE       RATE         Continuing Services:       Installation: Non-residential            • Pay cable           • Motel, hotel           • Motel, hotel           • Commercial           • Commercial           • Pay cable           • Showtime           \$ 16.9             • Burglar protection           • Pay cable           • Pay cable           • Showtime           \$ 12.9             • Fire protection           • Pay cable-add'l channel           • Pay cable-add'l channel           \$ 51.00           • Burglar protection           \$ 51.00           Burglar protection           ■           ■           ■           ■           ■             • First set					•		• •				
BLOCK 1     BLOCK 2       CATEGORY OF SERVICE     RATE     CATEGORY OF SERVICE     RATE     CATEGORY OF SERVICE     RATE       Continuing Services:     Installation: Non-residential      HBO     \$ 16.3       • Pay cable     • Motel, hotel      HBO     \$ 16.3       • Pay cable     • Commercial      Cinemax     \$ 12.9       • Fire protection     • Pay cable     Showtime     \$ 16.3       • Burglar protection     • Pay cable-add'l channel     Starz/Encore     \$ 12.9       • First set     \$ 51.00     • Burglar protection     Starz/Encore     \$ 12.9       • First set     \$ 26.00     Other services:         • FM radio (if separate rate)     • Reconnect     \$ 40.00         • Converter     • Disconnect     • Outlet relocation		-				-	-	•			
CATEGORY OF SERVICERATECATEGORY OF SERVICERATECATEGORY OF SERVICERATEContinuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection • First set • First set • FM radio (if separate rate) • ConverterInstallation: Non-residential • Motel, hotel • Commercial • Pay cable • Pay cable-add'l channel • Fire protection • Fire protection • Burglar protection • Fire protection • Burglar protectionCATEGORY OF SERVICE • RATE • Commercial • Fire protection • Burglar protectionRATE • Commercial • Pay cable • Fire protection • Burglar protectionRATE • Starz/EncoreCATEGORY OF SERVICE \$ 12.9 \$ 16.9 \$ 16.9 <br< td=""><td></td><td>brief (two- or three-word) descri</td><td>ption and inclu</td><td>de the r</td><td>ate for each.</td><td></td><td></td><td></td><td></td><td></td><td></td></br<>		brief (two- or three-word) descri	ption and inclu	de the r	ate for each.						
Continuing Services: · Pay cable · Pay cable—add'l channel · Fire protection · Burglar protection · First set · First set · Fir adio (if separate rate) · ConverterInstallation: Non-residential · Motel, hotel · Commercial · Pay cable · Pay cable-add'l channel · Pay cable-add'l channel · Fire protection · Fire protection · Fire protection · Fire protection · Fire protection · Fire protection · Burglar protection · Reconnect · Disconnect · Outlet relocationHBO\$ 16.9 Cinemax · Barz/Encore · Converter			BLO	CK 1					BLOCK 2		
• Pay cable       • Motel, hotel       Image: Sector Secto			RATE				RATE	CATEGO	DRY OF SERVICE	R	ATE
• Pay cable—add'l channel       • Commercial       • Commercial       • Pay cable         • Fire protection       • Pay cable       • Pay cable       \$ 12.9         • Burglar protection       • Pay cable-add'l channel       • Pay cable-add'l channel       \$ 16.9         • First set       • Fire protection       • Fire protection       \$ 12.9         • First set       • Pay cable-add'l channel       • Fire protection       \$ 12.9         • Additional set(s)       • Starz/Encore       \$ 12.9         • FM radio (if separate rate)       • Reconnect       \$ 40.00       • Pay cable         • Outlet relocation       • Outlet relocation       • Outlet relocation       • Outlet relocation		-				sidential				•	
• Fire protection       • Pay cable       • Pay cable       \$ 16.9         • Burglar protection       • Pay cable-add'l channel       • Pay cable-add'l channel       \$ 12.9         Installation: Residential       • Fire protection       • Fire protection       \$ 12.9         • First set       \$ 51.00       • Burglar protection       • Burglar protection       • • • • • • • • • • • • • • • • • • •		•									
•Burglar protection• Pay cable-add'l channelStarz/Encore12.9Installation: Residential • First set• Fire protection• Fire protection• Encore12.9• First set\$ 51.00• Burglar protection• Burglar protection• Encore• Encor		•									
Installation: Residential • First set • Additional set(s) • FM radio (if separate rate) • Converter• Fire protection • Burglar protection • Burglar protection • Reconnect • Disconnect • Outlet relocation• Fire protection • Burglar protection • Burglar protection						hannel					
• First set\$ 51.00• Burglar protection• Additional set(s)\$ 26.00Other services:• FM radio (if separate rate)• Reconnect\$ 40.00• Converter• Disconnect• Outlet relocation		- ·				nannei		Starz/En		φ	12.5
<ul> <li>Additional set(s)</li> <li>FM radio (if separate rate)</li> <li>Converter</li> <li>Converter</li> <li>Other services:</li> <li>Reconnect</li> <li>Disconnect</li> <li>Outlet relocation</li> </ul>			\$ 51.00		•	h					
<ul> <li>FM radio (if separate rate)</li> <li>Converter</li> <li>Outlet relocation</li> <li>40.00</li> <li></li></ul>					• •						
Converter     Outlet relocation			Ψ 20.00				\$ 40.00				
• Outlet relocation							÷ -0.00				
						ress					

FORM SA3E. PAGE 3.	
LEGAL NAME OF OWNER OF CABLE SYSTEM	SYSTEM ID#

LEGAL NAME OF OW	NER OF CABLE SY	/STEM:			SYSTEM ID#	
Alliance Comm	nunications	Cooperati	ve, Inc.		851	Name
PRIMARY TRANSMITT	ERS: TELEVISI	ON				
carried by your cable FCC rules and regula 76.59(d)(2) and (4), 7 substitute program ba <b>Substitute Basis</b> basis under specific F • Do not list the station station was carried • List the station here basis. For further i in the paper SA3 for <b>Column 1:</b> List ea each multicast stream cast stream as "WET. WETA-simulcast). <b>Column 2:</b> Give the its community of licen on which your cable s <b>Column 3:</b> Indicate educational station, b (for independent mult For the meaning of th <b>Column 4:</b> If the se planation of local serve <b>Column 5:</b> If you for cable system carried carried the distant state For the retransmis of a written agreement the cable system and tion "E" (exempt). For explanation of these to <b>Column 6:</b> Give the	system during t tions in effect o 6.61(e)(2) and 6 asis, as explained <b>Stations:</b> With CC rules, regul n here in space d only on a subs , and also in spa nformation condo- orm. ch station's call n associated wit A-2". Simulcast me channel num use. For exampl ystem carried th e in each case y entering the le icast), "E" (for n ese terms, see tation is outside vice area, see p nave entered "Y the distant stati- tion on a part-ti sion of a distant a primary trans simulcasts, als hree categories ne location of eat Canadian station	he accounting n June 24, 19 (4), or 76.63 ( ed in the next respect to an lations, or aut G—but do lis- titute basis. ace I, if the sta- cerning substi- sign. Do not h a station ac streams mus- ber the FCC I e, WRC is Ch he station. whether the s etter "N" (for n ioncommercia page (v) of the e the local ser age (v) of the fes" in column on during the me basis bec t multicast str n or before Ju- mitter or an a co enter "E". If s, see page (v) ach station. Fo	g period, except g period, except 281, permitting t referring to 76.6 paragraph. by distant station thorizations: at it in space I (the ation was carried itute basis station report origination cording to its own at be reported in thas assigned to be reported in thas assigned to a counting peri- ause of lack of the general of the general or U.S. stations, ye the name of the stations assigned to the station is a network the station is a network that is not that is not that is not that is not that is not the general instructor that is not that is not	(1) stations carrie he carriage of cer 51(e)(2) and (4))]; as carried by your he Special Statem d both on a subst ons, see page (v) on program servic ver-the-air design column 1 (list ea the television sta hington, D.C. This ork station, an ind (for network multi or "E-M" (for none distant"), enter "Y tions located in th mplete column 5, od. Indicate by er activated channel subject to a royal etween a cable sy esenting the prima channel on any c instructions locat list the communit with	Yes". If not, enter "No". For an ex- ne paper SA3 form. stating the basis on which your ntering "LAC" if your cable system capacity. ty payment because it is the subject ystem or an association representing ary transmitter, enter the designa- other basis, enter "O." For a further ed in the paper SA3 form. ty to which the station is licensed by the th which the station is identified.	G Primary Transmitters: Television
	_	CHANN	EL LINE-UP	Α		
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION	
KELO-CBS	11.3	N	No		Sioux Falls, SD	
KELO-UTV	11.4	I-M	No		Sioux Falls, SD	See instructions for
KELO-CW	11.6	I-M	No		Sioux Falls, SD	additional information on alphabetization.
KSFY	13.3	N	No		Sioux Falls, SD	
KSFY-Outlaw	13.4	I-M	No		Sioux Falls, SD	
KSFY-MeTV	13.5	I-M	No		Sioux Falls, SD	
SDPB1	24.3	E	No		Sioux Falls, SD	
SDPB2	24.4	E-M	No		Sioux Falls, SD	
SDPB3	24.5	E-M	No		Sioux Falls, SD	
KCPO KDLT	26.1 46.1	N N	No No		Sioux Falls, SD Sioux Falls, SD	
KDLT-Fox	46.1	I-M	NO		Sioux Falls, SD	n l
KDLT-Cozi	46.4	I-M	No		Sioux Falls, SD	m
KSMN	10.1	E	No		Worthington, MN	
KDLT-The365	46.3	I-M	No		Sioux Falls, SD	
						m

FORM SA3E. PAGE 3.	
FORINI SASE. FAGE 3.	
LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#

Alliance Comm	IER OF CABLE SY	/STEM:			SYSTEM ID:	
			ve, Inc.		85	Namo
PRIMARY TRANSMITT	ERS: TELEVISI	ON				
In General: In space ( carried by your cable s FCC rules and regulat 76.59(d)(2) and (4), 76 substitute program bas Substitute Basis S basis under specifc FC • Do not list the station station was carried • List the station here, basis. For further in in the paper SA3 fo Column 1: List eac each multicast stream cast stream as "WETA WETA-simulcast). Column 2: Give the its community of licens on which your cable sy Column 3: Indicate educational station, by (for independent multion For the meaning of the Column 5: If you h cable system carried th carried the distant stat For the retransmiss	G, identify ever system during t ions in effect o 5.61(e)(2) and ( sis, as explaine <b>Stations:</b> With CC rules, regula here in space only on a subs and also in spa formation cond orm. ch station's call associated wit A-2". Simulcast e channel num se. For example ystem carried the e in each case of e entering the le cast), "E" (for n ese terms, see tation is outside ice area, see pa ave entered "Y he distant statio ion on a part-tin sion of a distant	y television si he accounting n June 24, 19 (4), or 76.63 ( ed in the next respect to an ations, or autil G—but do lis titute basis. ace I, if the sta cerning substi sign. Do not h a station ac streams mus ber the FCC I e, WRC is Ch he station. whether the s etter "N" (for n oncommercia page (v) of the e the local ser age (v) of the ces" in column on during the me basis bec t multicast str	g period, except 981, permitting t referring to 76.6 paragraph. by distant station horizations: st it in space I (th ation was carried itute basis station report origination cording to its ow at be reported in has assigned to hannel 4 in Was tation is a netwo hetwork), "N-M" al educational), be general instru- rvice area, (i.e. for general instru- to 4, you must con accounting perf ause of lack of eam that is not	t (1) stations carri- he carriage of cer 51(e)(2) and (4))]; is carried by your he Special Staten ed both on a subst ons, see page (v) on program servic ver-the-air design or column 1 (list ea the television stat shington, D.C. This ork station, an ind (for network multi or "E-M" (for none uctions located in 'distant"), enter "Y stions located in the omplete column 5, iod. Indicate by er activated channel subject to a royal	Yes". If not, enter "No". For an ex- le paper SA3 form. stating the basis on which your htering "LAC" if your cable system	G Primary Transmitters: Television
the cable system and a tion "E" (exempt). For	a primary trans	mitter or an a	ssociation repre	esenting the prima	ary transmitter, enter the designa-	
<b>Column 6:</b> Give the FCC. For Mexican or 0	e location of ea Canadian static	s, see page (v ach station. Fo ons, if any, giv	) of the general or U.S. stations ve the name of t	instructions locat , list the communi the community wit	other basis, enter "O." For a further ed in the paper SA3 form. ty to which the station is licensed by the h which the station is identifed. h channel line-up.	
Column 6: Give the	e location of ea Canadian static	s, see page (v ach station. Fo ons, if any, giv nnel line-ups,	) of the general or U.S. stations ve the name of t	instructions locat , list the communi the community wit e space G for eacl	ed in the paper SA3 form. ty to which the station is licensed by the h which the station is identifed.	
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FORM	M SA3E. PAGE 3.	
LEC	GAL NAME OF OWNER OF CABLE SYSTEM	SYSTEM ID#

LEGAL NAME OF OWN	IER OF CABLE SY	/STEM:			SYSTEM ID#	
Alliance Comm			ve, Inc.		851	Name
PRIMARY TRANSMITT	ERS: TELEVISI	ON				
carried by your cable s FCC rules and regulat 76.59(d)(2) and (4), 76 substitute program ba <b>Substitute Basis S</b> basis under specifc FC • Do not list the station station was carried • List the station here,	system during t tions in effect of 5.61(e)(2) and ( sis, as explaine <b>Stations:</b> With CC rules, regula here in space only on a subs and also in space	he accounting n June 24, 19 (4), or 76.63 ( ed in the next respect to an ations, or auth G—but do lis titute basis. ace I, if the sta	g period, except 081, permitting to referring to 76.6 paragraph. y distant station norizations: at it in space I (the ation was carrie	(1) stations carri he carriage of cer 51(e)(2) and (4))]; is carried by your he Special Staten d both on a subst	as and low power television stations) ed only on a part-time basis under rtain network programs [sections and (2) certain stations carried on a cable system on a substitute program nent and Program Log)—if the titute basis and also on some other	G Primary Transmitters: Television
in the paper SA3 for Column 1: List eac each multicast stream cast stream as "WETA WETA-simulcast). Column 2: Give th its community of licens on which your cable sy	orm. ch station's call associated wit A-2". Simulcast e channel num se. For example ystem carried th	sign. Do not h a station ac streams mus ber the FCC I e, WRC is Ch he station.	report originatic cording to its ov t be reported in has assigned to hannel 4 in Was	on program servic ver-the-air design column 1 (list ea the television sta hington, D.C. Thi	of the general instructions located ees such as HBO, ESPN, etc. Identify ation. For example, report multi- ch stream separately; for example ation for broadcasting over-the-air in s may be different from the channel	
educational station, by (for independent multi For the meaning of the <b>Column 4:</b> If the st planation of local serv <b>Column 5:</b> If you h cable system carried t carried the distant stat For the retransmiss of a written agreement the cable system and tion "E" (exempt). For explanation of these th <b>Column 6:</b> Give th	v entering the le cast), "E" (for n ese terms, see tation is outside ice area, see pa ave entered "Y he distant station tion of a distant t entered into o a primary trans simulcasts, als nree categories e location of ea Canadian station	etter "N" (for n noncommercia page (v) of the age (v) of the me basis bec t multicast str n or before Ju mitter or an a so enter "E". If a, see page (v ach station. Fo ons, if any, giv nnel line-ups,	etwork), "N-M" al educational), le general instruc- vice area, (i.e. " general instruc a 4, you must co accounting peri ause of lack of eam that is not une 30, 2009, be ssociation repre- you carried the ) of the general or U.S. stations, we the name of to use a separate	(for network multi or "E-M" (for non- ictions located in distant"), enter "Y tions located in the mplete column 5, od. Indicate by en activated channel subject to a royal etween a cable sy esenting the prime channel on any of instructions locat list the community with space G for eacl	Yes". If not, enter "No". For an ex- ne paper SA3 form. , stating the basis on which your ntering "LAC" if your cable system capacity. Ity payment because it is the subject ystem or an association representing ary transmitter, enter the designa- other basis, enter "O." For a further ted in the paper SA3 form. ty to which the station is licensed by the th which the station is identifed.	
	I		EL LINE-UP			
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION	
KMEG-CBS	14.1	N	No		Sioux City, IA	
KELO-UTV	11.4	I-M	Yes	Ο	Sioux Falls, SD	
KELO-CW	11.6	I-M	Yes	Ο	Sioux Falls, SD	
KSFY	13.3	N	Yes	Ο	Sioux Falls, SD	
KSFY-Outlaw	13.4	I-M	Yes	0	Sioux Falls, SD	
KSFY-MeTV	13.5	I-M	Yes	0	Sioux Falls, SD	
KCAU-ABC	9.1	N	No		Sioux City, IA	
SDPB1	24.3	E	Yes	Ο	Sioux Falls, SD	
SDPB2	24.4	E-M	Yes	0	Sioux Falls, SD	
SDPB3	24.5	E-M	Yes	0	Sioux Falls, SD	
КСРО	24.3 26.1		No	~	Sioux Falls, SD	
KUFU KTIV-NBC	4.1	N	No		Sioux City, IA	
KPTH-FOX	4.1 44.1	N	NO		Sioux City, IA Sioux City, IA	
				~		
KDLT-Cozi	46.4	I-M	Yes	0	Sioux Falls, SD	
KSMN	10.1	E	Yes	0	Worthington, MN	
	27	E	No	_	Sioux City, IA	
KDLT-The365	46.3	I-M	Yes	0	Sioux Falls, SD	
KELO-CBS	11.3	N	Yes	0	Sioux Falls, SD	

	/NER OF CABLE SYS	STEM:			SYSTEM II	
Alliance Com	munications C	Cooperativ	ve, Inc.		85	51 Name
RIMARY TRANSMIT	TERS: TELEVISIO	N				
n General: In space	G, identify every	television sta	ation (including	translator station	s and low power television stations)	
carried by your cable	system during the	e accounting	period, except	t (1) stations carrie	ed only on a part-time basis under	G
•				•	tain network programs [sections	Drive en r
substitute program b		, , , , , , , , , , , , , , , , , , , ,	-	or(e)(2) and (4))];	and (2) certain stations carried on a	Primary Transmitter
				ns carried by your	cable system on a substitute program	Televisior
pasis under specifc F						
station was carrie			t it in space I (t	ne Special Statem	ent and Program Log)—if the	
			ation was carrie	ed both on a subst	tute basis and also on some other	
		erning substit	tute basis statio	ons, see page (v)	of the general instructions located	
in the paper SA3 f		ian Do not i	report originatio	on program service	es such as HBO, ESPN, etc. Identify	
		•			ation. For example, report multi-	
ast stream as "WET			•	•	ch stream separately; for example	
NETA-simulcast).	he channel numb	ar the ECC 4	has beeland to	the televicion etc	tion for broadcasting over-the-air in	
			•		s may be different from the channel	
on which your cable s	system carried the	e station.		•		
					ependent station, or a noncommercial	
		•		•	cast), "I" (for independent), "I-M" commercial educational multicast).	
For the meaning of th	nese terms, see p	age (v) of the	e general instru	uctions located in t	he paper SA3 form.	
					es". If not, enter "No". For an ex-	
blanation of local ser					e paper SA3 form. stating the basis on which your	
•			•	•	tering "LAC" if your cable system	
carried the distant sta						
		multicast stre	eam that is not	cubicct to a royalt		
	nt entered into on	or before Ju			y payment because it is the subject	
•			ine 30, 2009, b	etween a cable sy	y payment because it is the subject stem or an association representing ary transmitter, enter the designa-	
he cable system and ion "E" (exempt). Fo	l a primary transm r simulcasts, also	nitter or an as enter "E". If	ine 30, 2009, b ssociation repro you carried the	etween a cable sy esenting the prima e channel on any c	stem or an association representing ary transmitter, enter the designa- ther basis, enter "O." For a further	
he cable system and ion "E" (exempt). Fo explanation of these	d a primary transm r simulcasts, also three categories,	nitter or an as enter "E". If see page (v)	ine 30, 2009, b ssociation repro you carried the ) of the general	etween a cable sy esenting the prima e channel on any c instructions locate	stem or an association representing ary transmitter, enter the designa- ther basis, enter "O." For a further ed in the paper SA3 form.	
he cable system and ion "E" (exempt). Fo explanation of these <b>Column 6:</b> Give t	d a primary transm r simulcasts, also three categories, he location of eac	hitter or an as enter "E". If see page (v) sh station. Fo	ine 30, 2009, b ssociation repro you carried the ) of the general or U.S. stations	etween a cable sy esenting the prima e channel on any c instructions locate , list the communit	stem or an association representing ary transmitter, enter the designa- ther basis, enter "O." For a further	
he cable system and ion "E" (exempt). Fo explanation of these <b>Column 6:</b> Give t FCC. For Mexican or	a primary transm r simulcasts, also three categories, he location of eac <sup>-</sup> Canadian station	hitter or an as enter "E". If see page (v) h station. Fo is, if any, giv	ine 30, 2009, b ssociation repro you carried the of the general or U.S. stations the name of t	etween a cable sy esenting the prima channel on any c instructions locate , list the community the community wit	stem or an association representing ary transmitter, enter the designa- ther basis, enter "O." For a further ed in the paper SA3 form. by to which the station is licensed by the h which the station is identifed.	
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	WNER OF CABLE SYSTE	EM:				SYSTEM ID#	
Alliance Com	munications Co		nc			851	Name
	TTERS: TELEVISION						
		levision station	(including	translator station	and low power television st	tations)	
-			· •		d only on a part-time basis u	'	G
					ain network programs [secti		
		•	•	61(e)(2) and (4))];	and (2) certain stations carri	ied on a	Primary
	basis, as explained ir			s carried by your	cable system on a substitute	program	Transmitters Television
	FCC rules, regulation			is carried by your	able system on a substitute	program	Television
				he Special Statem	ent and Program Log)—if th	е	
	ed only on a substitut						
					tute basis and also on some		
in the paper SA3		ning substitute b	Jasis static	ons, see page (v) o	of the general instructions lo	caled	
		n. Do not repor	t originatio	on program service	es such as HBO, ESPN, etc.	Identify	
			•	-	tion. For example, report m		
	TA-2". Simulcast stre	eams must be r	reported in	column 1 (list ead	h stream separately; for exa	ample	
NETA-simulcast). Column 2: Give	the channel number	the FCC has a	ssigned to	the television stat	ion for broadcasting over-th	e-air in	
			•		may be different from the c		
on which your cable	system carried the s	station.		•			
					ependent station, or a nonco		
		``		•	cast), "I" (for independent), " ommercial educational multi		
•	these terms, see pag			•		cast).	
					es". If not, enter "No". For ar	n ex-	
	ervice area, see page						
•		•		•	stating the basis on which ye		
•		•	• •	•	tering "LAC" if your cable sy	stem	
	autori on a part anno		of lack of a	activated channel	canacity		
For the retransm	•			activated channel subject to a royalt	capacity. / payment because it is the s	subject	
of a written agreeme	ission of a distant mu ent entered into on or	ulticast stream t r before June 30	that is not : 0, 2009, be	subject to a royalt etween a cable sy	y payment because it is the s stem or an association repre	esenting	
of a written agreeme he cable system an	ission of a distant mu ent entered into on or nd a primary transmitt	ulticast stream t r before June 30 ter or an associ	that is not a 0, 2009, be iation repre	subject to a royalt etween a cable sy esenting the prima	y payment because it is the s stem or an association repre ry transmitter, enter the des	esenting igna-	
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	NER OF CABLE SY	/STEM:			SYSTEM ID#	
Alliance Comr	nunications	Cooperativ	ve, Inc.		851	Name
PRIMARY TRANSMIT	TERS: TELEVISI	ON				
n General: In space	G, identify ever	y television st	ation (including	translator stations	s and low power television stations)	
		-			ed only on a part-time basis under	G
-			• •	-	tain network programs [sections	
76.59(d)(2) and (4), 7 substitute program ba			-	51(e)(2) and (4))];	and (2) certain stations carried on a	Primary Transmitters
				s carried by your	cable system on a substitute program	Television
basis under specifc F			-			
•				he Special Statem	ent and Program Log)—if the	
station was carried	,					
					tute basis and also on some other of the general instructions located	
in the paper SA3 f		subsu		ons, see page (v) (	of the general instructions located	
		sign. Do not i	report originatio	on program service	es such as HBO, ESPN, etc. Identify	
			•	•	ation. For example, report multi-	
	A-2". Simulcast	streams mus	t be reported in	column 1 (list ead	ch stream separately; for example	
VETA-simulcast).	ne channel num	her the FCC h	has assigned to	the television stat	tion for broadcasting over-the-air in	
			-		s may be different from the channel	
on which your cable s	•				,	
					ependent station, or a noncommercial	
					cast), "I" (for independent), "I-M"	
For the meaning of th				,	ommercial educational multicast).	
					es". If not, enter "No". For an ex-	
planation of local serv			•			
•			•	mplete column 5,	stating the basis on which your	
cable system carried					-	
		0			tering "LAC" if your cable system	
carried the distant sta	ation on a part-ti	me basis beca	ause of lack of	activated channel	tering "LAC" if your cable system capacity.	
carried the distant sta For the retransmis	ation on a part-ti sion of a distant	me basis beca t multicast stre	ause of lack of a eam that is not	activated channel subject to a royalt	tering "LAC" if your cable system	
carried the distant sta For the retransmis of a written agreemer he cable system and	ation on a part-ti sion of a distant nt entered into o a primary trans	me basis beca t multicast stro n or before Ju mitter or an a	ause of lack of eam that is not une 30, 2009, b ssociation repre	activated channel subject to a royalt etween a cable sy esenting the prima	tering "LAC" if your cable system capacity. y payment because it is the subject stem or an association representing ary transmitter, enter the designa-	
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LEGAL NAME OF OV	WNER OF CABLE SYST	TEM:				SYSTEM ID#	
	munications Co		e. Inc.			851	Name
PRIMARY TRANSMIT		•	-,				
			tion (includina	translator stations	and low power television st	ations)	-
•			· •		d only on a part-time basis u	,	G
-			•••••	-	ain network programs [secti		
76.59(d)(2) and (4), substitute program b		•	-	51(e)(2) and (4))];	and (2) certain stations carri	ed on a	Primary Transmitters
				s carried by your	cable system on a substitute	program	Television
basis under specifc							
	on here in space G- ed only on a substitu		it in space I (th	ne Special Statem	ent and Program Log)—if th	e	
			tion was carrie	d both on a substi	tute basis and also on some	other	
		rning substitu	ute basis statio	ons, see page (v) o	of the general instructions lo	cated	
in the paper SA3		ian. Do not re	enort originatio	n program service	es such as HBO, ESPN, etc.	Identify	
		•			tion. For example, report mu	-	
			•	•	h stream separately; for exa		
WETA-simulcast).	the channel number	or the ECC be	as assigned to	the tolovision stat	ion for broadcasting over th	e air in	
			•		ion for broadcasting over-the may be different from the c		
on which your cable	system carried the	station.		•			
					ependent station, or a nonco		
		•		•	cast), "I" (for independent), " commercial educational multi		
For the meaning of t	hese terms, see pa	age (v) of the	general instru	ictions located in t	he paper SA3 form.	,	
			•		es". If not, enter "No". For ar	n ex-	
blanation of local ser Column 5: If you					e paper SA3 form. stating the basis on which ye	our	
•			+, you must co	implete column o,			
cable system carried	the distant station	during the a	ccounting peri	od. Indicate by en	tering "LAC" if your cable sys		
carried the distant st	ation on a part-time	e basis beca	use of lack of a	activated channel	tering "LAC" if your cable system capacity.	stem	
carried the distant st For the retransmi	ation on a part-time ission of a distant m	e basis becau nulticast strea	use of lack of a am that is not	activated channel subject to a royalt	tering "LAC" if your cable sy capacity. / payment because it is the s	stem subject	
carried the distant st For the retransmi of a written agreeme	tation on a part-time ission of a distant m ent entered into on c	e basis becau nulticast strea or before Jur	use of lack of a am that is not a ne 30, 2009, be	activated channel subject to a royalt etween a cable sy	tering "LAC" if your cable system capacity.	stem subject esenting	
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	Allance Communications Cooperative, Inc.       851         PRIMARY TRANSMITTERS: TELEVISION       In General: In space G, identify every television station (including translator stations and low power television stations) arried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under TCC Lies and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 65(9(d)2) and (4), 76.63((e)2) and (4)); and (2) certain stations carried on a substitute program basis, as explained in the next paragraph.       G         Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis, as explained in the next paragraph.       Timar Transmitt Television station here, and also in space I, the station was carried by our cable system on a substitute basis.       It is the station here, and also in space I, the station was carried by our cable system on a substitute basis and also on some other basis. Fort further information concerning substitute basis stations, see page (V) of the general instructions located in the paper SA3 form.       Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in ts community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel number the FCC has assigned to the television located in the paper SA3 form.       Column 3: Indicate in aced the total service area, (i.e. "distant"), enter "Yes". If on charmer was assigned to the station is outside the local service area, see page (V) of the general instructions located in the paper SA3 form.         Column 5: If you ha	Allianco Comr	NER OF CABLE SYSTEM:			SYSTEM I	D#
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-lime basis under SPC (Jus 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.       Primary Transmitter SPC (Jus 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.       Primary Transmitter Television         Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis in pace (– but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis.       Primary Transmitter Television         Substitute Basis Stations: Inspace I (the station was carried by our cable system carried the station 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, SWETA-2'. Simulcast streams must be reported in column 1 (list each stream separately; for example, WETA-3''. Simulcast streams must be reported in column 1 (list each stream), or a noncommercial educational multicast).       Primary Transmitter of for independent station, or a noncommercial educational multicast).         Colum 6: I the station is outside the local service area, (i.e. 'distant'), netre 'Yes'. Tho, etc. 'res''. For a example, WEC is Channel 4 in Washington, D.C. This may be different from the channel inc. Televinsion of local service area, see page (v) of	A General: In space G, identify every television station (including translator stations and low power television stations) sarried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under "CC rules and regulations in effect on June 24 1981, permitting the carriage of certain network programs (sections as the station regressing the station regressing the station scarried by your cable system on a substitute program basis, as explained in the next paragraph.       CC rules and regulations in effect on June 24 1981, permitting the carriage of certain network programs (sections carried only on a part-time basis stations); within respect to any distant stations carried by your cable system on a substitute program basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form.       Column 2: 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-ast stream sexuels reported in column 1 (list each stream separately; for example WETA-2: Simuleast stream associated with a station according to its over-the-air designation. For example, report multi-ast stream sexuels were the the station is a network station, an independent station, or a noncommercial ducational station, by entering the letter 'N' (for network multicast), '' (for independent multicast).'' (for independent multicast), ''' (for independent multicast), '''' (for independent station on a substitute basis and is to an associate on a sociate in the paper SA3 form.         Column 3: If you have entered 'Yes' in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station on a substitute torenormanity which the station is case whether the statio		nunications Coop	erative, Inc.		8	51 Name
carried by your cable system during the accounting period, except (1) stations carried only on a part-lime basis under       FG         FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections       FG         FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections       FF         FCC rules, and rule (1) (2) and (4), 76, 51 (e[02] and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph.       SUbstitute Pasis Stations:         Substitute pasis factors: With respect to any distant stations carried by your cable system on a substitute basis.       Tensmitter         relation basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form.       Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream as sociated with a station according to its over-the-air designation. For example, wFC-2: Simulcast streams must be reported in column 1 (list each stream separately; for example wFC-4: simulacity).         Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast).       Te (or noncommercial education). For example, wFC-1: for noncommercial educational station, per escal sevice area, as we page (v) of the general instructions located in the paper SA3 form.         Column 3: Indicate in each case whether the station is a network station, an independent, "LM" for independent, "LM" for independent, "LM" for independent, "LM" for independent, "LMC if	arried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under SC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 6,59(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.       Image: Control of C	PRIMARY TRANSMIT	ERS: TELEVISION				
76.59(q)(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.       Primary transmitter Transmitter         Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program Log)—if the station was carried only 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.       Primary transmitter         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-east streams associated with a station according to its over-the-air designation. For example, the channel on which your cable system carried the station.         Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in ts 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) or "E-M" (for noncommercial educational multicast)." For one work, multicast, "C if you 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 any other basis, call on is outside the local service area, i.e. "distant", enter "Yes". If not, enter "Yo." For an exolanation for local station are part-time bace go	76.59(0)(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.       Primary Transmitt Transmitt Transmitt Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program 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.       Primary Transmitt Televisia         Colum 1: List each station for concerning substitute basis station, see page (v) of the general instructions located in the paper SA3 form.       Primary Transmitt Televisia         Colum 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, WETA-simucast).       Note: The SA3 form.         Colum 1: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in ts community of license. For example, WIC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station is a network station, an independent station, or a noncommercial educational station, by entering the letter 1 <sup>N</sup> (for network multicast), "i" (for independent), "I-M" for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast).         Column 3: Indicate in each case whether the station is a network station, an independent station or a noncommercial educational of local service area, (i.e. "distant"), enter "Xes". If n.d. enter "No". For an exolanation of local service area, gee page (v) of the general instructions located in	•		· · ·		• •	G
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 here and also in space I, if the station was carried obth on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form.         Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream as "WETA-2". Simulcast).         Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in ths comunity 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 multicast).         For independent multicast).         Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an ex- banation 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 statem state and unit grade activated channel capacity.         For the retransmission of a distant multicast stream that is no stubject 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 a	basis under specific FCC rules, regulations, or authorizations:         Do not list the station here in space G—but do list it in space 1 (the Special Statement and Program Log)—if the station here, and also in space 1, if the station was carried only on a substitute basis.         List the station here, and also in space 1, 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 multi-asat 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 the 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 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).         Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an exalanation 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 ca	76.59(d)(2) and (4), 7	6.61(e)(2) and (4), or 7	6.63 (referring to 76.6	-		Primary Transmitters
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 associated with a station according to its over-the-air designation. For example, report multicast stream associated with a station according to its over-the-air designation. For example, WER 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 chering the letter 'NC' (for rekords), 'N-M' (for network milticast), 'T' (for independent), ''-M'' for independent multicast). 'E'' (for noncommercial educational multicast). 'E'' (for noncommercial educational multicast). 'To for independent multicast). 'E'' (for noncommercial educational multicast). 'To see the sease on the general instructions located in the paper SA3 form.         Column 4: If the station or usual state as end or (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 you cable system carried the distant st	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 multi-ast stream associated with a station according to its over-the-air designation. For example, report multi-ast 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 ts 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. So an etwork station, an independent station, or a noncommercial ducational station, by entering the letter "N" (for network, multicast). "If (for independent), "H" for independent, "H" for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). Column 3: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an exhanation 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 sable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system and a primary transmitter or an association representing the paper SA3 form. Column 5: Give the location or before June 30		•	•	ns carried by your	cable system on a substitute program	Television
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 multi-ast 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 ts 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. Sa a network station, an independent station, or a noncommercial ducational 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). "To for memory in column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an ex- Jaanation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 4: If the station during the accounting period. Indicate by entering "LAC" if 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 retrasmission of a distant multicast, sale on the "E". If you are entere "Yes" if not, enter "No". For enteresting the cable system and a primary transmitter or an association representing the distant station on a pertime association representing the primary transmitter, enter the	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 multi- ast 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 ts community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel an 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 noncommercial educational), or independent multicast). "E" (for noncommercial educational), or "E-M" (for notework multicast). To fum enaning 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- stantation 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 stable 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	Do not list the statio	n here in space G—but	t do list it in space I (tl	he Special Staten	nent and Program Log)—if the	
Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify sach multicast stream associated with a station according to its over-the-air designation. For example, report multicast streams 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 ts 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 noncommercial educational multicast).         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 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 anasociation representing the primary transmitter, enter the designation of these three categories, see page (v) of the general instructions located in the paper SA3 form.         Column 5: If you have entered into on or before June 30, 2009, between a cable system or anasociation representing the cable system or an association representing the cable system or an association representing	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 ts 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). "or 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 eable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant multicast stream that is not subject to an oyalty 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 otherb basis, enter "O." For a further explanation	List the station here basis. For further i	, and also in space I, if t nformation concerning	the station was carrie			
sast 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 the 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 aducational 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 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 during the accounting period. Indicate by entering "LAC" if your cable system carried the 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 primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the station is licensed by the CC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified.         Not retransmission of a distant multicast stream that is not subject to a roy	cast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example         WETA-simulcast).         Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in the 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 is a network station, an independent station, or a noncommercial aducational station, by entering the letter "N" (for network), "N-M" (for network multicast), "1" (for independent), "I-M" for independent multicast). "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast).         For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form.         Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on or before June 30, 2009, between a cable system or an association representing 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 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 with hit the station is is used as the 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 o	Column 1: List ea	ch station's call sign. D				
Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in ts 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 exbanation 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 or 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 cable system or an association representing the cable system.         Column 6: Give the location of each station. For U.S. stations, list the community to which the station is identifed.	Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in the station.         Column 3: Indicate in each case whether 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 ex- blanation 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 stable system carried the distant station on an 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 designa- ion "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	cast stream as "WET		•	•		
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 nulticast).         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- blanation 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 or before June 30, 2009, between a cable system or an association representing the primary transmitter, enter the designa- ion "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 with which the station is ilcensed by the ECC. 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.         Column 6: Give the location of each station. For U.S. stations, list the community with which the station is identif	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 exblanation 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 primary transmitter, enter the designation 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 "ECC. For Mexican or Canadian stations, if any, give the name of the community with which the station is licensed by the "ECC. For Mexican or Canadian stations, if any, give the name of the community with which the station is lidentifed.	Column 2: Give th		•		•	
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. <b>Column 4:</b> If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an ex- olanation of local service area, see page (v) of the general instructions located in the paper SA3 form. <b>Column 5:</b> If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your sable 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 designa- ion "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. <b>Column 6:</b> Give the location of each station. For U.S. stations, list the community to which the station is identified. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. <b>CHANNEL LINE-UP</b> <b>AH</b> 1. CALL SIGN 2. B'CAST CHANNEL 3. TYPE 4. DISTANT? 5. BASIS OF CHARNEL 5. BASIS OF CHANNEL 6. LOCATION OF STATION	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- oblanation 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 designa- ion "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,	on which your cable s	system carried the static	on.		-	
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-          column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your          column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your          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       for a written agreement entered into on or before June 30, 2009, between a cable system or an association representing       he cable system and a primary transmitter or an association representing the primary transmitter, enter the designa-       ion "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 with which the station is ilcensed by the          CCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified.          Vote: If you are utilizing multiple channel line-ups, use a separate space G for each channel l	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-          column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your          column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your          column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your          cashe 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 designa-          ion "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          CCC. For	educational station, b	y entering the letter "N"	(for network), "N-M"	(for network multi	cast), "I" (for independent), "I-M"	
Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an ex- danation 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 able 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 he cable system and a primary transmitter or an association representing the primary transmitter, enter the designa- ion "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 CCC. 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 AH 1. CALL SIGN       2. B'CAST GHANNEL       OF       4. DISTANT?       5. BASIS OF CARRIAGE       6. LOCATION OF STATION       CARRIAGE       CARRIA	Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an ex- column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your 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 fa written agreement entered into on or before June 30, 2009, between a cable system or an association representing he cable system and a primary transmitter or an association representing the primary transmitter, enter the designa- ion "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 CCC. 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 AH AL SIGN CHANNEL OF CHANNEL OF 	•			•		
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 with 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 AH         1. CALL       2. B'CAST       3. TYPE       4. DISTANT?       5. BASIS OF       6. LOCATION OF STATION	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 he 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 identifed.         Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.         CHANNEL LINE-UP AH         1. CALL       2. B'CAST       3. TYPE       4. DISTANT?       5. BASIS OF       6. LOCATION OF STATION         SIGN       2. B'CAST       3. TYPE       4. DISTANT?       5. BASIS OF       6. LOCATION OF STATION	Column 4: If the s	tation is outside the loc	al service area, (i.e. "	"distant"), enter "ነ	es". If not, enter "No". For an ex-	
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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       AH         1. CALL       2. B'CAST       3. TYPE       4. DISTANT?       5. BASIS OF       6. LOCATION OF STATION         SIGN       0F       (Yes or No)       CARRIAGE       6. LOCATION OF STATION	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         he cable system and a primary transmitter or an association representing the primary transmitter, enter the designa-         ion "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       AH         1. CALL       2. B'CAST       3. TYPE       4. DISTANT?       5. BASIS OF       6. LOCATION OF STATION         SIGN       OF       (Yes or No)       CARRIAGE       6. LOCATION OF STATION			0		<b>o j j</b>	
he cable system and a primary transmitter or an association representing the primary transmitter, enter the designa- ion "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. <b>Column 6:</b> 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. <b>Note:</b> If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. <b>CHANNEL LINE-UP AH</b> 1. CALL SIGN 2. B'CAST 3. TYPE 4. DISTANT? 5. BASIS OF CHANNEL OF (Yes or No) CARRIAGE 6. LOCATION OF STATION	he cable system and a primary transmitter or an association representing the primary transmitter, enter the designa- ion "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. <b>Column 6:</b> 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. <b>Note:</b> If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. <b>CHANNEL LINE-UP</b> AH 1. CALL SIGN 2. B'CAST 3. TYPE 4. DISTANT? CHANNEL OF 5. BASIS OF 6. LOCATION OF STATION (Yes or No) 5. BASIS OF CARRIAGE	For the retransmis			activated charmer		
ion "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. <b>Column 6:</b> 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. <b>Note:</b> If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. <b>CHANNEL LINE-UP</b> AH 1. CALL SIGN 2. B'CAST 3. TYPE 4. DISTANT? (Yes or No) CARRIAGE 6. LOCATION OF STATION	ion "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 AH 1. CALL SIGN 2. B'CAST 3. TYPE 4. DISTANT? SIGN 6. LOCATION OF STATION (Yes or No) CARRIAGE	0				ty payment because it is the subject	
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.         CC. 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       AH         1. CALL       2. B'CAST       3. TYPE       4. DISTANT?       5. BASIS OF       6. LOCATION OF STATION         SIGN       0F       (Yes or No)       CARRIAGE       6. LOCATION OF STATION	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.         CC. 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       AH         1. CALL       2. B'CAST       3. TYPE       4. DISTANT?       5. BASIS OF       6. LOCATION OF STATION         SIGN       OF       (Yes or No)       CARRIAGE       6. LOCATION OF STATION	he cable system and	nt entered into on or bef	fore June 30, 2009, b	etween a cable sy	ty payment because it is the subject stem or an association representing	
Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.         CHANNEL LINE-UP       AH         1. CALL       2. B'CAST       3. TYPE       4. DISTANT?       5. BASIS OF       6. LOCATION OF STATION         SIGN       0F       (Yes or No)       CARRIAGE       6. LOCATION OF STATION	Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.         CHANNEL LINE-UP       AH         1. CALL       2. B'CAST       3. TYPE       4. DISTANT?       5. BASIS OF       6. LOCATION OF STATION         SIGN       0F       (Yes or No)       CARRIAGE       6. LOCATION OF STATION	ion "E" (exempt). For	nt entered into on or bef a primary transmitter o simulcasts, also enter	fore June 30, 2009, be or an association repre "E". If you carried the	etween a cable sy esenting the prima e channel on any o	ty payment because it is the subject stem or an association representing ary transmitter, enter the designa- other basis, enter "O." For a further	
CHANNEL LINE-UP       AH         1. CALL       2. B'CAST       3. TYPE       4. DISTANT?       5. BASIS OF       6. LOCATION OF STATION         SIGN       OF       (Yes or No)       CARRIAGE       6. LOCATION OF STATION	CHANNEL LINE-UP       AH         1. CALL       2. B'CAST       3. TYPE       4. DISTANT?       5. BASIS OF       6. LOCATION OF STATION         SIGN       OF       (Yes or No)       CARRIAGE       6. LOCATION OF STATION	ion "E" (exempt). For explanation of these t	at entered into on or bef a primary transmitter o simulcasts, also enter hree categories, see pa	fore June 30, 2009, bo or an association repre "E". If you carried the age (v) of the general	etween a cable sy esenting the prima channel on any o instructions locat	ty payment because it is the subject stem or an association representing ary transmitter, enter the designa- other basis, enter "O." For a further ed in the paper SA3 form.	
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		tion "E" (exempt). For explanation of these t <b>Column 6:</b> Give th FCC. For Mexican or <b>Note:</b> If you are utilizing 1. CALL	at entered into on or bef a primary transmitter o simulcasts, also enter hree categories, see pa he location of each stati Canadian stations, if an ing multiple channel line <b>CHA</b> 2. B'CAST CHANNEL OF	Fore June 30, 2009, be or an association repre- "E". If you carried the age (v) of the general ion. For U.S. stations, ny, give the name of t e-ups, use a separate ANNEL LINE-UP E 4. DISTANT? (Yes or No)	etween a cable sy esenting the prima e channel on any of instructions locat , list the community with e space G for each AH 5. BASIS OF CARRIAGE	ty payment because it is the subject stem or an association representing ary transmitter, enter the designa- other basis, enter "O." For a further ed in the paper SA3 form. ty to which the station is licensed by the th which the station is identifed. In channel line-up.	
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	NER OF CABLE SY	/STEM:			SYSTEM ID#	
Alliance Comn	nunications	Cooperativ	ve, Inc.		851	Name
PRIMARY TRANSMITT	ERS: TELEVISI	ON				
n General: In space	G, identify ever	y television st	ation (including	translator station	s and low power television stations)	
		-		• •	ed only on a part-time basis under	G
•			• •	-	tain network programs [sections	
(6.59(d)(2) and (4), 7 substitute program ba			-	51(e)(2) and (4))];	and (2) certain stations carried on a	Primary Transmitters
				s carried by your	cable system on a substitute program	Television
basis under specifc F		-	-	ie callied by you		
•	-			he Special Statem	ent and Program Log)—if the	
station was carried						
					tute basis and also on some other	
in the paper SA3 for		erning subsu		ons, see page (v)	of the general instructions located	
		sign. Do not	report originatio	on program service	es such as HBO, ESPN, etc. Identify	
each multicast stream	n associated wit	h a station ac	cording to its ov	ver-the-air designa	ation. For example, report multi-	
	A-2". Simulcast	streams mus	t be reported in	column 1 (list ead	ch stream separately; for example	
VETA-simulcast).		har the FCC 4	and analyzed to	the television sta	tion for broadcasting over the cir in	
			-		tion for broadcasting over-the-air in s may be different from the channel	
on which your cable s	•				s may be different nom the channel	
-	•		tation is a netwo	ork station, an ind	ependent station, or a noncommercial	
					cast), "I" (for independent), "I-M"	
•				•	commercial educational multicast).	
For the meaning of th					ne paper SA3 form. es". If not, enter "No". For an ex-	
planation of local serv			•			
					stating the basis on which your	
able eveters corried			· · · · · · · · · · · · · · · · · · ·			
		0			tering "LAC" if your cable system	
carried the distant sta	tion on a part-ti	me basis beca	ause of lack of	activated channel	capacity.	
carried the distant sta For the retransmis	tion on a part-ti sion of a distan	me basis beca t multicast stre	ause of lack of a eam that is not	activated channel subject to a royalt	capacity. y payment because it is the subject	
carried the distant sta For the retransmis of a written agreemen	tion on a part-ti sion of a distant it entered into o	me basis beca t multicast stro n or before Ju	ause of lack of eam that is not une 30, 2009, b	activated channel subject to a royalt etween a cable sy	capacity. y payment because it is the subject stem or an association representing	
carried the distant sta For the retransmis of a written agreemen he cable system and	tion on a part-ti sion of a distan it entered into o a primary trans	me basis beca t multicast stro n or before Ju mitter or an a	ause of lack of eam that is not une 30, 2009, b ssociation repre	activated channel subject to a royalt etween a cable sy esenting the prima	capacity. y payment because it is the subject	
carried the distant sta For the retransmis of a written agreemen he cable system and ion "E" (exempt). For explanation of these t	tion on a part-ti sion of a distant at entered into o a primary trans simulcasts, als hree categories	me basis beca t multicast stru- n or before Ju mitter or an a o enter "E". If , see page (v)	ause of lack of eam that is not une 30, 2009, be ssociation repro you carried the ) of the general	activated channel subject to a royalt etween a cable sy esenting the prima e channel on any o instructions locate	capacity. y payment because it is the subject stem or an association representing ary transmitter, enter the designa- ther basis, enter "O." For a further ed in the paper SA3 form.	
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carried the distant sta For the retransmis of a written agreemen he cable system and ion "E" (exempt). For explanation of these t <b>Column 6:</b> Give th FCC. For Mexican or	tion on a part-ti sion of a distant a entered into o a primary trans simulcasts, als hree categories he location of ea Canadian static	me basis beca t multicast stra n or before Ju mitter or an a o enter "E". If , see page (v) och station. Fo ons, if any, giv	ause of lack of eam that is not une 30, 2009, be ssociation repre- you carried the ) of the general or U.S. stations, re the name of t	activated channel subject to a royalt etween a cable sy esenting the prima channel on any c instructions locate , list the communit the community wit	capacity. y payment because it is the subject stem or an association representing ary transmitter, enter the designa- other basis, enter "O." For a further ed in the paper SA3 form. by to which the station is licensed by the h which the station is identifed.	
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LEGAL NAME OF OW	NER OF CABLE SY	STEM:			SYS	TEM ID#	
Alliance Comr	nunications	Cooperativ	ve, Inc.			851	Name
	TERS: TELEVISIO	ON					
n General: In space	G, identify every	y television st	ation (including	translator stations	s and low power television stations	s)	<b>^</b>
••		-		. ,	d only on a part-time basis under		G
•			• •	-	ain network programs [sections and (2) certain stations carried on	na	Primary
ubstitute program ba	asis, as explaine	d in the next	paragraph.				Transmitters
		• •	•	ns carried by your	cable system on a substitute prog	ram	Television
basis under specifc F Do not list the statio				he Special Statem	ent and Program Log)—if the		
station was carried	d only on a subst	titute basis.					
basis. For further i	nformation conc				tute basis and also on some other of the general instructions located		
in the paper SA3 f		sian. Do not i	report originatio	on program service	es such as HBO, ESPN, etc. Ident	tifv	
		•			ition. For example, report multi-	ur y	
ast stream as "WET			•	-	h stream separately; for example		
VETA-simulcast). Column 2: Give th	ne channel num	per the FCC F	has assigned to	the television stat	ion for broadcasting over-the-air i	in	
			•		may be different from the channe		
n which your cable s			tation is a nativ	ork station on in-	pondont station or a paragram	reiel	
					ependent station, or a noncomme cast), "I" (for independent), "I-M"	Clai	
					ommercial educational multicast).		
For the meaning of the			•		he paper SA3 form. es". If not, enter "No". For an ex-		
lanation of local serv			•				
Column 5: If you l							
			•	•	stating the basis on which your		
•	the distant statio	on during the	accounting peri	iod. Indicate by en	tering "LAC" if your cable system		
carried the distant sta	the distant station on a part-tir	on during the a	accounting peri ause of lack of	od. Indicate by en activated channel	tering "LAC" if your cable system	ct	
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Alliance Communications Cooperative, Inc.851PRIMARY TRANSMITTERS: TELEVISIONIn 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.Primary Transmitter	LEGAL NAME OF OW	NER OF CABLE S	YSTEM:			SYSTEM	1 ID#	
A General: In space G, Identify every television station (including translator stations and low power television stations) tarried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under CC rules and regulations in effect on June 24. 1981, perimiting the carriage of certain network programs [sections and program basis, as explained in the next paragraph.       C Primary Transmitter Television Stations (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	Alliance Com	munications	Cooperativ	ve, Inc.			851	Name
arried by your cable system during the accounting period, except (1) stations carried only on a part-lime basis under       The station is a set of the station is a carried on a substitute program is (sections (6,59(d)(2) and (4), 76.61 (e)(2) and (4), 76.61 (e)(2) and (4))); and (2) certain stations carried on a substitute program basis, as explained in the next paragraph.       The station was carried only on a substitute basis.         Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis, as explained in the next paragraph.       The station was carried only on a substitute basis.         List the station here, and also in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried busis that basis. For inther information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form.         Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream as welfA-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 the community of license. For example, WFC is channel 4 in Washington, D. C. This may be different from the channel on whether the station is a network station, an independent, "I-M" for independent, "I-M" for independent, "I-M" for independent, multicast).         Column 3: Indicate in each case whether the station is a network station, an independent station or a anocommercial ducational station on a part-lime basis because of lack of advirated channel capacity.       The station was carried the st	PRIMARY TRANSMIT	TERS: TELEVISI	ON					
76.59(0)(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.       Primary transmitter Tables Stations: With respect to any distant stations carried by your cable system on a substitute program Log)—if the station was carried only on a substitute basis station, see page (v) of the general instructions located in the paper SA3 form.       Primary transmitter Television         Column 1: List each station received with a station according to its over-the-air designation. For example, report multi-sast stream associated with a station according to its over-the-air designation. For example, report multi-sast stream associated with a station according to its over-the-air designation. For example, report multi-sast stream associated with a station according to its over-the-air designation. For example, report multi-sast stream associated with a station according to its over-the-air designation. For example, report multi-sast stream associated with a station according to its over-the-air designation. For example, report multi-sast stream second the station.         Column 1: List each stations: an extreme the report or or according to its over-the-air designation. For example, report multi-sast stream second the station.       Not multi-second the channel number the FCC has assigned to the television station for broadcasting over-the-air in to 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 is a network station, an independent station, or a noncommercial educational) or "E-M" (for noncommercial educational multicast)." For one there "No", For an exolanation of local service area, see page (v) of the general instructions located in the paper SA3 form.	•	•	•	· -				G
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:       Television         Do not list the station here, in space G—but do list it in space 1 (the Special Statement and Program Log)—If the station was carried only on a substitute basis.       Television         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 multi-basis stream as "WETA-simulcast).         Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in ts 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, multicast). "If (for independent), "I-M" for independent multicast), F" (for noncommercial educational), or "E-M" (for network multicast). "If we cannel an ulticast). Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Ne": If not, enter "No". For an exolated in the paper SA3 form.         Column 5: If you have entered "Yes" in coluting the elevient", "If we independent multicast).       For the retransmission of a distant multicast stream that is not subject to a royalty payment	76.59(d)(2) and (4), 7	76.61(e)(2) and	(4), or 76.63 (	referring to 76.6				-
pasis 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 scarried only on a substitute basis.         List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form.         Column 1: List each station 's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream as "WETA-2". Simulcast stream sacried the 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 in ts 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 multicast). "F( for noncommercial educational, or "E-M (for noncommercial educational multicast)." I-M" for independent multicast). "E' (for noncommercial educational, or "E-M (for noncommercial educational multicast)." Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an ex- latation of local service area, see page (v) of the general instructions located in the paper SA3 form.         Column 4: If the station therefore June 30, 2009, between a cable system or an assoc					ns carried by your	cable system on a substitute program		Transmitters Television
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 back thream 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 ts 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 the station.         Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an exolanation for local service area, see page (v) of the general instructions located in the paper SA3 form.         Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station on a part-time basis because of lack of activated channel capacity.         For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on obefore June 30, 2009, between a cable system carried.         For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is	oasis under specifc F	CC rules, regul	ations, or auth	norizations:				
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 in ts 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 aducational station, by entering the letter "N" (for network, "N-M" (for network multicast)," (for independent), "I-M" for independent multicast), "E" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Ne". If ont, enter "No". For an ex- olanation 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 primmary transmitt				st it in space I (ti	ne Special Statem	ient and Program Log)—If the		
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- ast 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 is 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).          Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No", For an ex- anation 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 eable system carried the distant station during the accounting period. Indicate by entering "Locate is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or anasociation representing he cable system and a primary transmitter or an association representing the primary transmitter, enter the designa- ion "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further          The catl	basis. For further	information con						
cast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example         WETA-simulcast).         Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in ts 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 aducational 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 your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on or before June 30, 2009, between a cable system or an association representing 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 designa- ion "E" (exempt). For simu			l sign. Do not	report originatio	on program servic	es such as HBO, ESPN, etc. Identify		
Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in ts 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 "Nes". If not, enter "No". For an exolanation 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 eable 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 cable system.         Column 6: Give the location of each station. For U.S. stations, list the community to which the station is identifed.         Note: If you are utillizing multiple channe	cast stream as "WET							
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 exblanation 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 or before June 30, 2009, between a cable system or an association representing the primary transmitter, enter the designation 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 ilcensed by the "ECC. 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.         Column 6: Give the location of each station. For U.S. stations, list the community with which the station is identifed.         Note: If you are utilizing multiple channel line-ups, use a sep	,	he channel num	ber the FCC I	has assigned to	the television sta	tion for broadcasting over-the-air in		
Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial aducational 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 exbolanation 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 ECC. For Mexican or Canadian stations, if any, give the name of the community to which the station is licensed by the ECC. For Mex	•	•		annel 4 in Was	hington, D.C. This	s may be different from the channel		
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 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 designa- ion "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 dentifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AK 1. CALL SIGN 2. B'CAST 3. TYPE 4. DISTANT? 5. BASIS OF CARRIAGE 6. LOCATION OF STATION	Column 3: Indica	te in each case	whether the s			•		
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-          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          he cable system and a primary transmitter or an association representing the primary transmitter, enter the designa-          in "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 with which the station is licensed by the          CCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed.          Jote: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.          I. CALL </td <td></td> <td></td> <td>,</td> <td></td> <td>•</td> <td></td> <td></td> <td></td>			,		•			
Definition 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 bable 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 of "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 SCC. 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       AK         1. CALL       2. B'CAST       3. TYPE       4. DISTANT?       5. BASIS OF       6. LOCATION OF STATION         SIGN       0.F       CHANNEL       0. Gr view row)       5. ARSIS OF       6. ARRIAGE	or the meaning of th	nese terms, see	page (v) of th	e general instru	ictions 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 acble 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 with 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 AK         1. CALL       2. B'CAST       3. TYPE       4. DISTANT?       5. BASIS OF       6. LOCATION OF STATION         SIGN       0.F       4. DISTANT?       5. BASIS OF       6. LOCATION OF STATION					,			
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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.         I. CALL       2. B'CAST       3. TYPE       4. DISTANT?       5. BASIS OF       6. LOCATION OF STATION         SIGN       2. B'CAST       0. F       (Yes or No)       CARRIAGE       6. LOCATION OF STATION	2					<b>o , , ,</b>		
he cable system and a primary transmitter or an association representing the primary transmitter, enter the designa- ion "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. <b>Column 6:</b> 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. <b>Note:</b> If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. <b>CHANNEL LINE-UP AK</b> 1. CALL SIGN 2. B'CAST 3. TYPE 4. DISTANT? 5. BASIS OF CHANNEL OF (Yes or No) CARRIAGE 6. LOCATION OF STATION	For the retransmis	ssion of a distan	t multicast str	eam that is not	subject to a royalt	y payment because it is the subject		
ion "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 AK 1. CALL SIGN 2. B'CAST 3. TYPE 4. DISTANT? CHANNEL OF (Yes or No) CARRIAGE	•				•			
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.         CC. 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       AK         1. CALL       2. B'CAST       3. TYPE       4. DISTANT?       5. BASIS OF       6. LOCATION OF STATION         SIGN       OF       (Yes or No)       CARRIAGE       6. LOCATION OF STATION	ion "E" (exempt). Fo	r simulcasts, als	so enter "E". If	you carried the	channel on any c	other basis, enter "O." For a further		
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.         Image: Channel Line-UP       AK         1. CALL       2. B'CAST       3. TYPE       4. DISTANT?       5. BASIS OF       6. LOCATION OF STATION         SIGN       OF       (Yes or No)       CARRIAGE       6. LOCATION OF STATION							e	
CHANNEL LINE-UP       AK         1. CALL       2. B'CAST       3. TYPE       4. DISTANT?       5. BASIS OF       6. LOCATION OF STATION         SIGN       OF       (Yes or No)       CARRIAGE       6. LOCATION OF STATION	FCC. For Mexican or	Canadian statio	ons, if any, giv	ve the name of t	he community wit	h which the station is identifed.		
1. CALL     2. B'CAST     3. TYPE     4. DISTANT?     5. BASIS OF     6. LOCATION OF STATION       SIGN     CHANNEL     OF     (Yes or No)     CARRIAGE     6. LOCATION OF STATION	Note: If you are utiliz	ing multiple cha	• *	•	·	n channel line-up.		
SIGN CHANNEL OF (Yes or No) CARRIAGE				_				
						6. LOCATION OF STATION		
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LEGAL NAME OF O	WNER OF CABLE SYS	TEM:			SY	STEM ID#	
Alliance Com	munications C	ooperativ	/e, Inc.			851	Name
PRIMARY TRANSMIT	TTERS: TELEVISION	 N					
<b>n General:</b> In spac	e G, identify every t	television sta	ation (including	translator stations	s and low power television stati	ons)	
carried by your cable	e system during the	e accounting	period, except	(1) stations carrie	ed only on a part-time basis und	der	G
-			•	-	ain network programs [sections and (2) certain stations carried		Drimon
substitute program b		•	-	51(e)(z) and (4))],	and (2) certain stations carried	ona	Primary Transmitters
Substitute Basis	s Stations: With re	espect to any	y distant station	s carried by your	cable system on a substitute pr	ogram	Television
pasis under specifc				he Sheeid Statem	ent and Program Log)—if the		
	ed only on a substitu		t it in space i (ti	ne opecial statem	ent and Program Log)—It the		
List the station here	e, and also in space	e I, if the sta			tute basis and also on some ot		
		rning substit	tute basis statio	ons, see page (v) o	of the general instructions locat	ed	
in the paper SA3 Column 1: List e		ign. Do not r	eport originatio	on program service	es such as HBO, ESPN, etc. Ide	entify	
		-			tion. For example, report multi-	-	
	TA-2". Simulcast st	treams must	t be reported in	column 1 (list ead	h stream separately; for examp	ple	
NETA-simulcast). Column 2: Give	the channel number	er the FCC h	as assigned to	the television stat	ion for broadcasting over-the-a	air in	
			•		may be different from the char		
on which your cable			ation is a rest	ark atation and in t	anandant station and a survey	moroial	
					ependent station, or a noncomr cast), "I" (for independent), "I-M		
		•		•	ommercial educational multicas		
					he paper SA3 form.		
column 4: If the blanation of local se			•	,	es". If not, enter "No". For an ex e paper SA3 form	X-	
	a have entered "Yes	s" in column	4, you must co	mplete column 5,	stating the basis on which your		
cable system carried	d the distant station	during the a	accounting peri	od. Indicate by en	stating the basis on which your tering "LAC" if your cable syste		
cable system carried carried the distant st	d the distant station tation on a part-time	during the a during the a	accounting peri ause of lack of	od. Indicate by en activated channel	stating the basis on which your tering "LAC" if your cable syste capacity.	m	
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cable system carried carried the distant st For the retransmi of a written agreeme the cable system an tion "E" (exempt). For explanation of these <b>Column 6:</b> Give FCC. For Mexican o <b>Note:</b> If you are utilit	d the distant station tation on a part-time ission of a distant n ent entered into on or simulcasts, also three categories, s the location of each or Canadian stations zing multiple chann 2. B'CAST 3. CHANNEL	during the a e basis beca nulticast stre or before Ju itter or an as enter "E". If see page (v) h station. Fo s, if any, giv hel line-ups, <b>CHANNE</b> . TYPE OF	accounting peri ause of lack of a eam that is not ine 30, 2009, be ssociation repre- you carried the of the general or U.S. stations, e the name of t use a separate EL LINE-UP 4. DISTANT?	od. Indicate by en activated channel subject to a royalt etween a cable sy esenting the prima channel on any o instructions locate list the community with e space G for each <b>AL</b> 5. BASIS OF CARRIAGE	stating the basis on which your tering "LAC" if your cable syste capacity. y payment because it is the sub stem or an association represe ry transmitter, enter the design ther basis, enter "O." For a furt ed in the paper SA3 form. y to which the station is license in which the station is identifed. channel line-up.	em oject nting la- her	
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	/NER OF CABLE SY	STEM:			SYSTEM II	
Alliance Com	munications	Cooperativ	ve, Inc.		8	51 Name
RIMARY TRANSMIT	TERS: TELEVISI	ON				
carried by your cable	system during t	he accounting	g period, except	(1) stations carrie	s and low power television stations) ed only on a part-time basis under	G
76.59(d)(2) and (4), 7 substitute program b	76.61(e)(2) and ( asis, as explaine	4), or 76.63 ( d in the next	referring to 76.6 paragraph.	61(e)(2) and (4))];	tain network programs [sections and (2) certain stations carried on a	Primary Transmitters
Substitute Basis basis under specifc F		•	•	is carried by your	cable system on a substitute program	Television
Do not list the static station was carried	•		t it in space I (tl	he Special Statem	nent and Program Log)—if the	
	information cond				itute basis and also on some other of the general instructions located	
Column 1: List ea	ach station's call	-			es such as HBO, ESPN, etc. Identify	
			0	0	ation. For example, report multi- ch stream separately; for example	
ts community of licer	nse. For example	e, WRC is Ch	•		tion for broadcasting over-the-air in s may be different from the channel	
	te in each case	whether the s			ependent station, or a noncommercial	
		•	· ·	•	cast), "I" (for independent), "I-M" commercial educational multicast).	
					the paper SA3 form. ′es". If not, enter "No". For an ex-	
planation of local ser	vice area, see pa	age (v) of the	general instruc	tions located in th		
cable system carried	the distant station	on during the	accounting peri	od. Indicate by er	ntering "LAC" if your cable system	
carried the distant sta For the retransmis	ation on a part-tii	me basis beca	ause of lack of			
	ssion of a distant	t multicast str			capacity. ty payment because it is the subject	
of a written agreeme	nt entered into o	n or before Ju	eam that is not une 30, 2009, be	subject to a royal etween a cable sy	ty payment because it is the subject stem or an association representing	
of a written agreeme he cable system and ion "E" (exempt). Fo	nt entered into o d a primary trans r simulcasts, als	n or before Ju mitter or an a o enter "E". If	eam that is not une 30, 2009, be ssociation repre you carried the	subject to a royal etween a cable sy esenting the prima channel on any c	ty payment because it is the subject (stem or an association representing ary transmitter, enter the designa- bother basis, enter "O." For a further	
of a written agreeme he cable system and ion "E" (exempt). Fo explanation of these	nt entered into o d a primary trans r simulcasts, als three categories	n or before Ju mitter or an a o enter "E". If , see page (v	eam that is not une 30, 2009, be ssociation repre you carried the ) of the general	subject to a royal etween a cable sy esenting the prima channel on any c instructions locat	ty payment because it is the subject stem or an association representing ary transmitter, enter the designa-	
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of a written agreemen he cable system and ion "E" (exempt). Fo explanation of these <b>Column 6:</b> Give t FCC. For Mexican or	nt entered into o d a primary trans r simulcasts, als three categories he location of ea r Canadian static	n or before Ju mitter or an a o enter "E". If , see page (v ich station. Fo ons, if any, giv nnel line-ups,	eam that is not une 30, 2009, bu ssociation repro- you carried the ) of the general or U.S. stations, re the name of t use a separate	subject to a royal etween a cable sy esenting the prima channel on any c instructions locat , list the communit the community wit e space G for each	ty payment because it is the subject ystem or an association representing ary transmitter, enter the designa- other basis, enter "O." For a further ed in the paper SA3 form. ty to which the station is licensed by the h which the station is identifed.	
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LEGAL NAME OF O	WNER OF CABLE SY	STEM:			S	YSTEM ID#	
Alliance Corr	nmunications (	Cooperativ	ve, Inc.			851	Name
PRIMARY TRANSMI	TTERS: TELEVISIC	DN					
carried by your cabl	le system during th	ne accounting	period, except	(1) stations carrie	s and low power television stat ed only on a part-time basis un	der	G
	, 76.61(e)(2) and (4	4), or 76.63 (	referring to 76.6		tain network programs [sectior and (2) certain stations carried		Primary Transmitters
Substitute Basis basis under specifc		-	-	is carried by your	cable system on a substitute p	orogram	Television
Do not list the stat		G—but do lis		he Special Statem	ent and Program Log)—if the		
List the station her basis. For further	re, and also in spa r information conc	ce I, if the sta			itute basis and also on some o of the general instructions loca		
in the paper SA3 Column 1: List e		sign. Do not	report originatio	on program servic	es such as HBO, ESPN, etc. Io	dentify	
					ation. For example, report mult ch stream separately; for exam		
<b>Column 2:</b> Give ts community of lice	ense. For example	, WRC is Ch	•		tion for broadcasting over-the- s may be different from the cha		
	ate in each case w	whether the st			ependent station, or a noncom		
		•		•	cast), "I" (for independent), "I-I commercial educational multica		
For the meaning of	these terms, see p	bage (v) of th	e general instru	ictions located in	the paper SA3 form.	,	
planation of local se			•		es". If not, enter "No". For an e		
	, i	go (1) or ano	general mease	aono locatoa in al	e paper SA3 form.		
•	u have entered "Ye	es" in column	4, you must co	mplete column 5,	stating the basis on which you		
cable system carried carried the distant s	u have entered "Ye d the distant statio station on a part-tin	es" in column on during the ne basis beca	4, you must co accounting peri ause of lack of a	mplete column 5, od. Indicate by er activated channel	stating the basis on which you tering "LAC" if your cable syste capacity.	em	
cable system carried carried the distant s For the retransm	u have entered "Ye ad the distant statio station on a part-tin hission of a distant	es" in column on during the ne basis beca multicast stro	4, you must co accounting peri ause of lack of a eam that is not	mplete column 5, od. Indicate by er activated channel subject to a royal	stating the basis on which you tering "LAC" if your cable syste capacity. y payment because it is the su	em ıbject	
cable system carrie carried the distant s For the retransm of a written agreeme he cable system an	u have entered "Ye d the distant statio station on a part-tin hission of a distant ent entered into or nd a primary transr	es" in column on during the ne basis beca multicast stro n or before Ju mitter or an a	4, you must co accounting peri ause of lack of a eam that is not ine 30, 2009, be ssociation repre	mplete column 5, od. Indicate by er activated channel subject to a royal etween a cable sy esenting the prima	stating the basis on which you tering "LAC" if your cable syste capacity. y payment because it is the su stem or an association represe ary transmitter, enter the desig	em ibject enting na-	
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LEGAL NAME OF OW	NER OF CABLE SY	/STEM:			SYSTE	M ID#	
Alliance Com	nunications	Cooperativ	ve, Inc.			851	Name
PRIMARY TRANSMIT		•					
n General: In space	G, identify ever	v television st	ation (including	translator station	s and low power television stations)		
•	•	•	· -		ed only on a part-time basis under		G
•				-	tain network programs [sections		
76.59(d)(2) and (4), 7 substitute program ba		· · · · ·	•	61(e)(2) and (4))];	and (2) certain stations carried on a		Primary Transmitters
				ns carried by your	cable system on a substitute program		Television
oasis under specifc F	CC rules, regula	ations, or auth	norizations:				
	•		t it in space I (t	he Special Statem	ent and Program Log)—if the		
station was carried			ation was carrie	ed both on a substi	tute basis and also on some other		
					of the general instructions located		
in the paper SA3 f							
		•			es such as HBO, ESPN, etc. Identify ation. For example, report multi-		
			-	•	ch stream separately; for example		
NETA-simulcast).			·	,			
			•		tion for broadcasting over-the-air in		
ts community of licen on which your cable s	•		annel 4 in Was	nington, D.C. This	s may be different from the channel		
			tation is a netw	ork station, an ind	ependent station, or a noncommercial		
educational station, b	y entering the le	etter "N" (for n	etwork), "N-M"	(for network multi	cast), "I" (for independent), "I-M"		
•				•	ommercial educational multicast).		
For the meaning of th			•		he paper SA3 form. es". If not, enter "No". For an ex-		
planation of local serv			•				
Column 5: If you I	nave entered "Y	es" in column	4, you must co	omplete column 5,	stating the basis on which your		
•		•	• •	•	tering "LAC" if your cable system		
carried the distant sta For the retransmis	•				capacity. y payment because it is the subject		
					stem or an association representing		
				• •	ary transmitter, enter the designa-		
					ther basis, enter "O." For a further		
					ed in the paper SA3 form. y to which the station is licensed by th	е	
					h which the station is identifed.	_	
<b>Note:</b> If you are utilizi	ng multiple cha	nnel line-ups,	use a separate	e space G for each	i channel line-up.		
		CHANNE	EL LINE-UP	AO			
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)			

n 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 Primary	PRIMARY TRANSMITTERS: TELEVISION			SYSTEM ID#	
In General: In space G, identify every television station (including translator stations and low power television stations) sparied by your cable system during the accounting period, except (1) stations carried only on a part-time basis under 50-60(2) and (4), 76.61(e)(2) and (4), 07.66.3 (referring to 76.61(e)(2) and (4))); and (2) certain stations carried on a substitute program basis, as explained in the next pargraph.       Primary Transmitter         Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis, as explained in the next pargraph.       Primary Transmitter         Do not list the station here, and dats on is pace (– Hot to any distant stations carried by your cable system on a substitute parameter and program Log)—If the station was carried only on a substitute basis.       Television         List the station here, and dats on is pace (– Hot to list it in space (– Hot to list it in space (– Hot do list it in space (– Hot here, and parameter); for example, we the station as a statem as sociated with a station according to its over-the-air designation. For example, report multi-sats tream as sociated with a station according to its over-the-air designation. For example, we the station.       Primary Transmitter         Colum 2: G we the channel number the FCC has assigned to the television station for broadcasting over-the-air in the station is a network multicast). "I (for independent), "I-M" (for independent numbers), For an exolation 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 s		Inc.		851	Name
arried by your cable system during the accounting period, except (1) stations carried only on a part-lime basis under       Cr         CC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections r6,56(d)(2) and (4), 76,61(e)(2) and (4), 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. For example, where and also 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 inther information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form.         Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream as welfA-2". Simulcast streams must be reported in column 1 (list each stream separately, for example WFCA simulcast).         Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in ts community of ficense. For example, WFC 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, "LM" (for network), "N-M" (for network multicast).       "To for independent), "LM" (so retwork), "N-M" (for network multicast).         To the maring of these terms, see page (v) of the gene	n General: In space G, identify every television statio				
CC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections f6.56(12)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 asis ander specife FCC rules, regulations, or authorizations:       Primary Transmitter Television         Do not list the station here, and also in space 1, if the station was carried only on a substitute basis.       List the station here, and also in space 1, 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 multi-ast stream associated with a station assigned to the television station for broadcasting over-the-air in the community of license. For example, WCI is channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station.         Column 1: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational instructions located in the paper SA3 form.         Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an exhanation of local service area, see page (v) of the general instructions located in the paper SA3 form.         Column 4: If the stati		on (including	translator stations	s and low power television stations)	•
76.59(1)(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.       Primary Transmitter: Transmitter: Transmitter: Transmitter: Television         Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program Log)—if the station was carried only on a substitute basis station, scenzed (b) of the general instructions located in the paper SA3 form.       Primary Station: Scenzed (C) of the general instructions located in the paper SA3 form.         Colum 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-isat streams associated with a station according to its over-the-air designation. For example, report multi-isat streams are substitute basis station, is a network station, an independent station, or a noncommercial ducational station, by entering the letter 'N' (for network). The weat the distant multicast). T'' (for independent), 'I-M'' for independent multicast). E'' (for noncommercial educational), or 'E-M'' (for noncommercial educational) on 'E-M'' (for independent), 'I-M'' for independent multicast). E'' (for network). 'N-M'' (for network) multicast). T'' (for independent), 'I-M'' for independent multicast). E'' (for noncommercial educational) or 'E-M'' (for noncommercial educational) on 'E'' (for independent multicast). T'' (for independent). T-M'' for onanocommercial educational istation, by enteri		•	. ,		G
Substitute program basis, as explained in the next paragraph.       Transmitter         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:       Transmitter         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.       The station was carried only on a substitute basis.         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 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 seach multicast stream associated with a station according to its over-the-air designation. For example, report multi-basis tream associated with a station according to its over-the-air designation for broadcasting over-the-air in the 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 sducational station, by entering the letter 'N' (for network), 'N-M' (for network willcast), 'T' (for independent rel'No'. For an ex-sharation of local service area, 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 a furt	•		-		Primary
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 vas 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 basis. For authorization attion according to its over-the-air designation. For example, report multi-its starteram 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 sto scommunity 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 multicast).         For independent multicast).       ** (for network). 'N-M' (for network multicast). ''' (for independent). '+M' for independent 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 station induring the accounting period. Indicate by entering "LAC" if your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the dis	substitute program basis, as explained in the next para	agraph.			Transmitters
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 multi-ast 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 ts 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. Settion, an independent station, or a noncommercial ducational station, by entering the letter 'Wr (for network, WI' (for network multicast), "I' (for independent), 'H.M" for independent multicast). "E' (for noncommercial educational station los 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 exalianation 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 and a primary transmitter or an association representing the steter ''C'. For a further assimilate, stetere attation. For U.S. stations, list the community with the station is identified. The station is distating the pase SA3 form. Column 5: Gi subtito			is carried by your	cable system on a substitute program	Television
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 multi- ast 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 is a network station, an independent station, or a noncommercial ducational station, by entering the letter "N" (for network), "N-M" (for network multicast), "1" (for independent), "I-M" for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). To 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- alanation of local service area, see page (v) of the general instructions located in the paper SA3 form. Colum 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your stable 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 3			he Special Statem	ent and Program Log)—if the	
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- east 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 dicuational station, by entering the letter "N" (for network, "N-M" (for network multicast), For frie 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, netre "No". For an ex- Jonantion 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 table system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system arried 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 patient station is identifed. Note: If you are utilizing multi		n was carrie	d both on a substi	tute basis and also on some other	
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- ast 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 is sommulty 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 noncommercial educational multicast), "I" (for noncommercial educational), or "E-M" (for noncommercial educational multicast).         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- isanation 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, tating the basis on which your sable system carried the distant multicast stream that is not subject to a royally 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 or an association representing the primary tra	• • •				
Pack multicast stream associated with a station according to its over-the-air designation. For example, report multi- ast 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 the 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). "To rot 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- loanation 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 table 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 designa- tion "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explana		ort originatio		a such as HPO FSPN, ata Identify	
sast 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 ts 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 aducational station, by entering the letter "N" (for network multicast), "I" (for independent), "I-M" for independent multicast), "E" (for noncommercial educational) or "E-M" (for noncommercial educational multicast).         For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form.         Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the 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 designa- ion "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. stat	<b>U</b> 1	•		· · · · · ·	
Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in the term multip 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 exolanation 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 eatile system carried the distant station on an 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 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 for (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categ	cast stream as "WETA-2". Simulcast streams must be	-	-	• • •	
ts 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. <b>Column 3:</b> Indicate in each case whether the station is a network station, an independent station, or a noncommercial aducational 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. <b>Column 4:</b> If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an ex- olanation of local service area, see page (v) of the general instructions located in the paper SA3 form. <b>Column 5:</b> 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 he cable system and a primary transmitter or an association representing the primary transmitter, enter the designa- ion "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. <b>Column 6:</b> Give the location of each station. For U.S. stations, list the community with which the station is identified. <b>Note:</b> If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. <b>CHANNEL LINE-UP AP</b> 1. CALL SIGN		assigned to	the television stat	tion for broadcasting over-the-air in	
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 stable 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 cable system 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 identifed.         Column 6: Give the location of each station. For U.S. stations, list the community with which the station is identifed.         Column 6: Give the location of each station. For U.S. stations, list the community to which the station is identifed. <t< td=""><td></td><td>-</td><td></td><td>•</td><td></td></t<>		-		•	
aducational 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-          ahantion 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         able system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system         arried 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         he cable system and a primary transmitter or an association representing the primary transmitter, enter the designation 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         CCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed. <td></td> <td>on io o nativ</td> <td>ork station on in-</td> <td>opendent station or a nencommercial</td> <td></td>		on io o nativ	ork station on in-	opendent station or a nencommercial	
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. <b>Column 4:</b> 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. <b>Column 5:</b> If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your hable 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 designa- ion "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. <b>Column 6:</b> 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. <b>CHANNEL LINE-UP AP</b> T. CALL SIGN 2. B'CAST CHANNEL 0F 4. DISTANT? 5. BASIS OF CARRIAGE 6. LOCATION OF STATION				•	
Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an ex- lanation 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 table 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 designa- tion "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 AP 1. CALL SIGN 2. B'CAST GF 4. DISTANT? 5. BASIS OF CARRIAGE 6. LOCATION OF STATION	for independent multicast), "E" (for noncommercial ec	ducational), o	or "E-M" (for nonc	ommercial educational multicast).	
Advanation 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 eable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system earried 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 accounting representing the primary transmitter, enter the designation of "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 SCC. 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.         I. CALL       2. B'CAST       3. TYPE       4. DISTANT?       5. BASIS OF       6. LOCATION OF STATION         SIGN       2. B'CAST       0. F       4. DISTANT?       5. BASIS OF       6. LOCATION OF STATION					
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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         he 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.         1. CALL       2. B'CAST       3. TYPE       4. DISTANT?       5. BASIS OF       6. LOCATION OF STATION         SIGN       0.F       (Yes or No)       CARRIAGE       6. LOCATION OF STATION		• •	•		
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Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed.         CC. 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       AP         1. CALL       2. B'CAST       3. TYPE       4. DISTANT?       5. BASIS OF       6. LOCATION OF STATION         SIGN       0F       (Yes or No)       CARRIAGE       6. LOCATION OF STATION			• •		
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       AP         1. CALL       2. B'CAST       3. TYPE       4. DISTANT?       5. BASIS OF       6. LOCATION OF STATION         SIGN       OF       (Yes or No)       CARRIAGE       6. LOCATION OF STATION					
Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.         CHANNEL LINE-UP       AP         1. CALL       2. B'CAST       3. TYPE       4. DISTANT?       5. BASIS OF       6. LOCATION OF STATION         SIGN       0F       (Yes or No)       CARRIAGE       6. LOCATION OF STATION					
1. CALL     2. B'CAST     3. TYPE     4. DISTANT?     5. BASIS OF     6. LOCATION OF STATION       SIGN     CHANNEL     OF     (Yes or No)     CARRIAGE     6. LOCATION OF STATION	<b>Note:</b> If you are utilizing multiple channel line-ups, use	e a separate	space G for each	n channel line-up.	
SIGN CHANNEL OF (Yes or No) CARRIAGE	CHANNEL	LINE-UP	AP		,
SIGN CHANNEL OF (Yes or No) CARRIAGE	1 CALL 2 B'CAST 3 TYPE 4 I	DISTANT?	5. BASIS OF	6. LOCATION OF STATION	
NUMBERSTATION(If Distant)Image: Station static s					
Image: Second	NUMBER STATION	,	(If Distant)		
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	NER OF CABLE SYSTEM:			SYSTEM	ID#	
Alliance Com	munications Coop	erative, Inc.			851	Name
PRIMARY TRANSMIT	TERS: TELEVISION	·				
n General: In space	G. identify every televis	sion station (including	ı translator station	s and low power television stations)		•
carried by your cable	system during the acco	ounting period, except	t (1) stations carrie	ed only on a part-time basis under		G
-			-	tain network programs [sections and (2) certain stations carried on a		Drimon
	asis, as explained in the		51(e)(2) and (4))],	and (2) certain stations carried on a		Primary Transmitters
Substitute Basis	Stations: With respect	t to any distant station	ns carried by your	cable system on a substitute program		Television
	FCC rules, regulations, o		ha Spacial Statam	ient and Program Log)—if the		
	d only on a substitute ba		ne opecial otaten	ient and i rogram Log,—ii the		
	· · ·			itute basis and also on some other		
in the paper SA3 f	•	substitute basis statio	ons, see page (v)	of the general instructions located		
		o not report originatio	on program servic	es such as HBO, ESPN, etc. Identify		
		-	-	ation. For example, report multi-		
cast stream as "WE⊺ VETA-simulcast).	A-2". Simulcast stream	is must be reported in	i column 1 (list ea	ch stream separately; for example		
Column 2: Give t		•		tion for broadcasting over-the-air in		
•			shington, D.C. This	s may be different from the channel		
	system carried the station to the station to the system carried the station to the station of th		ork station. an ind	ependent station, or a noncommercial		
educational station, b	by entering the letter "N"	" (for network), "N-M"	(for network multi	cast), "I" (for independent), "I-M"		
•			,	commercial educational multicast).		
	nese terms, see page (v station is outside the loc			es". If not, enter "No". For an ex-		
	vice area, see page (v)					
			•	stating the basis on which your		
carried the distant sta			iou. Indicate by er			
	ation on a part-time bas	is because of lack of		itering "LAC" if your cable system capacity.		
For the retransmis	ssion of a distant multic	ast stream that is not	activated channel subject to a royal	capacity. ty payment because it is the subject		
For the retransmis	ssion of a distant multic nt entered into on or be	ast stream that is not fore June 30, 2009, b	activated channel subject to a royall etween a cable sy	capacity. ty payment because it is the subject stem or an association representing		
For the retransmis of a written agreemen the cable system and tion "E" (exempt). Fo	ssion of a distant multic nt entered into on or be a primary transmitter o r simulcasts, also enter	ast stream that is not fore June 30, 2009, b or an association repro "E". If you carried the	activated channel subject to a royal etween a cable sy esenting the prima channel on any c	capacity. ty payment because it is the subject estem or an association representing ary transmitter, enter the designa- other basis, enter "O." For a further		
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LEGAL NAME OF OV	WNER OF CABLE SYSTE	EM:			S	SYSTEM ID#	
	munications Co		. Inc.		-	851	Name
PRIMARY TRANSMIT		•	• •-				
			on (includina	translator stations	s and low power television sta	ations)	•
carried by your cable	e system during the	accounting pe	eriod, except	(1) stations carrie	ed only on a part-time basis u	nder	G
-			•••••	-	ain network programs [sectio		Deriver a ma
	76.61(e)(2) and (4), basis, as explained in	•	-	51(e)(2) and (4))];	and (2) certain stations carrie	ed on a	Primary Transmitters
				s carried by your	cable system on a substitute p	program	Television
	FCC rules, regulatio						
	on here in space G– ed only on a substitu		in space I (th	ne Special Statem	ent and Program Log)—if the	•	
			on was carrie	d both on a substi	tute basis and also on some o	other	
		ning substitute	e basis static	ons, see page (v)	of the general instructions loca	ated	
in the paper SA3		n Do not ren	ort originatio	n program service	es such as HBO, ESPN, etc. I	dentify	
	•	-	•		ition. For example, report mul	-	
cast stream as "WE			•	•	ch stream separately; for exar		
WETA-simulcast).	the channel number	r the ECC has	e accianad to	the television sta	ion for broadcasting over-the	-air in	
			•		may be different from the ch		
on which your cable	system carried the s	station.		•			
					ependent station, or a noncon		
		•		•	cast), "I" (for independent), "I- ommercial educational multic		
For the meaning of t	hese terms, see pag	ge (v) of the g	general instru	ictions located in t	he paper SA3 form.		
			•	,	es". If not, enter "No". For an	ex-	
	rvice area, see page have entered "Yes"				e paper SA3 form. stating the basis on which you	ur	
•			•	impiete celainii e,			
cable system carried	d the distant station of	during the acc	counting peri	od. Indicate by en	tering "LAC" if your cable sys	tem	
carried the distant st	tation on a part-time	basis becaus	se of lack of a	activated channel	capacity.		
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LEGAL NAME OF OW	NER OF CABLE SYST	EM:			Ś	SYSTEM ID#	
	munications Co		e, Inc.			851	Name
PRIMARY TRANSMIT	TERS: TELEVISION	•					
n General: In space	G. identifv everv te	elevision stat	ition (includina	translator stations	and low power television sta	ations)	
carried by your cable	system during the	accounting	period, except	(1) stations carrie	d only on a part-time basis u	Inder	G
-			•••••	-	ain network programs [section		Dia
(6.59(d)(2) and (4), <i>i</i> substitute program b		•	-	51(e)(2) and (4))];	and (2) certain stations carrie	ed on a	Primary Transmitters
				s carried by your	cable system on a substitute	program	Television
pasis under specifc F							
	on here in space G- d only on a substitu		it in space I (th	ne Special Statem	ent and Program Log)—if the	9	
	5		tion was carrie	d both on a substi	tute basis and also on some	other	
		ning substitu	ute basis statio	ons, see page (v) o	of the general instructions loc	cated	
in the paper SA3 f		an. Do not re	enort originatio	on program service	es such as HBO, ESPN, etc.	Identify	
	-	-			tion. For example, report mu	-	
ast stream as "WET			-	-	h stream separately; for exa		
NETA-simulcast).	he channel number	r the ECC ha	ae acciment to	the television sta	ion for broadcasting over-the	a-air in	
			•		may be different from the ch		
on which your cable s	system carried the	station.		•			
					ependent station, or a noncor		
		•		•	cast), "I" (for independent), "I- ommercial educational multic		
For the meaning of th	nese terms, see pag	ge (v) of the	general instru	ictions located in t	he paper SA3 form.		
					es". If not, enter "No". For an	ex-	
blanation of local ser <b>Column 5:</b> If you	vice area, see page have entered "Yes"						
	nave entered ree				sialing the pasis on which vo	DUE	
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carried the distant sta	ation on a part-time	during the a basis becau	iccounting peri use of lack of a	od. Indicate by en activated channel	tering "LAC" if your cable sys capacity.	stem	
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Allance Communications Cooperative, Inc.         Set of Name           PRMAY TRANSMITTERS: TELEVISION         In Genera: In space G, dentify every ledwision station (including translator stations and low power blevision stations) and using the accounting period, except (1) stations carried only on a part-time basis under FacC O Lies and regulators in effect on Unive 24, 1981, permitting the conjunct of contain network programs [sectors R556(4)(2) and (4), or 76.63 (referring to 76.61(4)(2) and (4)); and (2) certain stations carried to program (sectors and account of the period statement and Program Log)—If the station here in space G—but do Ist it in space I (the Special Statement and Program Log)—If the station were in space G—but do Ist it in space I (the Special Statement and Program Log)—If 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 concomming autistuties basis stations, see analysis (v) of the general instructions located in the company SA form.           Clo und it the station here, and also in space I, if the station was carried both on a substitute part SA form.         Column 1: (list each stream separately; for example (V) for the general instructions located in the channel on the forth and the station common is a ustitute basis and also on some other basis. For further WRG Is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station.           Column 2: (bits the channel number the FCC has assigned to the television station the redecation and intitues).         Crit meaning of these terms, see page (v) of the general instructions located in the paper SA form.         Column 3: (f) for the station is a network station, an independent station, or oa noccommercial ducational and integration of these sp	FORM SA3E. PAGE 3. LEGAL NAME OF OWN	ER OF CABLE SY	STEM:			SYSTE	M ID#		
In General: In space G, identify every television station (including translator stations and low power television stations) sarried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under 50-60 (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.       Primary Transmitter Counce and State Statement and Program Log)—if the station was carried only on a substitute basis.       Primary Transmitter Television         Do not list the station here, and also in space (-). Hot be station as carried by your cable system on a substitute paragraph.       Primary Transmitter Television         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, wRCTs -2: Simulcast streams must be reported in column 1 (list each stream separately; for example wIETA-2: Simulcast streams must be reported in column 1 (list each stream separately; for example wIETA-2: Simulcast stream site (-) (for network multicast).       Primary Transmitter Television         Column 2: 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), 'T' (for independent), 'H'' (for independent station during the eaccounting), or E-M' (for network multicast), 'T' (for independent), 'H''' (for independent station on a part-time basis because of lack of activated channel capacity.       Primary Transmitter, enter the designation. For example, WRC is channel 4 in voushing the capacity in cot, metro 'N'. For an ex-clanation of loc	Alliance Comm	unications	Cooperativ	ve, Inc.			851	Name	
trained by your cable system during the accounting period, except (1) stations carried only on a part-lime basis under       C         FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs (sections fo.56(d)(2) and (4)), 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, as explained in the next paragraph.         Do not list the station here, and also 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 inther 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 smust be reported in column 1 (list each stream separately; for example, WFC 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, "-M" for indevendent, "-M". For an exablantion of these trevs: see page (v) of the general instructions located in the paper SA3 form.         Column 4: If the station during the accounting period. Indicate by entering "L-CF (Mour cable system carried the distant statem and wick	PRIMARY TRANSMITT	ERS: TELEVISIO	DN	•					
tarried by your cable system during the accounting period, except (1) stations carried only on a part-lime basis under       C         CC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs (sections (656(d)2) and (4), 76.61(e)(2) and (4), 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, as explained in the next paragraph.       Primary Transmitter         Do not list the station here, and also in space G—but do list it in space I (the Special Statement and Program Log)—lif the station was carried only on a substitute basis.       The staticn was carried both on a substitute basis and also on some other basis. For three rinformation concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form.         Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream as welfA-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 ts community of license. For example, WFC (or network), N-M" (for network multicast), "T (for independent), "-M" for independent multicast).       The for independent, "-M". The station is a network station, an independent, "-M" for an exalianation of ocal service area, see page (v) of the general instructions located in the paper SA3 form.         Column 3: Indicate in each case whether the station is a network station, an i	n General: In space (	G, identify every	v television st	ation (including	translator station	s and low power television stations)			
76 59(0)(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 Log)—if the station was carried only on a substitute basis.       Primary Transmitter Television         Do not list the station here, and also in space (- but do list it in space I (the Special Statement and Program Log)—if the station here, and also in space I, if the station was carried by our cable system on a substitute basis and also no 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 multi-east streams associated with a station according to its over-the-air designation. For example, report multi-east streams are substitute basis stations, see page (v) of the general instructions located in the paper SA3 form.         Column 2: Give the channel number the FCC has assigned to the television station for broaccasting over-the-air in ts community of license. For example, WCC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station is a network station, an independent station, or a noncommercial ducational station, by entering the letter 'N' (for network multicast), "I' (for independent), 'I-M' for independent multicast), "E' (for noncommercial educational instructions located in the paper SA3 form.         Column 4: If the station is outside	carried by your cable s	system during th	ne accounting	g period, except	t (1) stations carrie	ed only on a part-time basis under		G	
Substitute program basis, as explained in the next paragraph.       Transmitter         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:       Transmitter         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.       The station was carried only on a substitute basis.         List the station here in space G—but do list in space I (the Special Statement and Program Log)—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 multi-basis station, your cable system carried the station.         Column 3: Indicate in each case whether the FCC has assigned to the television station for broadcasting over-the-air in ts 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 is a network, "N-M" (for network multicast). "For independent), "I-M" for independent multicast).         For independent multicast, "E' (for noncommercial educational, or E-K (for noncommercial educational multicast).         For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form.         Column 5: If you have entered "ves" in	•				•			<b>.</b>	
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:       Television         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.       Television         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 multi-basis for example, WRCA: simulcast).         Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in ts 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, nulticast). "F' (for noncommercial educational), "F'' (for independent multicast), E'' (for noncommercial educational), or "E-M'' (for network multicast). "Column 4: If the station is outside the local service area, (i.e. "distant"), enter "No". For an ex- stanation 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 coluting the eater statem that is not subject to a royally payment because it is the subject of a written agreemen			, , , , , , , , , , , , , , , , , , , ,	-	o1(e)(2) and (4))];	and (2) certain stations carried on a		-	
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 multi-ast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example NETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in ts 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. So a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network). "N-M" (for network multicast), "T (for independent), "I-M" for independent multicast). "E" (for noncommercial educational), or "E-M" (for network multicast), "T (for independent), "I-M" for independent multicast), "E" (for noncommercial educational), or "E-M" (for network multicast), "T (for independent), "I-M" for independent multicast), "E" (for noncommercial educational stoil, by entering the letter "N" (for network), "I-M" (for network multicast), "T (for independent), "I-M" for independent multicast), "E" (for noncommercial educational), or "E-M" (for network multicast), "T (for independent), "I-M" for independent multicast), "E" (for noncommercial educational stoil, be subject of a value as the end as a substitute basis because in the sper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the					ns carried by your	cable system on a substitute progran	n	Television	
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 bach multi-bast stream associated with a station according to its over-the-air designation. For example, report multi-bast 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 ts 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 by entering the letter "N" (for network), "N-M" (for network multicast), "" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). "Toot 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 exolanation for local service area, see page (v) of the general instructions located in the paper SA3 form.         Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station on a part-time basis because of l	•	-							
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Alliance Communications Cooperative, Inc.851PRIMARY TRANSMITTERS: TELEVISIONIn 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.Primary Transmitter	LEGAL NAME OF OW	NER OF CABLE S	YSTEM:			SYSTEM I	
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 reflect on June 24 1981, permitting the carriage of certain network programs [sections] as substitute program basis, as explained in the next paragraph.       Image: Control Contrecontrol Control Control Control Contrel Co	Alliance Com	nunications	Cooperati	ve, Inc.		8	51 Name
carried by your cable system during the accounting period, except (1) stations carried only on a part-fine basis under FC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections FC for (a) 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 aais under specific FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space 1 (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space G—but do list it in space 1 (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify sack threa massociated with a station according to its over-the-air designation. For example, WFCA sack station, see page (V) of the general instructions located in the paper SA3 form. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial ducational station, by entring the letter "N" (for network, multicast), "T (for independent)."LM" for independent multicast), "E" (for noncommercial educational), or "E-M" (for network multicast), "T (for independent)."LM" for independent multicast), "E" (for noncommercial educational station so cated in the paper SA3 form. Column 4: If the 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 caparity. For the retransmission	PRIMARY TRANSMIT	TERS: TELEVISI	ON				
76.59(0)(2) and (Å), 76.61(e)(2) and (4), or 76.63 (referring to 76.63(e)(2) and (4))); and (2) certain stations carried on a substitute program basis, as explained in the next paragraph.       Primary 1         austitute program basis, as explained in the next paragraph.       The station service to any distant stations carried by your cable system on a substitute program 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.       Televisit         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, WRETA-Simulcast).       Primary 1         Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in ts 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 is a network station, an independent, "-M" for independent, "-M" for independent multicast, "E" (for noncommercial educational), or "E-M" (for noncommercial educational) multicast).         Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational of local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an exolanation for local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an exolanation for local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an exolanation for a station station as out of before June 30, 2009, between a cable system or an association representing the basis on which your cable system or an association repr	•	•	•	· -			G
Substitute program basis, as explained in the next paragraph.       Transmitt         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:       Televisit         Do not list the station here in space C—but do list It in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis.       For further information concerning substitute basis stations, see page (v) of the general instructions located in the page SA3 form.       Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each stream associated with a station according to its over-the-air designation. For example, report multi-cast stream as CG we the channel number the FCC has assigned to the television station for broadcasting over-the-air in ts 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.       NeTA-27: Simulcast stream sace intervertions located in the paper SA3 form.         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 multicast), "' (for independent), ''.M''' (for independent multicast).       ''.M'''         For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form.       Column 5: If you have entered 'Yes' in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering ''.AC'' if you cable system carried the distant station. A you must comp							
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.         Televisid           * 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-S". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast).           Column 1: List each station's C is Channel 4 in Washington, D. C. This may be different from the channel on which your cable system carried the station.         To further information concernerical educational, or "E-M" (for independent multicast). "T" (for independent multicast). "E' (for noncommercial educational), or "E-M" (for notwork wastion, an independent multicast).           For time enting of these terms, see page (v) of the general instructions located in the paper SA3 form.         Column 3: If the station is outside the local service area, (i.e. "distant"), entr "Yes." If not, enter "No". For an ex- olanation 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, stati				-	61(e)(2) and (4))];	and (2) certain stations carried on a	Primary Transmitters
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 associated with a station according to its over-the-air designation. For example, report multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream associated with a station according to its over-the-air designation. 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; nor "E-M" (for notwork), "N-M" (for notwork multicast), "I (for independent), "I-M" for independent multicast), "E" (for noncommercial educational instructions located in the paper SA3 form.         Column 4: If the station is outside the local service area, (i.e. "distart"), enter "Yes". If not, enter "No". For an exhanator of local service area, see page (v) of the general instructions located in the paper SA3 form.         Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station on a part-time basis because of lack of activated channel capacit	Substitute Basis	Stations: With	respect to an	y distant station	ns carried by your	cable system on a substitute program	Television
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 basis. For its associated with a station according to its over-the-air designation. For example, report multi-tast 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 the scommunity 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 yot provide 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 exolanation for 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 or before June 30, 2009, between a cable system carried the distant station on the sais because of lack of activated channel capacit).         For the retran	•	-			he Special Statem	pent and Program Log)—if the	
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 in ts 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). 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 'Wea''. If not, enter 'No''. For an ex- olaration 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	station was carrie	d only on a subs	titute basis.		-		
Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify ach multicast stream associated with a station according to its over-the-air designation. For example, report multi-ast stream as "WETA-2". Simulcast, 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 ts 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). "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 multicast stream that is not subject to an oyalty 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	basis. For further	nformation con					
cast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example         WETA-simulcast).         Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in ts 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 aducational station, by entering the letter "N" (for network), "N-N" (for network multicast), "I" (for independent), "I-N" 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 exbanation 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 or or before June 30, 2009, between a cable system or an association representing the remark 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 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. <tr< td=""><td></td><td></td><td>sign. Do not</td><td>report originatio</td><td>on program servic</td><td>es such as HBO, ESPN, etc. Identify</td><td></td></tr<>			sign. Do not	report originatio	on program servic	es such as HBO, ESPN, etc. Identify	
Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in ts 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 exbanation of local service area, see page (v) of the general instructions located in the paper SA3 form.         Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station on a part-time basis because of lack of activated channel capacity.         For the retransmission of a distant 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 clause is located in the paper SA3 form.         Column 6: Give the location of each station. For U.S. stations, list 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 ine-up.         Column 6: Give the location of ea	cast stream as "WET						
ts 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 ex- colanation 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 designa- ion "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 identified. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.  CHANNEL LINE-UP AU  1. CALL SIGN CHANNEL CHANNEL CHANNEL CH	,	ne channel num	ber the FCC I	has assigned to	the television sta	tion for broadcasting over-the-air in	
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. <b>Column 4:</b> If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an ex- colanation of local service area, see page (v) of the general instructions located in the paper SA3 form. <b>Column 5:</b> 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 designa- ion "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. <b>Column 6:</b> 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. <b>CHANNEL LINE-UP AU</b> 1. CALL SIGN 2. B'CAST CHANNEL 0F 4. DISTANT? 5. BASIS OF CARRIAGE 6. LOCATION OF STATION	ts community of licer on which your cable s	nse. For exampl system carried t	e, WRC is Ch he station.	annel 4 in Was	shington, D.C. This	s may be different from the channel	
if or 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- olanation 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 on an association representing the primary transmitter, enter the designa-       ion "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 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.          I. CALL       2. B'CAST       3. TYPE       4. DISTANT?       5. BASIS OF       6. LOCATION OF STATION     <						•	
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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       AU         1. CALL       2. B'CAST       3. TYPE       4. DISTANT?       5. BASIS OF       6. LOCATION OF STATION         SIGN       OF       (Yes or No)       CARRIAGE       6. LOCATION OF STATION							
CHANNEL LINE-UP     AU       1. CALL     2. B'CAST     3. TYPE     4. DISTANT?     5. BASIS OF     6. LOCATION OF STATION       SIGN     OF     (Yes or No)     CARRIAGE     6. LOCATION OF STATION							
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SIGN CHANNEL OF (Yes or No) CARRIAGE			CHANN	EL LINE-UP	AU		
	1. CALL	2. B'CAST	3. TYPE	4. DISTANT?	5. BASIS OF	6. LOCATION OF STATION	
NUMBER       STATION       (if Distant)         Image: Image	SIGN	_		· ,			
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Alliance Comm	IER OF CABLE SY	STEM:			SYSTEM ID#	
	unications	Cooperativ	ve, Inc.		851	Name
RIMARY TRANSMITTI	ERS: TELEVISI(					
n General: In space (	G, identify every	/ television st	ation (including	translator stations	s and low power television stations)	
					d only on a part-time basis under	G
•				•	ain network programs [sections and (2) certain stations carried on a	Primary
substitute program bas			-	51(e)(2) and (4))],		Transmitters
Substitute Basis S	Stations: With	respect to an	y distant station	is carried by your o	cable system on a substitute program	Television
basis under specifc FC	-			he Sheeid Statem	ent and Program Log)—if the	
station was carried	•		t it in space i (ii		ent and Frogram Log	
	nformation conc				tute basis and also on some other of the general instructions located	
		sign. Do not i	report originatio	on program service	es such as HBO, ESPN, etc. Identify	
			•	•	tion. For example, report multi-	
cast stream as "WETA VETA-simulcast).	A-2". Simulcast	streams mus	t be reported in	column 1 (list eac	h stream separately; for example	
,	e channel numł	per the FCC h	nas assigned to	the television stat	ion for broadcasting over-the-air in	
	•		annel 4 in Was	hington, D.C. This	may be different from the channel	
on which your cable sy Column 3: Indicate			tation is a netw	ork station an inde	ependent station, or a noncommercial	
					cast), "I" (for independent), "I-M"	
for independent multion	cast), "E" (for ne	oncommercia	al educational),	or "E-M" (for nonc	ommercial educational multicast).	
For the meaning of the Column 4: If the st			•		he paper SA3 form. es". If not, enter "No". For an ex-	
planation of local servi			•			
Column 5: If you h	ave entered "Ye	es" in column	4, you must co	mplete column 5,	stating the basis on which your	
able system carried th arried the distant stat		0	0.		tering "LAC" if your cable system	
	•				y payment because it is the subject	
of a written agreement	t entered into or	n or before Ju	ine 30, 2009, be	etween a cable sy	stem or an association representing	
				• •	ry transmitter, enter the designa-	
· · /			you carried the		ther basis optor " $\Omega$ " For a further	
	noo oalogonoo,	, see page (v)	) of the general	•	ther basis, enter "O." For a further ed in the paper SA3 form.	
Column 6: Give the	e location of ea	ch station. Fo	or U.S. stations,	instructions locate list the communit	ed in the paper SA3 form. y to which the station is licensed by the	
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Column 6: Give the FCC. For Mexican or C Note: If you are utilizin	e location of ea Canadian statio ng multiple char 2. B'CAST CHANNEL	ch station. Fo ns, if any, giv nnel line-ups, <b>CHANNE</b> 3. TYPE OF	or U.S. stations, e the name of t use a separate EL LINE-UP 4. DISTANT?	instructions locate list the communit he community with space G for each AV 5. BASIS OF CARRIAGE	ed in the paper SA3 form. y to which the station is licensed by the n which the station is identifed. channel line-up.	
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CORM SA3E. PAGE 3.		STEM:			SYSTEM II	
Alliance Com	nunications	Cooperativ	ve, Inc.		85	51 Name
RIMARY TRANSMIT	TERS: TELEVISIO	DN				
arried by your cable CC rules and regula 6.59(d)(2) and (4), 7 ubstitute program ba <b>Substitute Basis</b> asis under specifc F Do not list the static station was carried List the station here	system during th ations in effect or (6.61(e)(2) and ( asis, as explaine <b>Stations:</b> With CC rules, regula on here in space d only on a subst , and also in spa	ne accounting n June 24, 194 4), or 76.63 (r d in the next p respect to any ations, or auth G—but do list itute basis. ice I, if the sta	g period, except 81, permitting to referring to 76.6 paragraph. y distant station norizations: t it in space I (th ation was carrie	t (1) stations carrie the carriage of cer 61(e)(2) and (4))]; ns carried by your he Special Statem ed both on a substi	s and low power television stations) ed only on a part-time basis under tain network programs [sections and (2) certain stations carried on a cable system on a substitute program tent and Program Log)—if the tute basis and also on some other of the general instructions located	G Primary Transmitters Television
each multicast stream sast stream as "WET VETA-simulcast). Column 2: Give th ts community of licer on which your cable s Column 3: Indica educational station, b for independent multi For the meaning of th Column 4: If the s	ich station's call in associated with A-2". Simulcast the channel numb ase. For example system carried th te in each case w by entering the le ticast), "E" (for no nese terms, see p	on a station acc streams must ber the FCC h e, WRC is Ch e station. whether the st tter "N" (for no oncommercia bage (v) of the	cording to its ov t be reported in nas assigned to annel 4 in Was tation is a netwo etwork), "N-M" il educational), e general instru	ver-the-air designa column 1 (list eac the television sta shington, D.C. This ork station, an ind (for network multi- or "E-M" (for nonc uctions located in t	es such as HBO, ESPN, etc. Identify ation. For example, report multi- ch stream separately; for example tion for broadcasting over-the-air in a may be different from the channel ependent station, or a noncommercial cast), "I" (for independent), "I-M" commercial educational multicast). the paper SA3 form. es". If not, enter "No". For an ex-	
Column 5: If you cable system carried carried the distant sta For the retransmis of a written agreemen the cable system and ion "E" (exempt). For explanation of these Column 6: Give the FCC. For Mexican or	vice area, see pa have entered "Yo the distant static ation on a part-tir ssion of a distant nt entered into or a primary transp r simulcasts, also three categories, ne location of ea Canadian statio	age (v) of the es" in column on during the a me basis beca multicast stre n or before Ju mitter or an as o enter "E". If , see page (v) ch station. Fo ns, if any, giv	4, you must co accounting peri ause of lack of a eam that is not ine 30, 2009, be ssociation repre- you carried the you carried the of the general or U.S. stations, e the name of t	omplete column 5, iod. Indicate by en activated channel subject to a royalt etween a cable sy esenting the prima channel on any co instructions locate , list the community	e paper SA3 form. stating the basis on which your tering "LAC" if your cable system capacity. y payment because it is the subject stem or an association representing ary transmitter, enter the designa- ther basis, enter "O." For a further ed in the paper SA3 form. by to which the station is licensed by the h which the station is identifed.	
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Column 5: If you able system carried arried the distant sta For the retransmis of a written agreemen he cable system and ion "E" (exempt). For explanation of these Column 6: Give the CC. For Mexican or Note: If you are utiliz	vice area, see pa have entered "Ye the distant static ation on a part-tir ssion of a distant nt entered into or a primary transi r simulcasts, also three categories, he location of ea Canadian statio ing multiple char	age (v) of the es" in column on during the a multicast stree n or before Ju mitter or an as o enter "E". If , see page (v) ch station. Fo ns, if any, giv nel line-ups, <b>CHANNE</b> 3. TYPE OF	4, you must co accounting peri ause of lack of eam that is not ine 30, 2009, be ssociation repre you carried the of the general or U.S. stations, re the name of t use a separate <b>EL LINE-UP</b> 4. DISTANT?	omplete column 5, iod. Indicate by en activated channel subject to a royalt etween a cable sy esenting the prima channel on any of instructions locate , list the community with e space G for each <b>AW</b> 5. BASIS OF CARRIAGE	e paper SA3 form. stating the basis on which your tering "LAC" if your cable system capacity. y payment because it is the subject stem or an association representing ary transmitter, enter the designa- ther basis, enter "O." For a further ed in the paper SA3 form. ty to which the station is licensed by the h which the station is identifed.	
Column 5: If you cable system carried carried the distant sta For the retransmis of a written agreemen he cable system and ion "E" (exempt). For explanation of these Column 6: Give the FCC. For Mexican or Note: If you are utiliz	vice area, see pa have entered "Ye the distant static ation on a part-tir ssion of a distant nt entered into or a primary transi r simulcasts, also three categories, he location of ea Canadian statio ing multiple char	age (v) of the es" in column on during the a multicast stree n or before Ju mitter or an as o enter "E". If , see page (v) ch station. Fo ns, if any, giv nel line-ups, <b>CHANNE</b> 3. TYPE OF	4, you must co accounting peri ause of lack of eam that is not ine 30, 2009, be ssociation repre you carried the of the general or U.S. stations, re the name of t use a separate <b>EL LINE-UP</b> 4. DISTANT?	omplete column 5, iod. Indicate by en activated channel subject to a royalt etween a cable sy esenting the prima channel on any of instructions locate , list the community with e space G for each <b>AW</b> 5. BASIS OF CARRIAGE	e paper SA3 form. stating the basis on which your tering "LAC" if your cable system capacity. y payment because it is the subject stem or an association representing ary transmitter, enter the designa- ther basis, enter "O." For a further ed in the paper SA3 form. ty to which the station is licensed by the h which the station is identifed.	

	-								FURM SASE. PAGE 4.	
Name								SYSTEM ID#		
	Alliance Co	mmunicati	ons Co	ooperative, Inc.					851	
H Primary Transmitters: Radio	on the basis of monitoring, to be received at the headend, with the system's FM antenna, during certain stated intervals.									
	located in the p Column 1: I Column 2: S Column 3: I signal, indicate Column 4: C	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. <b>Column 1:</b> Identify the call sign of each station carried. <b>Column 2:</b> State whether the station is AM or FM. <b>Column 3:</b> 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. <b>Column 4:</b> Give the station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified).								
	CALL SIGN	AM or FM	S/D	LOCATION OF STATION		CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
l	CALL SIGN		3/D	LOCATION OF STATION		CALL SIGN		3/D	LOCATION OF STATION	
					_					
	-			•			-		•	

FORM SA3E. PAGE 5.					ACCOUNTING	PERIOD: 2024/2
LEGAL NAME OF OWNER OF				S	YSTEM ID#	Name
Alliance Communicatio	ons Coop	erative, Inc.			851	Name
SUBSTITUTE CARRIAGE			T AND PROGRAM LOG	i		
substitute basis during the ad	ccounting pe	eriod, under spe	ecific present and former FC	a distant station that your cable system CC rules, regulations, or authorizations. ne general instructions located in the pa	For a further	Substitute
1. SPECIAL STATEMENT	CONCER	NING SUBST	ITUTE CARRIAGE			Carriage: Special
<ul> <li>During the accounting per broadcast by a distant stat</li> </ul>	•	r cable system	ı carry, on a substitute bas	is, any nonnetwork television progran		Statement and Program Log
Note: If your answer is "No,	" leave the	rest of this paç	je blank. If your answer is	"Yes," you must complete the program	m	
log in block 2.						
2. LOG OF SUBSTITUTE In General: List each subst			ite line. Use abbreviations	wherever possible, if their meaning is	5	
clear. If you need more spa	ce, please a	attach addition	al pages.			
period, was broadcast by a under certain FCC rules, re SA3 form for futher informa titles, for example, "I Love L <b>Column 2:</b> If the program	distant stati gulations, o tion. Do no .ucy" or "NB n was broad	ion and that yo or authorization ot use general o BA Basketball: dcast live, ente	our cable system substitute is. See page (vi) of the ger categories like "movies", o			
Column 4: Give the broa	idcast statio	on's location (th	ne community to which the	station is licensed by the FCC or, in		
the case of Mexican or Can Column 5: Give the mon		•	-	station is identified). program. Use numerals, with the mor	nth	
first. Example: for May 7 giv		aubatituta pro	arom was corried by your	achla avatam Liat tha timoa accurate	h.,	
		•	• • • •	cable system. List the times accurate 15 p.m. to 6:28:30 p.m. should be	ıy	
stated as "6:00–6:30 p.m."	or "D" if the	listed program	was substituted for progr	amming that your system was require	d	
		• •		d; enter the letter "P" if the listed pro	u	
•	• •	that your syste	em was permitted to delete	e under FCC rules and regulations in		
effect on October 19, 1976.						
			•	WHEN SUBSTITUTE	7. REASON	
	2. LIVE?	E PROGRAM 3. STATION'S		CARRIAGE OCCURRED5. MONTH6. TIMES	FOR DELETION	
1. TITLE OF PROGRAM	Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY FROM - TO		
				_		
				<del></del>		

Name		EGAL NAME OF OWNER OF CABLE SYSTEM:								
Name	Alliance Communications Cooperative, Inc. 851									
J Part-Time Carriage Log	In General: Thi time carriage du hours your syst Column 1 (C column 5 of spa Column 2 (E curred during th • Give the mont "4/10." • State the start television static "app." Example	State the starting and ending times of carriage to the nearest quarter hour. In any case where carriage ran to the end of the elevision station's broadcast day, you may give an approximate ending hour, followed by the abbreviation app." Example: "12:30 a.m.– 3:15 a.m. app." You may group together any dates when the hours of carriage were the same. Example: "5/10-5/14, 6:00 p.m.–								
			DATES	AND HOURS (	DF P	ART-TIME CAF	RIAGE			
	CALL SIGN	WHEN	N CARRIAGE OCCL			CALL SIGN	WHEN	I CARRIAGE O		Ð
	UALL DION	DATE	HOUF FROM	RS TO		OALL OIGH	DATE	H FROM	OURS	то
		DATE	_				DATE	TROM	_	
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FORMS	SA3E. PAGE 7.		
	L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	Name
Allia	ance Communications Cooperative, Inc.	851	
Inst all a (as i page	DSS RECEIPTS ructions: The figure you give in this space determines the form you file and the amount mounts (gross receipts) paid to your cable system by subscribers for the system's secon dentified 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) during the accounting period.	dary transmission service	K Gross Receipts
<ul> <li>Instruct</li> <li>Com</li> <li>Com</li> <li>If yo fee f</li> <li>If yo according</li> </ul>	RIGHT ROYALTY FEE ctions: Use the blocks in this space L to determine the royalty fee you owe: uplete block 1, showing your minimum fee. uplete block 2, showing whether your system carried any distant television stations. ur system did not carry any distant television stations, leave block 3 blank. Enter the amo rom block 1 on line 1 of block 4, and calculate the total royalty fee. ur system did carry any distant television stations, you must complete the applicable part ompanying this form and attach the schedule to your statement of account.	ts of the DSE Schedule	L Copyright Royalty Fee
	rt 8 or part 9, block A, of the DSE schedule was completed, the base rate fee should be k 3 below.	entered on line 1 of	
3 be ▶ If pa	rt 6 of the DSE schedule was completed, the amount from line 7 of block C should be er low. rt 7 or part 9, block B, of the DSE schedule was completed, the surcharge amount shoul block 4 below.		
Block 1	MINIMUM FEE: All cable systems with semiannual gross receipts of \$527,600 or more least the minimum fee, regardless of whether they carried any distant stations. This fee system's gross receipts for the accounting period. 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.		
	This is your minimum fee.	\$ 25,914.80	
2 Block	<ul> <li>DISTANT TELEVISION STATIONS CARRIED: Your answer here must agree with the i space G. If, in space G, you identified any stations as "distant" by stating "Yes" in column "Yes" in this block.</li> <li>Did your cable system carry any distant television stations during the accounting period <b>x</b> Yes—Complete the DSE schedule. No—Leave block 3 below blank and concernent television state fee from either part 8, section 3 or 4, or part 9, block A of the DSE schedule. If none, enter zero.</li> </ul>	n 4, you must check	
3	Line 2. <b>3.75 Fee:</b> Enter the total fee from line 7, block C, part 6 of the DSE schedule. If none, enter zero.	0.00	
	Line 3. Add lines 1 and 2 and enter here.	\$ 9,409.96	
4	<ul> <li>Line 1. BASE RATE FEE/3.75 FEE or MINIMUM FEE: Enter either the minimum fee from block 1 or the sum of the base rate fee / 3.75 fee from block 3, line 3, whichever is larger.</li> <li>Line 2. SYNDICATED EXCLUSIVITY SURCHARGE: Enter the fee from either part 7</li> </ul>	\$ 25,914.80	Cable systems
	(block D, section 3 or 4) or part 9 (block B) of the DSE schedule. If none, enter zero.	0.00	submitting additional deposits under
	Line 3. Line 3. INTEREST CHARGE: Enter the amount from line 4, space Q, page 9 (Interest Worksheet)	0.00	Section 111(d)(7 should contact the Licensing
	Line 4. FILING FEE	\$ 725.00	additional fees. Division for the appropriate
	TOTAL ROYALTY AND FILING FEES DUE FOR ACCOUNTING PERIOD.         Add Lines 1, 2 and 3 of block 4 and enter total here	\$ 26,639.80	form for submitting the additional fees.
	EFT Trace # or TRANSACTION ID # 27LQT1R7		
	Remit this amount via electronic payment payable to Register of Copyrights. (See general instructions located in the paper SA3 form and the Excel instructions tab f		

#### ACCOUNTING PERIOD: 2024/2

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Alliance Communications Cooperative, Inc.	SYSTEM ID# 851					
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	20					
	2. Enter the total number of activated channels						
	on which the cable system carried television broadcast stations and nonbroadcast services	142					
N Individual to	<b>INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED</b> : (Identify an individual we can contact about this statement of account.)						
Be Contacted for Further Information	Name Kari Flanagan Telephone 605-594	-8228					
	Address PO Box 349 (Number, street, rural route, apartment, or suite number)						
	Garretson, SD 57030 (City, town, state, zip)						
	Email karif@alliance.coop Fax (optional)						
	<b>CERTIFICATION</b> (This statement of account must be certified and signed in accordance with Copyright Office regulations.)						
O Certification	• I, the undersigned, hereby certify that (Check one, <i>but only one</i> , of the boxes.)						
	(Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or						
	(Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as id in line 1 of space B and that the owner is not a corporation or partnership; or	lentified					
	(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 car in line 1 of space B.	able system					
	<ul> <li>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.</li> <li>[18 U.S.C., Section 1001(1986)]</li> </ul>						
	X /s/Kari J. Flanagan						

Enter an electronic signature on the line above using an "/s/" signature to certify this statement. (e.g., /s/ John Smith). Before entering the first forward slash of the /s/ signature, place your cursor in the box and press the "F2" button, then type /s/ and your name. Pressing the "F2" button will avoid enabling Excel's Lotus compatibility settings.	
Typed or printed name: Kari J. Flanagan	
Title: CFO (Title of official position held in corporation or partnership)	
Date: February 21, 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 this form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address, and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Office's public indexes and in search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal sufficiency of the filing, a determination that would be made by a court of law.

FORM S	SA3E.	PAGE9.
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LEGAL NAME OF OWNER OF CAR	BLE SYSTEM:	SYS	TEM ID#	
Alliance Communicati	ons Cooperative, Inc.		851	Name
The Satellite Home Viewe lowing sentence: "In determining the service of providir	NT CONCERNING GROSS RECEIPTS er Act of 1988 amended Title 17, section 111(d)( e total number of subscribers and the gross amo ng secondary transmissions of primary broadcast unts collected from subscribers receiving second	1)(A), of the Copyright Act by adding the fol- unts paid to the cable system for the basic transmitters, the system shall not include sub-		P Special Statement
For more information on v paper SA3 form. During the accounting per made by satellite carriers	when to exclude these amounts, see the note on riod did the cable system exclude any amounts o	page (vii) of the general instructions in the f gross receipts for secondary transmissions		Concerning Gross Receipts Exclusion
Name Mailing Address	Nan Mail	ne ing Address		
INTEREST ASSESS	MENTS			
You must complete this w	vorksheet for those royalty payments submitted a crest assessment, see page (viii) of the general ir			Q
Line 1 Enter the amount	of late payment or underpayment	x		Interest Assessment
Line 2 Multiply line 1 by	the interest rate* and enter the sum here	·····	- days	
Line 3 Multiply line 2 by	the number of days late and enter the sum here .	×x 0.00274	_uays 	
	0.00274** enter here and on line 3, block 4, (page 7)		-	
	rate chart click on <i>www.copyright.gov/licensing/i</i> . ng Division at (202) 707-8150 or licensing@copyr			
** This is the decimal	equivalent of 1/365, which is the interest assess	ment for one day late.		
	s worksheet covering a statement of account alreer, address, first community served, accounting p			
Owner				
Address				
First community served				
Accounting period				
ID number				
-	Title 17 of the United States Code authorizes the Copyright C ent of account. PII is any personal information that can be use			

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

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

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

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

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

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

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

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

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

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

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

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

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

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

#### **TOTAL OF DSEs**

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

#### THE ROYALTY FEE

The total royalty fee is determined by calculating the minimum fee and

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

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

to June 25, 1981, pursuant to the former FCC rules. 2) A station first carried after June 24, 1981, which could have been carried under FCC rules in effect on June 24, 1981, if such carriage would not have exceeded the market quota imposed for the importation of distant stations under those rules.

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

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

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

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

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

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

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

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

• Determine if any portion of the cable system is located within a top 100 major television market as defined by the FCC rules and regulations in

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

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

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

effect on June 24, 1981. If no portion of the cable system is located in a major television market, part 7 does not have to be completed.

- Determine which station(s) reported in block B, part 6 are commercial VHF stations and place a grade B contour, in whole, or in part, over the cable system. If none of these stations are carried, part 7 does not have to be completed.
- Determine which of those stations reported in block b, part 7 of the DSE Schedule were carried before March 31,1972. These stations are exempt from the FCC's syndicated exclusivity rules in effect on June 24, 1981. If you qualify to calculate the royalty fee based upon the carriage of partially-distant stations, and you elect to do so, you must compute the surcharge in part 9 of this schedule.
- Subtract the exempt DSEs from the number of DSEs determined in block B of part 7. This is the total number of DSEs subject to the Syndicated Exclusivity Surcharge.
- Compute the Syndicated Exclusivity Surcharge based upon these DSEs and the appropriate formula for the system's market position.

### DSE SCHEDULE. PAGE 11.

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

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

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

Each of the second, third, and fourth DSEs0.701% of gross receiptsThe fifth and each additional DSE0.330% of gross receipts

PARTIALLY DISTANT STATIONS—PART 9 OF THE DSE SCHEDULEIf any of the stations were partially distant:

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

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

that group's complement of stations.

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

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

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

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

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

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

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

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

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

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

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

		Distant Stations Carried		Identification	of Subscriber	Groups		
In most cases under current FCC		STATION	DSE	CITY	OUTSIDE LO	CAL	GRC	SS RECEIPTS
rules, all of F	airvale would be within	A (independent)	1.0		SERVICE AF	REA OF	FROMS	UBSCRIBERS
the local servic	e area of both stations	B (independent)	1.0	Santa Rosa	Stations A, B	, C, D ,E		\$310,000.00
A and C and al	l of Rapid City and Bo-	C (part-time)	0.083	Rapid City	Stations A an	d C		100,000.00
dega Bay woul	d be within the local	D (part-time)	0.139	Bodega Bay	Stations A an	d C		70,000.00
service areas c	f stations B, D, and E.	E (network)	0.25	Fairvale	Stations B, D	, and E		120,000.00
		TOTAL DSEs	2.472		TOTAL GRO	SS RECEIPTS		\$600,000.00
		Minimum Fee Total Gross	Receipts		\$600,000.00			
Santa Rosa	Stations A and C				x .01064			
	35 mile zone				\$6,384.00			
		First Subscriber Group		Second Subse	criber Group		Third Subscriber Group	
	► <sup>*</sup>	(Santa Rosa)		(Rapid City and	d Bodega Bay)		(Fairvale)	
	Fairvale	Cross ressints	\$310,000.00	Cross ressints		¢170.000.00	Gross receipts	\$120,000.00
		Gross receipts DSEs	. ,	Gross receipts DSEs		. ,	DSEs	
Rapid City		Base rate fee	2.472 \$6,497.20	Base rate fee			Base rate fee	1.389
				IBase rale lee			IBase rale lee	\$1,604.03
	Bodega	\$310,000 x .01064 x 1.0 =	3,298.40	\$170,000 x .010		1,808.80	\$120,000 x .01064 x 1.0 =	1,276.80
_	Bodega	\$310,000 x .01064 x 1.0 = \$310,000 x .00701 x 1.472 =	3,298.40 3,198.80	\$170,000 x .010 \$170,000 x .007		1,808.80 98.91	\$120,000 x .01064 x 1.0 = \$120,000 x .00701 x .389 =	1,276.80 327.23
,-	° .	\$310,000 x .01064 x 1.0 =	3,298.40 3,198.80	\$170,000 x .010		1,808.80 98.91	\$120,000 x .01064 x 1.0 =	1,276.80
Station	Bay	\$310,000 x .01064 x 1.0 = \$310,000 x .00701 x 1.472 =	3,298.40 3,198.80 \$6,497.20	\$170,000 x .010 \$170,000 x .007 Base rate fee	701 x .083 =	1,808.80 98.91	\$120,000 x .01064 x 1.0 = \$120,000 x .00701 x .389 =	1,276.80 327.23

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

35 mile zone 🗸

## ACCOUNTING PERIOD: 2024/2

#### DSE SCHEDULE. PAGE 11. (CONTINUED)

	LEGAL NAME OF OWNER OF CABLE	SYSTEM:			S	YSTEM ID				
1	Alliance Communications Cooperative, Inc. 851									
	SUM OF DSEs OF CATEGOR	-								
	• Add the DSEs of each station.		5:							
	Enter the sum here and in line 1	7.50								
	Line the summere and in line 1 of part 5 of this schedule.									
	Instructions:	wall, list the sell	sinns of all distant stations	identified by t	ha lattar "O" in column 5					
	In the column headed "Call Si	gn": list the call	signs of all distant stations	identified by ti	ne letter "O in column 5					
Computation	of space G (page 3). In the column headed "DSE": for each independent station, give the DSE as "1.0"; for each network or noncom-									
of DSEs for	mercial educational station, give the DSE as ".25."									
Category "O"			CATEGORY "O" STATION	NS: DSEs						
Stations	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE				
	KELO-UTV	1.000								
	KELO-CW	1.000								
	KSFY	0.250								
	KSFY-Outlaw	1.000								
	KSFY-MeTV	1.000								
Add rows as	SDPB1	0.250								
necessary.	SDPB2	0.250								
Remember to copy all	SDPB2 SDPB3	0.250								
formula into new										
rows.	KDLT-Cozi	1.000								
	KSMN	0.250								
	KDLT-The365	1.000								
	KELO-CBS	0.250								

	Alliance Col	mmunication	s Cooperative, Inc					S	8
<b>3</b> Computation of DSEs for Stations Carried Part Time Due to Lack of Activated Channel	Column 2 figure should Column 2 be carried ou Column 9 give the type Column 9	ist the call sign of 2: For each stati correspond with 3: For each stati 4: Divide the figu at at least to the 5: For each inde -value as ".25." 6: Multiply the figu	ion, give the number of h the information given ion, give the total num ure in column 2 by the third decimal point. The pendent station, give gure in column 4 by th	dentified by "LAC" in co of hours your cable syst n in space J. Calculate aber of hours that the st e figure in column 3, and his is the "basis of carria the "type-value" as "1.0 ne figure in column 5, ar more information on rou	tem carried the sta only one DSE for ation broadcast or d give the result in age value" for the )." For each netwo	ation during th each station. ver the air dur decimals in c station. ork or noncom in column 6. F	ing the accou olumn 4. Thi mercial educ	unting period. s figure must cational station, ess than the	
Capacity			CATEGOR	Y LAC STATIONS	· COMPUTAT		Fs		
	1. CALL SIGN		NUMBER OF HOURS CARRIED BY SYSTEM	3. NUMBER OF HOURS STATION ON AIR	4. BASIS OI CARRIAC VALUE	F	5. TYPE VALUE	6. DS	ε
				÷	=	x x		=	
				÷	=	x		=	
				÷	=	x x		=	
			-	+	=	x		=	
				+	=	x x		=	
4	<ul> <li>Was carrie</li> </ul>	d by your syster	m in substitution for a	n space I (page 5, the L program that your syste	em was permitted	to delete unde	at station: er FCC rules	and regular-	
<b>4</b> Computation of DSEs for Substitute- Basis Stations	Column 1: Giv • Was carried tions in efference • Broadcast of space I). Column 2: at your option. Column 3: Column 4:	d by your syster ect on October 2 one or more live For each station This figure show Enter the numb Divide the figure	m in substitution for a 19, 1976 (as shown by e, nonnetwork programs n give the number of li uld correspond with the per of days in the caler re in column 2 by the fi	n space I (page 5, the L program that your syste y the letter "P" in column s during that optional ca ive, nonnetwork progra he information in space ndar year: 365, except i igure in column 3, and g iformation on rounding,	em was permitted n 7 of space I); an rriage (as shown b ms carried in sub I. n a leap year. give the result in c	to delete unde d y the word "Yes stitution for pro column 4. Rou	er FCC rules " in column 2 ograms that v nd to no less	of were deleted than the third	orm).
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of DSEs for Substitute-	Column 1: Giv • Was carried tions in efference • Broadcast of space I). Column 2: at your option. Column 3: Column 4:	d by your syster ect on October 2 one or more live For each station This figure show Enter the numb Divide the figure	m in substitution for a 19, 1976 (as shown by e, nonnetwork programs n give the number of li uld correspond with the per of days in the caler re in column 2 by the fi on's DSE (For more in SUBSTITUTI SUBSTITUTI	program that your syste y the letter "P" in column s during that optional ca ive, nonnetwork progra he information in space ndar year: 365, except i igure in column 3, and g iformation on rounding, E-BASIS STATIOI BER 4. DSE AYS	em was permitted n 7 of space I); an rriage (as shown b ms carried in sub I. n a leap year. give the result in c see page (viii) of	to delete unde d y the word "Yes stitution for pro column 4. Rou the general in ATION OF 2. NUM OF	er FCC rules " in column 2 ograms that v nd to no less structions in DSEs	of were deleted than the third	orm). 4. DSI
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of DSEs for Substitute- Basis Stations	Column 1: Giv • Was carried tions in efferent • Broadcast of space I). Column 2: at your option. Column 3: Column 4: decimal point. 1. CALL SIGN 1. CALL SIGN SUM OF DSES Add the DSES Enter the sub- TOTAL NUMB number of DSE	d by your syster ect on October 7 one or more live For each station This figure show Enter the numb Divide the figure This is the station 2. NUMBER OF PROGRAN OF PROGRAN S OF SUBSTITU of each station. um here and in l	m in substitution for a 19, 1976 (as shown by p, nonnetwork programs n give the number of li- uld correspond with the per of days in the caler re in column 2 by the fi- on's DSE (For more in SUBSTITUTI R 3. NUMI OF DA MS 1N YE ÷ ÷ ÷ SUBSTITUTI R 3. NUMI OF DA IN YE ÷ ÷ SUBSTITUTI NS 5000000000000000000000000000000000000	program that your syste y the letter "P" in column s during that optional ca ive, nonnetwork progra he information in space ndar year: 365, except i igure in column 3, and g iformation on rounding, E-BASIS STATIOI BER 4. DSE AYS AR = = = = = = = = = = = = = = = = = =	em was permitted n 7 of space I); an rriage (as shown by ms carried in sub- l. n a leap year. give the result in c see page (viii) of NS: COMPUT/ 1. CALL SIGN 	to delete unde d y the word "Yes stitution for pro- column 4. Rou the general in ATION OF 2. NUM OF PRO- PRO-	er FCC rules s" in column 2 ograms that v nd to no less structions in DSEs BER GRAMS ÷ ÷ ÷ ÷	of were deleted than the third the paper SA3 for 3. NUMBER OF DAYS IN YEAR	4. DSI = = = =
of DSEs for Substitute- Basis Stations	Column 1: Giv • Was carried tions in effer • Broadcast of space I). Column 2: at your option. Column 3: Column 4: decimal point. 1. CALL SIGN 1. CALL SIGN SUM OF DSES Add the DSES Enter the su TOTAL NUMB number of DSE 1. Number of 2. Number of	d by your syster ect on October ' one or more live For each station This figure show Enter the numb Divide the figure This is the station (2. NUMBER OF PROGRAN OF PROGRAN S OF SUBSTITU of each station. um here and in 1 ER OF DSEs: Git Es applicable to you of DSEs from part	m in substitution for a 19, 1976 (as shown by e, nonnetwork programs n give the number of li- uld correspond with the per of days in the caler re in column 2 by the fi- on's DSE (For more in SUBSTITUT R 3. NUMI OF DA MS 1N YE ÷ ÷ ÷ ÷ UTE-BASIS STATION ine 3 of part 5 of this service ive the amounts from the pour system. rt 2 • rt 3 •	program that your syste y the letter "P" in column s during that optional ca ive, nonnetwork progra he information in space ndar year: 365, except i igure in column 3, and g iformation on rounding, E-BASIS STATIOI BER 4. DSE AYS AR = = = = = = = = = = = = = =	em was permitted n 7 of space I); an rriage (as shown by ms carried in sub- l. n a leap year. give the result in co see page (viii) of NS: COMPUT/ 1. CALL SIGN 	to delete unde d y the word "Yes stitution for pro- column 4. Rou the general in ATION OF 2. NUM OF PRO- PRO-	er FCC rules s" in column 2 ograms that v nd to no less structions in DSEs BER GRAMS ÷ ÷ ÷ ÷	of were deleted than the third the paper SA3 for 3. NUMBER OF DAYS IN YEAR the total	4. DSI = = = =
of DSEs for Substitute- Basis Stations	Column 1: Giv • Was carried tions in effer • Broadcast of space I). Column 2: at your option. Column 3: Column 4: decimal point. 1. CALL SIGN 1. CALL SIGN SUM OF DSES Add the DSES Enter the su TOTAL NUMB number of DSE 1. Number of 2. Number of	d by your syster ect on October ' one or more live For each station This figure show Enter the numb Divide the figure This is the station <b>2. NUMBER</b> OF PROGRAN <b>3. OF SUBSTITU</b> of each station. um here and in l <b>ER OF DSEs:</b> Git Es applicable to you	m in substitution for a 19, 1976 (as shown by e, nonnetwork programs n give the number of li- uld correspond with the per of days in the caler re in column 2 by the fi- on's DSE (For more in SUBSTITUT R 3. NUMI OF DA MS 1N YE ÷ ÷ ÷ ÷ UTE-BASIS STATION ine 3 of part 5 of this service ive the amounts from the pour system. rt 2 • rt 3 •	program that your syste y the letter "P" in column s during that optional ca ive, nonnetwork progra he information in space indar year: 365, except i igure in column 3, and g iformation on rounding, E-BASIS STATIOI BER 4. DSE AYS AR 4. DSE SE Schedule,	em was permitted n 7 of space I); an rriage (as shown by ms carried in sub- l. n a leap year. give the result in co see page (viii) of NS: COMPUT/ 1. CALL SIGN 	to delete unde d y the word "Yes stitution for pro- column 4. Rou the general in ATION OF 2. NUM OF PRO- PRO-	er FCC rules s" in column 2 ograms that v nd to no less structions in DSEs BER GRAMS ÷ ÷ ÷ ÷	of were deleted than the third the paper SA3 for 3. NUMBER OF DAYS IN YEAR the total	4. DSI = = = =

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DSE SCHEDULE. P/									G PERIOD: 2024/
			lae				S	YSTEM ID#	Name
Alliance Comm	nunications Co	ooperative	, INC.					851	
Instructions: Bloc In block A: • If your answer if " schedule.			art 6 and part 7	of the DSE sched	ule blank and	complete part	8, (page 16) of th	e	6
<ul> <li>If your answer if "</li> </ul>	No," complete blo	ocks B and C							Computation o
				ELEVISION M					3.75 Fee
	1981?	schedule—D	-	er markets as defir			C rules and regul	iations in	
		BLO	CK B: CARR		MITTED DS	Es			
Column 1: CALL SIGN	under FCC rules	and regulations of the second se	ons prior to Jun dule. (Note: The	oart 2, 3, and 4 of t e 25, 1981. For fur e letter M below ret Act of 2010.)	ther explanati	on of permittee	d stations, see the		
Column 2: BASIS OF PERMITTED CARRIAGE	<ul> <li>(Note the FCC rule)</li> <li>A Stations carried</li> <li>76.61(b)(c)]</li> <li>B Specialty station</li> <li>C Noncommerice</li> <li>D Grandfathered</li> <li>instructions for</li> <li>E Carried pursuation</li> <li>*F A station preside</li> </ul>	Iles and regu ed pursuant t on as defined al educationa d station (76.6 or DSE sched ant to individu viously carrie JHF station w	lations cited be o the FCC mark l in 76.5(kk) (76 al station [76.59 55) (see paragr ule). ual waiver of FC d on a part-time ithin grade-B co	e or substitute bas ontour, [76.59(d)(5	e in effect on ( .57, 76.59(b), )(1), 76.63(a) 3(a) referring stitution of gra is prior to June	June 24, 1981 76.61(b)(c), 70 referring to 76 to 76.61(d)] andfathered sta e 25, 1981	6.63(a) referring to .61(e)(1) ations in the		
Column 3:		e stations ide	ntified by the le	parts 2, 3, and 4 of tter "F" in column 2			rksheet on page 1	l4 of	
1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	
	A 	1.00	SDPB2	C	0.25				
KELO-CW KSFY	M A	1.00 0.25	SDPB3 KDLT-Cozi	C M	0.25 1.00				
KSFY-Outla		1.00	KSMN	C	0.25				
KSFY-MeTV		1.00	KDLT-The	M	1.00				
SDPB1	С	0.25	KELO-CBS	Α	0.25				
								7.50	
		F		MPUTATION OF	- 3 75 FFF				
Line 1: Enter the	total number of				0.101 EE				
Line 2: Enter the	sum of permitte	d DSEs fror	n block B abo	Ve					
				of DSEs subject 7 of this schedule		ate.			
Line 4: Enter gro	ss receipts from	space K (pa	age 7)				× 0.03	375	Do any of the DSEs represer
Line 5: Multiply lin	ne 4 by 0.0375 a	and enter su	m here				X		partially permited/ partially nonpermitted
Line 6: Enter tota	l number of DSI	Es from line	3						carriage? If yes, see par 9 instructions
Line 7: Multiply lir	ne 6 by line 5 an	d enter here	e and on line 2	2, block 3, space	L (page 7)			0.00	

LEGAL NAME OF C			e, Inc.				S	YSTEM ID# 851	Name
1.0011	2. PERMITTED			2. PERMITTED				2 005	6
1. CALL SIGN	BASIS	3. DSE	1. CALL SIGN	BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	U
									Computation of
									3.75 Fee


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						DSE SCHEDULE. PAGE 14.
Name		NER OF CABLE SYSTE NUNICATIONS COOP				SYSTEM ID# 851
	Amarice Comm					001
Worksheet for Computating the DSE Schedule for Permitted Part-Time and Substitute Carriage	stations carried price Column 1: List the of Column 2: Indicate Column 3: Indicate Column 4: Indicate (Note that the File A—Part-time sp 76.59 B—Late-night pr 76.61 S—Substitute ca gener Column 5: Indicate Column 6: Compare in block	br to June 25, 1981, u call sign for each dista the DSE for this stati- the accounting period the basis of carriage CC rules and regulati- ecialty programming: (d)(1),76.61(e)(1), or rogramming: Carriage (e)(3)). arriage under certain ral instructions in the the station's DSE for e the DSE figures list (C, B), column 3 of part (	the current accounting pe ed in columns 2 and 5 and 5 for this station. in columns 2, 3, and 4 mu	verning part-time and sub eletter "F" in column 2 of period, occurring betwee rriage and DSE occurred carried by listing one of the those in effect on June 2 pasis, of specialty program e)(1)). Is 76.59(d)(3), 76.61(e)(3) authorizations. For further riod as computed in parts I list the smaller of the two	bstitute carriage.) part 6 of the DSE schedu en January 1, 1978 and J (e.g., 1981/1). ne following letters: 24, 1981.) mming under FCC rules, s 3), or 76.63 (referring to er explanation, see page s 2, 3, and 4 of this sched to figures here. This figure	ule. une 30, 1981. sections (vi) of the dule. e should be entered
	1. CALL	2. PRIOR	FOR STATIONS CARRI 3. ACCOUNTING	4. BASIS OF	5. PRESENT	6. PERMITTED
	SIGN	DSE	PERIOD	CARRIAGE	DSE	DSE
<b>7</b> Computation of the		"Yes," complete bloc	ks B and C, below. and C blank and complete	e part 8 of the DSE sched	dule.	•
Syndicated			BLOCK A: MAJOR	TELEVISION MARK	KET	
Exclusivity						
Surcharge	<ul> <li>Is any portion of the</li> </ul>	cable system within a	top 100 major television ma	arket as defned by sectior	n 76.5 of FCC rules in effe	ct June 24, 1981?
	Yes—Complete	e blocks B and C .		No—Proceed to	o part 8	
	BLOCK B: Ca	arriage of VHF/Grade	B Contour Stations	BLOC	K C: Computation of Exe	mpt DSEs
	Is any station listed ir commercial VHF stat or in part, over the ca	n block B of part 6 the ion that places a grad able system?	primary stream of a	Was any station lister nity served by the cal to former FCC rule 76	d in block B of part 7 carr ble system prior to March	ied in any commu- 31, 1972? (refer
	X No—Enter zero a		·····	X No—Enter zero a		
	CALL SIGN	DSE CA	LL SIGN DSE	CALL SIGN	DSE CALL S	IGN DSE
		· · · · · · · · · · · · · · · · · · ·				
		-				
		тот	TAL DSEs 0.00	]	TOTAL D	OSEs 0.00

DSE SCHEDULE. PAGE15.

LEGAL NA	ME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Alliance Communications Cooperative, Inc. 851	Name
	BLOCK D: COMPUTATION OF THE SYNDICATED EXCLUSIVITY SURCHARGE	
Section 1	Enter the amount of gross receipts from space K (page 7)	7
Section 2	A. Enter the total DSEs from block B of part 7	Computation
	B. Enter the total number of exempt DSEs from block C of part 7	of the 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	Surcharge
• Is any	y portion of the cable system within a top 50 television market as defned by the FCC? Yes—Complete section 3 below.	
	SECTION 3: TOP 50 TELEVISION MARKET	
	<ul> <li>Did your cable system retransmit the signals of any partially distant television stations during the accounting period?</li> <li>X Yes—Complete part 9 of this schedule.</li> <li>No—Complete the applicable section below.</li> <li>If the figure in section 2, line C is 4.000 or less, compute your surcharge here and leave section 3b blank. NOTE: If the DSE</li> </ul>	
	is 1.0 or less, multiply the gross receipts by .00599 by the DSE. Enter the result on line A below. A. Enter 0.00599 of gross receipts (the amount in section1)	
	<ul> <li>B. Enter 0.00377 of gross receipts (the amount in section.1)</li> <li>C. Subtract 1.000 from total permitted DSEs (the figure on line C in section 2) and enter here</li> </ul>	
	D. Multiply line B by line C and enter here	
	E. Add lines A and D. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7) Syndicated Exclusivity Surcharge	
Section 3b	If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 3a blank.	
	A. Enter 0.00599 of gross receipts (the amount in section 1)	
	B. Enter 0.00377 of gross receipts (the amount in section 1)	
	C. Multiply line B by 3.000 and enter here	
	D. Enter 0.00178 of gross receipts (the amount in section 1)	
	E. Subtract 4.000 from total DSEs (the fgure on line C in section 2) and enter here	
	F. Multiply line D by line E and enter here	
	G. Add lines A, C, and F. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7) Syndicated Exclusivity Surcharge	
	SECTION 4: SECOND 50 TELEVISION MARKET	•
	Did your cable system retransmit the signals of any partially distant television stations during the accounting period?	
Section 4a	X Yes—Complete part 9 of this schedule. No—Complete the applicable section below.	
	If the figure in section 2, line C is 4.000 or less, compute your surcharge here and leave section 4b blank. NOTE: If the DSE is 1.0 or less, multiply the gross receipts by 0.003 by the DSE. Enter the result on line A below. A. Enter 0.00300 of gross receipts (the amount in section 1)	
	B. Enter 0.00189 of gross receipts (the amount in section 1)	
	C.Subtract 1.000 from total permitted DSEs (the fgure on line C in section 2) and enter here ▶	
	D. Multiply line B by line C and enter here	
	E. Add lines A and D. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7) Syndicated Exclusivity Surcharge	

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

U.S. Copyright Office

LEGAL N	AME OF OWNER OF CABLE SYSTEM: SYSTEM ID#	
Allian	ce Communications Cooperative, Inc. 851	Name
Section	If the figure in section 2 is more than 4.000, compute your base rate fee here and leave section 3 blank.	
<b>4</b>		o
	A. Enter 0.01064 of gross receipts	8
	(the amount in section 1)►\$	
	B. Enter 0.00701 of gross receipts	Computation
	(the amount in section 1) <b>•</b>	of
		Base Rate Fee
	C. Multiply line B by 3.000 and enter here ▶\$	
	D. Enter 0.00330 of gross receipts	
	(the amount in section 1)► \$	
	E. Subtract 4.000 from total DSEs	
	(the figure in section 2) and enter here	
	F. Multiply line D by line E and enter here <b>\$</b>	
	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 <b>0.00</b>	
IMPOF	TANT: It is no longer necessary to report television signals on a system-wide basis. Carriage of television broadcast signals	
shall in	stead be reported on a community-by-community basis (subscriber groups) if the cable system reported multiple channel line-	9
	Space G.	9
	eral: If any of the stations you carried were partially distant, the statute allows you, in computing your base rate fee, to exclude s from subscribers located within the station's local service area, from your system's total gross receipts. To take advantage of	Computation
	clusion, you must:	of Base Rate Fee
First <sup>.</sup> [	Divide all of your subscribers into subscriber groups, each group consisting entirely of subscribers that are distant to the same	and
station	or the same group of stations. Next: Treat each subscriber group as if it were a separate cable system. Determine the number of	Syndicated Exclusivity
	and the portion of your system's gross receipts attributable to that group, and calculate a separate base rate fee for each group.	Surcharge
-	: Add up the separate base rate fees for each subscriber group. That total is the base rate fee for your system.	for
	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 so compute a Syndicated Exclusivity Surcharge for each subscriber group. In this case, complete both block A and B below.	Partially Distant
	er, if your cable system is wholly located outside all major television markets, complete block A only.	Stations, and
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	Stations
	to that community.	
	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	
	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.	
•	Iting the base rate fee for each subscriber group: Block A contains separate sections, one for each of your system's	
-	ber groups.	
In each	section:	
	fy the communities/areas represented by each subscriber group.	
	he call sign for each of the stations in the subscriber group's complement—that is, each station that is distant to all of the bers in the group.	
• lf:		
	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,	
	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, 6 of this schedule.	
•	The 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 paper SA3 form.	
	bute 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 or that group's complement of stations and total gross receipts from the subscribers in that group). You do not need to show	
	tual calculations on the form.	

	LEGAL NAME OF OWNER OF CABLE SYSTEM: SYS	TEM I
Name	Alliance Communications Cooperative, Inc.	8
	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.	iotont
	Step 2: Use a separate part 9, block A, to compute the 3.75 percent fee for wholly nonpermitted and partially nonpermitted d signals. Write "Nonpermitted 3.75 stations" at the top of this page. Multiply the subscriber group gross receipts by total DSEs by	Istant
	.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	
	<b>Step 1:</b> 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.	

FORM SA3E. PAGE 1						67	YSTEM ID#		
LEGAL NAME OF OWNE Alliance Commun						3	851 851	Name	
E				TE FEES FOR EAG			D	-	
COMMUNITY/ AREA		SUBSCRIBER GRO Dakota-No Union		COMMUNITY/ ARE		SUBSCRIBER GROU unty IA	Ρ	9	
								Computation	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE 0.25	CALL SIGN	DSE	of Base Rate Fe	
		-		SDPB1	0.25	-		and	
				SDPB2	0.25			Syndicated	
		-		SDPB3	0.25	-		Exclusivity	
								Surcharge	
								for	
								Partially	
		-						Distant	
		-						Stations	
		-							
Total DSEs			0.00	Total DSEs		•	1.00		
Gross Receipts First G	roup	\$ 1,58	0,457.40	Gross Receipts Sec	ond Group	<u>\$</u> 32	25,300.29		
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Sec	ond Group	\$	3,461.20		
	THIRD	SUBSCRIBER GRO	UP		FOURTH	SUBSCRIBER GROU	Р		
COMMUNITY/ AREA	Union (	County SD		COMMUNITY/ ARE	A Rock Co	ounty MN			
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE		
KELO-UTV	1.00								
KELO-CW	1.00								
KSFY	0.25								
KSFY-Outlaw	1.00								
KSFY-MeTV	1.00								
SDPB1 SDPB2	0.25 0.25								
SDPB2	0.25								
KDLT-Cozi	1.00	-							
KSMN	0.25								
KDLT-The365	1.00								
KELO-CBS	0.25								
Fotal DSEs			7.50	Total DSEs			0.00		
Gross Receipts Third (	Group	<u>\$ 12</u>	8,354.29	Gross Receipts Fou	irth Group	\$ 39	92,204.64		
Base Rate Fee Third (	Group	\$	5,547.47	Base Rate Fee Fou	rth Group	\$	0.00		
				μ					
Base Rate Fee: Add th Enter here and in bloch			criber group a	as shown in the boxes	above.	\$	9,409.96		

FORM SA3E. PAG
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							0.01/ 1. /	D
	IP			TE FEES FOR EACH				В
<b>9</b> Computatio	UNITY/ AREA Sioux County IA COMMUNITY/ AREA 0			FIFTH SUBSCRIBER GROUP     SIXTH SUBSCRIBER GROUP       Sioux County IA     COMMUNITY/ AREA				
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate F							1.00	KELO-UTV
and		-					1.00	KELO-CW
Syndicate		-					0.25	KSFY
Exclusivit							1.00	(SFY-Outlaw
Surcharge							1.00	(SFY-MeTV
for Dertielly							0.25 0.25	SDPB1 SDPB2
Partially Distant							0.25	SDPB2
Stations							1.00	KDLT-Cozi
Clatione							0.25	(SMN
							1.00	KDLT-The365
							0.25	(ELO-CBS
	0.00			Total DSEs	7.50			otal DSEs
	0.00	\$	d Group	Gross Receipts Secor	,284.86	<u>\$</u> 9,	oup	ross Receipts First Gr
	0.00	\$	d Group	Base Rate Fee Secor	401.29	\$	oup	<b>ase Rate Fee</b> First Gr
	ID	SUBSCRIBER GROU	FIGHTH		SEVENTH SUBSCRIBER GROUP			
			LIGHT			SUBSCRIBER GRUC	SEVENTH	
	0			COMMUNITY/ AREA	0		SEVENTH	
		CALL SIGN	DSE	COMMUNITY/ AREA		CALL SIGN	DSE	
	0	CALL SIGN			0			COMMUNITY/ AREA
	0	CALL SIGN			0			COMMUNITY/ AREA
	0	CALL SIGN			0			OMMUNITY/ AREA
	0	CALL SIGN			0			OMMUNITY/ AREA
	0	CALL SIGN			0			OMMUNITY/ AREA
	0	CALL SIGN			0			OMMUNITY/ AREA
	0	CALL SIGN			0			OMMUNITY/ AREA
	0	CALL SIGN			0			OMMUNITY/ AREA
	0				0			OMMUNITY/ AREA
	0	CALL SIGN			0			OMMUNITY/ AREA
	0	CALL SIGN			0			OMMUNITY/ AREA
	0	CALL SIGN			0			OMMUNITY/ AREA
	0				0			OMMUNITY/ AREA
	0				0			OMMUNITY/ AREA
	0	S		CALL SIGN CALL SIGN	DSE		DSE	OMMUNITY/ AREA

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LEGAL NAME OF OWNER Alliance Communic						SI	/STEM ID# 851	Name	
BL			OMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP						
COMMUNITY/ AREA	NINTH	SUBSCRIBER GROU	<u>ле</u> О	COMMUNITY/ AREA	TENTH	SUBSCRIBER GROUP	。 0	9	
								Computation	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of Base Rate Fee	
								and	
								Syndicated	
								Exclusivity Surcharge	
								for	
								Partially	
								Distant Stations	
		-						Clationo	
Total DSEs			0.00	Total DSEs			0.00		
Gross Receipts First Gro	oup	\$	0.00	Gross Receipts Secon	d Group	\$	0.00		
Base Rate Fee First Gro	oup	\$	0.00	Base Rate Fee Secon	d Group	\$	0.00		
				TWELVTH SUBSCRIBER GROUP					
COMMUNITY/ AREA			0	COMMUNITY/ AREA					
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE		
						_			
				· · · · · · · · · · · · · · · · · · ·					
Total DSEs			0.00	Total DSEs			0.00		
Gross Receipts Third Gr	oup	\$	0.00	Gross Receipts Fourth	Group	\$	0.00		
Base Rate Fee Third Gr	oup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00		
Base Rate Fee: Add the Enter here and in block 3			riber group	as shown in the boxes a	bove.	\$			

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LEGAL NAME OF OWNER Alliance Communic						SYS	STEM ID# 851	Name
				TE FEES FOR EACH				
COMMUNITY/ AREA	TEENTH	SUBSCRIBER GROU	BSCRIBER GROUP FOURTEENTH SUBSCRIBER O COMMUNITY/ AREA				0	9
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of
								Base Rate Fee
								and
								Syndicated Exclusivity
								Surcharge
								for
								Partially Distant
								Stations
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gro	oup	\$	0.00	Gross Receipts Second	d Group	\$	0.00	
Base Rate Fee First Gro	oup	\$	0.00	Base Rate Fee Second	d Group	\$	0.00	
	TEENTH	SUBSCRIBER GROU			IXTEENTH	SUBSCRIBER GROUP		
COMMUNITY/ AREA 0			COMMUNITY/ AREA 0					
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third Gr	oup	\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
Base Rate Fee Third Gr	oup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block 3			iber group	as shown in the boxes al	pove.	\$		
	,		_					

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LEGAL NAME OF OWNER Alliance Communic						SYS	STEM ID# 851	Name	
				TE FEES FOR EACH					
	TEENTH	SUBSCRIBER GROU			EIGHTEENTH SUBSCRIBER GROUP				
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	<b>9</b> Computation	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of	
								Base Rate Fee	
								and Syndicated	
								Exclusivity	
								Surcharge	
								for Partially	
								Distant	
								Stations	
Total DSEs			0.00	Total DSEs			0.00		
Gross Receipts First Gro		¢	0.00	Gross Receipts Second	d Group	\$	0.00		
	μp		0.00	Gloss Receipts Second	Gloup	э Г	0.00		
Base Rate Fee First Gro	pup	\$	0.00	Base Rate Fee Second	d Group	\$	0.00		
	TEENTH	SUBSCRIBER GROU			VENTIETH	SUBSCRIBER GROUP			
COMMUNITY/ AREA				COMMUNITY/ AREA 0					
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE		
Total DSEs			0.00	Total DSEs			0.00		
Gross Receipts Third Gr	oup	\$	0.00	Gross Receipts Fourth	Group	\$	0.00		
Base Rate Fee Third Gr	oup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00		
Base Rate Fee: Add the Enter here and in block 3			iber group	as shown in the boxes al	oove.	\$			

LEGAL NAME OF OWNER Alliance Communic						SYS	6TEM ID# 851	Name
BL	.OCK A: (	COMPUTATION OF	BASE RA	TE FEES FOR EACH	SUBSCRI	BER GROUP		
TWENT COMMUNITY/ AREA	Y-FIRST	SUBSCRIBER GROU	P 0	TWENTY COMMUNITY/ AREA	-SECOND	SUBSCRIBER GROUP	0	9
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of
CALL SIGN	DSE		DSE	CALL SIGN	DSE		DSE	Base Rate Fee
								and
								Syndicated
								Exclusivity
								Surcharge for
								Partially
								Distant
								Stations
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gro	oup	\$	0.00	Gross Receipts Second	d Group	\$	0.00	
Base Rate Fee First Gro	•	\$		Base Rate Fee Second		\$	0.00	
	Y-THIRD	SUBSCRIBER GROU		11	-FOURTH	SUBSCRIBER GROUP		
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third Gr	oup	\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
Base Rate Fee Third Gr	oup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block 3			iber group	as shown in the boxes at	oove.	\$		

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LEGAL NAME OF OWNER Alliance Communic						SYS	6TEM ID# 851	Name
BL	OCK A: (	COMPUTATION OF	BASE RA	TE FEES FOR EACH	SUBSCRI	BER GROUP		
TWENT COMMUNITY/ AREA	Y-FIFTH	SUBSCRIBER GROU	P 0	TWEN COMMUNITY/ AREA	ITY-SIXTH	SUBSCRIBER GROUP	0	9
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of
CALL SIGN	DSE		DSE		DSE		DSE	Base Rate Fee
								and
								Syndicated
								Exclusivity Surcharge
								for
								Partially
								Distant
		-						Stations
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gro	oup	\$	0.00	Gross Receipts Second	d Group	\$	0.00	
Base Rate Fee First Gro		\$		Base Rate Fee Second	-	\$	0.00	
	EVENTH	SUBSCRIBER GROU			Y-EIGHTH	SUBSCRIBER GROUP		
OMMUNITY/ AREA 0			0	COMMUNITY/ AREA 0				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third Gr	oup	\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
Base Rate Fee Third Gr	oup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block 3			iber group a	as shown in the boxes at	oove.	\$		

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LEGAL NAME OF OWNER Alliance Communic						S	YSTEM ID# 851	Name
				TE FEES FOR EACH			_	
COMMUNITY/ AREA	Y-NINTH	SUBSCRIBER GROU	<u>סן</u>	COMMUNITY/ AREA		SUBSCRIBER GROU	р О	9
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of
								Base Rate Fee
								and
		-						Syndicated Exclusivity
		-						Surcharge
								for
								Partially Distant
								Stations
		-						
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gro	pup	\$	0.00	Gross Receipts Secon	d Group	\$	0.00	
Base Rate Fee First Gro	oup	\$	0.00	Base Rate Fee Secon	d Group	\$	0.00	
THIR	TY-FIRST	SUBSCRIBER GROU	JP	THIRTY	-SECOND	SUBSCRIBER GROU	P	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		-						
		-						
		-						
Total DSEs	-		0.00	Total DSEs	,		0.00	
Gross Receipts Third Gr	oup	\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
Base Rate Fee Third Gr	oup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block 3			riber group	as shown in the boxes a	bove.	\$		

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LEGAL NAME OF OWNER Alliance Communic						SYS	STEM ID# 851	Name
				TE FEES FOR EACH				
	Y-THIRD	SUBSCRIBER GROU			-FOURTH	SUBSCRIBER GROUP		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and Sundiasted
								Syndicated Exclusivity
								Surcharge
								for
								Partially
								Distant Stations
								otations
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gro	oup	\$	0.00	Gross Receipts Second	d Group	\$	0.00	
Base Rate Fee First Gro	oup	\$	0.00	Base Rate Fee Second	l Group	\$	0.00	
THIRI	Y-FIFTH	SUBSCRIBER GROU			RTY-SIXTH	SUBSCRIBER GROUP		
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third Gr	oup	\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
Base Rate Fee Third Gr	oup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
Base Rate Fee: Add the			iber group	as shown in the boxes at	oove.			
Enter here and in block 3	3, line 1, s∣	pace L (page 7)				\$		

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LEGAL NAME OF OWNER Alliance Communic						SY	STEM ID# 851	Name
				TE FEES FOR EACH				
	EVENTH	SUBSCRIBER GROU	IP 0	1	Y-EIGHTH	SUBSCRIBER GROUP	0	9
COMMUNITY/ AREA			U	COMMUNITY/ AREA			U	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
		-						Base Rate Fee and
								Syndicated
								Exclusivity
								Surcharge for
		-						Partially
								Distant
								Stations
				-				
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gro	pup	\$	0.00	Gross Receipts Secon	d Group	\$	0.00	
Base Rate Fee First Gro	oup	\$	0.00	Base Rate Fee Secon	d Group	\$	0.00	
	Y-NINTH	SUBSCRIBER GROU		1	FORTIETH	SUBSCRIBER GROUP		
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		-						
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third Gr	oup	\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
Base Rate Fee Third Gr	oup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block 3			iber group	as shown in the boxes a	bove.	\$		

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LEGAL NAME OF OWNER Alliance Communic						SYS	6TEM ID# 851	Name
BL	OCK A: (	COMPUTATION OF	BASE RA	TE FEES FOR EACH	SUBSCRI	BER GROUP		
	Y-FIRST	SUBSCRIBER GROU			SECOND	SUBSCRIBER GROUP		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
								Syndicated
								Exclusivity Surcharge
								for
								Partially
								Distant
								Stations
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gro	oup	\$	0.00	Gross Receipts Second	l Group	\$	0.00	
Base Rate Fee First Gro	oup	\$	0.00	Base Rate Fee Second	l Group	\$	0.00	
FORT	Y-THIRD	SUBSCRIBER GROU	IP	FORTY	-FOURTH	SUBSCRIBER GROUP		
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third Gr	oup	\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
Base Rate Fee Third Gr	oup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block 3			iber group a	as shown in the boxes at	oove.	\$		

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LEGAL NAME OF OWNER Alliance Communic						SYS	87EM ID# 851	Name
				TE FEES FOR EACH				
FORT COMMUNITY/ AREA	Y-FIFTH	SUBSCRIBER GROU	P 0	FOF COMMUNITY/ AREA	RTY-SIXTH	SUBSCRIBER GROUP	0	9
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of
CALL SIGN	DSE		DSE	CALL SIGN	DSE		DSE	Base Rate Fee
								and
								Syndicated
								Exclusivity Surcharge
								for
								Partially
								Distant Stations
								Stations
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gro	oup	\$	0.00	Gross Receipts Second	d Group	\$	0.00	
Base Rate Fee First Gro	oup	\$	0.00	Base Rate Fee Second	d Group	\$	0.00	
	EVENTH	SUBSCRIBER GROU			Y-EIGHTH	SUBSCRIBER GROUP		
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third Gr	oup	\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
Base Rate Fee Third Gro	oup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block 3			iber group	as shown in the boxes al	oove.	\$		

LEGAL NAME OF OWNER Alliance Communic						S	SYSTEM ID# 851	Name
BL	OCK A:	COMPUTATION C	F BASE RA	TE FEES FOR EAC				
	Y-NINTH	SUBSCRIBER GRO				I SUBSCRIBER GROU	_	9
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and Syndicated
		-						Exclusivity
		-						Surcharge
								for Derticilly
								Partially Distant
								Stations
		-						
			0.00				0.00	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gro	oup	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First Gro	oup	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
	TY-FIRST	SUBSCRIBER GRO		11		SUBSCRIBER GROU		
COMMUNITY/ AREA			0	COMMUNITY/ ARE	۹ 		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		-						
		-						
Total DSEs			0.00	Total DSEs		· ·	0.00	
Gross Receipts Third Gr	oup	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
Base Rate Fee Third Gr	oup	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block 3			criber group	as shown in the boxes	s above.	\$		

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LEGAL NAME OF OWNER Alliance Communic						SYS	67EM ID# 851	Name
BL	OCK A: (	COMPUTATION OF	BASE RA	TE FEES FOR EACH	SUBSCRI	BER GROUP		
FIFT	Y-THIRD	SUBSCRIBER GROU	IP	FIFTY	-FOURTH	SUBSCRIBER GROUP		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA	OMMUNITY/ AREA 0			
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of
								Base Rate Fee
								and
		-						Syndicated
		-						Exclusivity
								Surcharge for
								Partially
		-						Distant
								Stations
		-						
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gro	oup	\$	0.00	Gross Receipts Second	d Group	\$	0.00	
Base Rate Fee First Gro	oup	\$	0.00	Base Rate Fee Second		\$	0.00	
FIFTY-FIFTH SUBSCRIBER GROUP								
COMMUNITY/ AREA			0	COMMUNITY/ AREA 0				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		_						
		-						
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third Gr	oup	\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
Base Rate Fee Third Gr	oup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block 3			iber group	as shown in the boxes at	oove.	\$		

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LEGAL NAME OF OWNER Alliance Communic						SYS	STEM ID# 851	Name
				TE FEES FOR EACH				
FIFTY-SEVENTH SUBSCRIBER GROUP COMMUNITY/ AREA <b>0</b>			P 0	FIFT COMMUNITY/ AREA	Y-EIGHTH	SUBSCRIBER GROUP	0	9
								Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of Base Rate Fee
								and
								Syndicated
								Exclusivity
								Surcharge for
								Partially
								Distant
								Stations
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gro	oup	\$	0.00	Gross Receipts Second	d Group	\$	0.00	
Base Rate Fee First Gro	oup	\$	0.00	Base Rate Fee Second	d Group	\$	0.00	
FIFTY-NINTH SUBSCRIBER GROUP			Ρ					
COMMUNITY/ AREA 0			0	COMMUNITY/ AREA 0				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN DSE CALL SIGN DSE				
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third Group \$ 0.00		0.00	Gross Receipts Fourth	Group	\$	0.00		
Base Rate Fee Third Gr	oup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block 3			iber group :	as shown in the boxes al	oove.	\$		

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LEGAL NAME OF OWNER OF CABLE SYSTEM:SYSTEM ID#Alliance Communications Cooperative, Inc.851						Name		
BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP								
SIXTY-FIRST SUBSCRIBER GROUP					-SECOND	SUBSCRIBER GROUP		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA				<b>S</b> Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee and
								Syndicated
								Exclusivity
								Surcharge for
								Partially
								Distant
								Stations
Total DSEs			0.00	Total DSEs	I I		0.00	
Gross Receipts First Gro	up	\$	0.00	Gross Receipts Second	d Group	\$	0.00	
Base Rate Fee First Gro	up	\$	0.00	Base Rate Fee Second	l Group	\$	0.00	
SIXTY-THIRD SUBSCRIBER GROUP			Р	SIXTY-FOURTH SUBSCRIBER GROUP				
COMMUNITY/ AREA			0	COMMUNITY/ AREA 0				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN DSE CALL SIGN DSE				
Total DSEs			0.00	Total DSEs	<u> </u>		0.00	
Gross Receipts Third Group \$ 0.00		0.00	Gross Receipts Fourth	Group	\$	0.00		
Base Rate Fee Third Gr	oup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block 3			iber group :	as shown in the boxes at	oove.	\$		

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LEGAL NAME OF OWNER Alliance Communic						SYS	STEM ID# 851	Name
BL	OCK A: (	COMPUTATION OF	BASE RA	TE FEES FOR EACH	SUBSCRI	BER GROUP		
SIXTY-FIFTH SUBSCRIBER GROUP SIXTY-SIXTH SUBSCRIBER GROUP						9		
COMMUNITY/ AREA			0	COMMUNITY/ AREA	OMMUNITY/ AREA 0			
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of
						-		Base Rate Fee
								and
								Syndicated Exclusivity
								Surcharge
								for
								Partially
								Distant Stations
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gro	oup	\$	0.00	Gross Receipts Second	d Group	\$	0.00	
Base Rate Fee First Gro	oup	\$	0.00	Base Rate Fee Second	d Group	\$	0.00	
SIXTY-SEVENTH SUBSCRIBER GROUP								
COMMUNITY/ AREA			0				0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
			0.00				0.00	
Total DSEs 0.00			Total DSEs	•		0.00		
Gross Receipts Third Gr	oup	<u>\$</u>	0.00	Gross Receipts Fourth	Group	\$	0.00	
Base Rate Fee Third Gr	oup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block 3			iber group	as shown in the boxes at	oove.	\$		

FORM SA3E. PAG	GE 19	).
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LEGAL NAME OF OWNER Alliance Communic						S	YSTEM ID# 851	Name
				TE FEES FOR EACH				
SIXT COMMUNITY/ AREA	SIXTY-NINTH SUBSCRIBER GROUP				SEVENTIETH SUBSCRIBER GROUP COMMUNITY/ AREA 0			9
			CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE					Computation
CALL SIGN	DSE		DSE	CALL SIGN	DSE		DSE	of Base Rate Fee
								and
								Syndicated
								Exclusivity Surcharge
								for
								Partially
								Distant Stations
								Stations
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gro	oup	\$	0.00	Gross Receipts Secon	d Group	\$	0.00	
Base Rate Fee First Gro	oup	\$	0.00	Base Rate Fee Second	d Group	\$	0.00	
SEVEN	TY-FIRST	SUBSCRIBER GROU	IP	SEVENTY	-SECOND	SUBSCRIBER GROU	P	
COMMUNITY/ AREA	REA			COMMUNITY/ AREA 0			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		-						
						-		
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third Gr	Gross Receipts Third Group \$ 0.00		0.00	Gross Receipts Fourth	Group	\$	0.00	
Base Rate Fee Third Gr	oup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
<b>Base Rate Fee:</b> Add the Enter here and in block 3			iber group a	as shown in the boxes a	bove.	\$		

FORM SA3E. PAG	GE 19	).
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LEGAL NAME OF OWNER Alliance Communic						SYS	STEM ID# 851	Name
				TE FEES FOR EACH				
SEVENT COMMUNITY/ AREA	Y-THIRD	SUBSCRIBER GROU	P 0	SEVENTY COMMUNITY/ AREA	-FOURTH	SUBSCRIBER GROUP	0	9
			U				•	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
		-						Base Rate Fee and
								Syndicated
		-						Exclusivity
								Surcharge for
								Partially
								Distant
								Stations
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gro	oup	\$	0.00	Gross Receipts Second	d Group	<u>\$</u>	0.00	
Base Rate Fee First Gro	oup	\$	0.00	Base Rate Fee Second	d Group	\$	0.00	
SEVENTY-FIFTH SUBSCRIBER GROUP								
COMMUNITY/ AREA <b>0</b>			0	COMMUNITY/ AREA 0				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		-						
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third Group \$ 0.00		0.00	Gross Receipts Fourth	Group	\$	0.00		
Base Rate Fee Third Gr	oup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
Base Rate Fee: Add the			iber group	as shown in the boxes al	pove.			
Enter here and in block 3	3, line 1, s	pace L (page 7)				\$		

FORM SA3E. PAGE 19	FORM	SA3E.	PAGE	19.
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LEGAL NAME OF OWNER Alliance Communic						SYS	TEM ID# 851	Name
BL	OCK A: (	COMPUTATION OF	BASE RA	TE FEES FOR EACH	SUBSCRI	BER GROUP		
	EVENTH	SUBSCRIBER GROU			Y-EIGHTH	SUBSCRIBER GROUP		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
								Syndicated Exclusivity
								Surcharge
								for
								Partially
								Distant Stations
								Stations
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gro	oup	\$	0.00	Gross Receipts Second	l Group	\$	0.00	
Base Rate Fee First Gro	pup	\$	0.00	Base Rate Fee Second	l Group	\$	0.00	
SEVENT	Y-NINTH	SUBSCRIBER GROU		E	IGHTIETH	SUBSCRIBER GROUP		
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
			0.00				0.00	
Total DSEs			0.00	Total DSEs	<b>.</b>		0.00	
Gross Receipts Third Gr	oup	\$	0.00	Gross Receipts Fourth	Group	<u>\$</u>	0.00	
Base Rate Fee Third Gr	oup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block 3			iber group a	as shown in the boxes at	oove.	\$		

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LEGAL NAME OF OWNER Alliance Communic						SYS	6TEM ID# 851	Name
BL	OCK A: (	COMPUTATION OF	BASE RA	TE FEES FOR EACH	SUBSCRI	BER GROUP		
EIGHT COMMUNITY/ AREA	Y-FIRST	SUBSCRIBER GROU	IP 0	EIGHTY COMMUNITY/ AREA	-SECOND	SUBSCRIBER GROUP	0	9
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of
CALL SIGN	DSE		DSE		DSE		DSE	Base Rate Fee
						_		and
								Syndicated
								Exclusivity
								Surcharge for
								Partially
								Distant
								Stations
						_		
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gro	oup	\$	0.00	Gross Receipts Second	d Group	\$	0.00	
Base Rate Fee First Gro	oup	\$	0.00	Base Rate Fee Second	d Group	\$	0.00	
	Y-THIRD	SUBSCRIBER GROU			-FOURTH	SUBSCRIBER GROUP		
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		-						
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third Gro	oup	\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
Base Rate Fee Third Gro	oup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block 3			iber group a	as shown in the boxes at	oove.	\$		

FORM SA3E. PAGE 19.
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LEGAL NAME OF OWNER Alliance Communic						SYS	6TEM ID# 851	Name
BL	OCK A: (	COMPUTATION OF	BASE RA	TE FEES FOR EACH	SUBSCRI	BER GROUP		
EIGH1 COMMUNITY/ AREA	Y-FIFTH	SUBSCRIBER GROU	IP 0	EIGH COMMUNITY/ AREA	ITY-SIXTH	SUBSCRIBER GROUP	0	9
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of
CALL SIGN	DSE		DGL		DGL		DOL	Base Rate Fee
								and
								Syndicated
								Exclusivity
								Surcharge for
								Partially
								Distant
								Stations
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gro	oup	\$	0.00	Gross Receipts Second	d Group	\$	0.00	
Base Rate Fee First Gro	oup	\$	0.00	Base Rate Fee Second	l Group	\$	0.00	
	EVENTH	SUBSCRIBER GROU			Y-EIGHTH	SUBSCRIBER GROUP		
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third Gr	oup	\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
Base Rate Fee Third Gr	oup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block 3			iber group a	as shown in the boxes at	oove.	\$		

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LEGAL NAME OF OWNER						\$	SYSTEM ID# 851	Name
				TE FEES FOR EAC				
	Y-NINTH	SUBSCRIBER GRO				I SUBSCRIBER GRO		9
COMMUNITY/ AREA			0	COMMUNITY/ ARE	A		0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fe
								and Syndicated
		-						Exclusivity
								Surcharge
								for Partially
								Distant
								Stations
			0.00				0.00	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gro	oup	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First Gro	oup	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
NINE	TY-FIRST	SUBSCRIBER GRO	DUP	NINE	ETY-SECOND	SUBSCRIBER GRO	UP	
COMMUNITY/ AREA			0	COMMUNITY/ ARE	A		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		-						
		-						
		-						
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third Gr	oup	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
	r					·		
<b>Base Rate Fee</b> Third Gr	oup	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
Base Rate Fee: Add the			scriber group	as shown in the boxes	s above.	\$		

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LEGAL NAME OF OWNER Alliance Communic						SY	STEM ID# 851	Name
				TE FEES FOR EACH				
NINET COMMUNITY/ AREA	Y-THIRD	SUBSCRIBER GROU	р 0	NINETY COMMUNITY/ AREA	-FOURTH	SUBSCRIBER GROUP	0	9
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of
								Base Rate Fee
								and
								Syndicated Exclusivity
								Surcharge
								for
								Partially Distant
								Stations
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gro	oup	\$	0.00	Gross Receipts Second	d Group	\$	0.00	
Base Rate Fee First Gro	pup	\$	0.00	Base Rate Fee Second	d Group	\$	0.00	
	ry-fifth	SUBSCRIBER GROU			TY-SIXTH	SUBSCRIBER GROUP		
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
				-				
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third Gr	oup	\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
Base Rate Fee Third Gr	oup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block 3			iber group :	as shown in the boxes al	oove.	\$		

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LEGAL NAME OF OWNER Alliance Communic						SYS	STEM ID# 851	Name
BL	OCK A: (	COMPUTATION OF	BASE RA	TE FEES FOR EACH	SUBSCRI	BER GROUP		
	EVENTH	SUBSCRIBER GROU		11	Y-EIGHTH	SUBSCRIBER GROUP		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
								Syndicated
								Exclusivity Surcharge
								for
								Partially
								Distant
								Stations
Total DSEs			0.00	Total DSEs			0.00	
						•		
Gross Receipts First Gro	oup	<u>\$</u>	0.00	Gross Receipts Second	Group	\$	0.00	
Base Rate Fee First Gro	oup	\$	0.00	Base Rate Fee Second	d Group	\$	0.00	
NINET	Y-NINTH	SUBSCRIBER GROU	Р	ONE HUI	NDREDTH	SUBSCRIBER GROUP		
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third Gr	oup	\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
Base Rate Fee Third Gr	oup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block 3			iber group	as shown in the boxes ab	bove.	\$		
	, into 1, 5	cube E (page I)				¥		

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LEGAL NAME OF OWNER OF CABLE SYSTEM:SYSTEM ID#Alliance Communications Cooperative, Inc.851							Name	
BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP								
ONE HUNDRED FIRST SUBSCRIBER GROUP					SECOND	SUBSCRIBER GROUP		9
COMMUNITY/ AREA <b>0</b>			0	COMMUNITY/ AREA 0				Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
								Syndicated Exclusivity
								Surcharge
								for
								Partially
								Distant Stations
								Stations
Total DSEs		,	0.00	Total DSEs			0.00	
Gross Receipts First Group \$ 0.00			0.00	Gross Receipts Second	d Group	\$	0.00	
Base Rate Fee First Group \$ 0.00			0.00	Base Rate Fee Second	d Group	\$	0.00	
ONE HUNDRED THIRD SUBSCRIBER GROUP				ONE HUNDRED FOURTH SUBSCRIBER GROUP				
COMMUNITY/ AREA <b>0</b>			0	COMMUNITY/ AREA 0				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third Group \$ 0.00		0.00	Gross Receipts Fourth	Group	\$	0.00		
Base Rate Fee Third Group \$		0.00	Base Rate Fee Fourth	Group	\$	0.00		
Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.         Enter here and in block 3, line 1, space L (page 7)								

LEGAL NAME OF OWNER OF CABLE SYSTEM:       SYSTEM ID#         Alliance Communications Cooperative, Inc.       851							Name	
BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP								
ONE HUNDRED FIFTH SUBSCRIBER GROUP				ONE HUNDF		0		
COMMUNITY/ AREA 0			0	COMMUNITY/ AREA0				9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
		-						Base Rate Fee
								and
								Syndicated Exclusivity
								Surcharge
								for
								Partially
								Distant
		-						Stations
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Group \$ 0.00			0.00	Gross Receipts Second	d Group	\$	0.00	
Base Rate Fee First Group \$ 0.00			0.00	Base Rate Fee Second	d Group	\$	0.00	
ONE HUNDRED S	EVENTH	SUBSCRIBER GROU	IP	ONE HUNDRE	D EIGHTH	SUBSCRIBER GROUP		
COMMUNITY/ AREA 0			0	COMMUNITY/ AREA 0				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		-						
Total DSEs 0.00		0.00	Total DSEs		0.00			
Gross Receipts Third Group \$ 0.		0.00	Gross Receipts Fourth	Group	\$	0.00		
Base Rate Fee Third Group \$		\$	0.00	Base Rate Fee Fourth Group		\$ 0.00		
Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.         Enter here and in block 3, line 1, space L (page 7)								

LEGAL NAME OF OWNER OF CABLE SYSTEM:       SYSTEM ID#         Alliance Communications Cooperative, Inc.       851							Name	
BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP								
ONE HUNDRED NINTH SUBSCRIBER GROUP				ONE HUNDRI	ED TENTH	SUBSCRIBER GROUP		0
COMMUNITY/ AREA 0			0	COMMUNITY/ AREA 0				9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
		-						Base Rate Fee
								and
								Syndicated Exclusivity
								Surcharge
								for
								Partially
								Distant
		-						Stations
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gro	oup	\$	0.00	Gross Receipts Second	d Group	\$	0.00	
Base Rate Fee First Group \$ 0.00			0.00	Base Rate Fee Second	d Group	\$	0.00	
ONE HUNDRED EL	EVENTH	SUBSCRIBER GROU	Р	ONE HUNDRED	TWELVTH	SUBSCRIBER GROUP		
COMMUNITY/ AREA 0			0	COMMUNITY/ AREA 0				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		-						
Total DSEs 0.00		0.00	Total DSEs		0.00			
Gross Receipts Third Group \$ 0.		0.00	Gross Receipts Fourth	Group	\$	0.00		
Base Rate Fee Third Group \$		\$	0.00	Base Rate Fee Fourth Group		\$ 0.00		
Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.         Enter here and in block 3, line 1, space L (page 7)								

LEGAL NAME OF OWNER Alliance Communic						SYS	STEM ID# 851	Name		
BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP										
ONE HUNDRED THIR	TEENTH	SUBSCRIBER GROU		ONE HUNDRED FOURTEENTH SUBSCRIBER GROUP				9		
COMMUNITY/ AREA 0				COMMUNITY/ AREA			0	Computation		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	CALL SIGN DSE CALL SIGN DSE					
						-		Base Rate Fee		
								and Syndicated		
								Syndicated Exclusivity		
								Surcharge		
								for		
								Partially Distant		
								Stations		
Total DSEs			0.00	Total DSEs			0.00			
Gross Receipts First Gro	oup	\$	0.00	Gross Receipts Second	d Group	\$	0.00			
Base Rate Fee First Group \$ 0.00			0.00	Base Rate Fee Second	d Group	\$	0.00			
ONE HUNDRED FIF	TEENTH	SUBSCRIBER GROU		ONE HUNDRED SI	XTEENTH	SUBSCRIBER GROUP				
COMMUNITY/ AREA			0	COMMUNITY/ AREA 0						
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE			
Total DSEs			0.00	Total DSEs			0.00			
Gross Receipts Third Gr	oup	\$	0.00	Gross Receipts Fourth	Group	\$	0.00			
Base Rate Fee Third Group \$ 0.00			0.00	Base Rate Fee Fourth	Group	\$	0.00			
Base Rate Fee: Add the Enter here and in block 3			iber group	as shown in the boxes at	oove.	\$				

LEGAL NAME OF OWNER Alliance Communic						SYS	6TEM ID# 851	Name
BL	OCK A: (	COMPUTATION OF	BASE RA	TE FEES FOR EACH	SUBSCRI	BER GROUP		
ONE HUNDRED SEVEN	TEENTH	SUBSCRIBER GROU	P	ONE HUNDRED EIG		0		
COMMUNITY/ AREA			0	COMMUNITY/ AREA 0				<b>9</b> Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and Syndicated
								Syndicated Exclusivity
								Surcharge
								for
								Partially
								Distant
								Stations
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gro	oup	\$	0.00	Gross Receipts Second	l Group	\$	0.00	
Base Rate Fee First Gro	pup	\$	0.00	Base Rate Fee Second	l Group	\$	0.00	
ONE HUNDRED NIN	TEENTH	SUBSCRIBER GROU	Р	ONE HUNDRED TV	VENTIETH	SUBSCRIBER GROUP		
COMMUNITY/ AREA			0	COMMUNITY/ AREA	0			
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third Gr	oup	\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
Base Rate Fee Third Gr	oup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block 3			iber group	as shown in the boxes at	oove.	\$		

LEGAL NAME OF OWNER OF CABLE SYSTEM:SYSTEM ID#Alliance Communications Cooperative, Inc.851								Name
BL	OCK A: (	COMPUTATION OF	BASE RA	TE FEES FOR EACH	SUBSCRI	BER GROUP		
ONE HUNDRED TWEN	TY-FIRST	SUBSCRIBER GROU		ONE HUNDRED TWENT	Y-SECOND	SUBSCRIBER GROUP		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and Syndicated
								Syndicated Exclusivity
								Surcharge
								for
								Partially
								Distant Stations
								Stations
Total DSEs			0.00	Total DSEs	ļļ		0.00	
Gross Receipts First Gro		¢	0.00					
	μ		0.00	Gloss Receipts Second	Gloup	\$	0.00	
Base Rate Fee First Group \$ 0.00			0.00	Base Rate Fee Second	l Group	\$	0.00	
ONE HUNDRED TWEN	TY-THIRD	SUBSCRIBER GROUP		ONE HUNDRED TWENT	Y-FOURTH	SUBSCRIBER GROUP		
COMMUNITY/ AREA			0	COMMUNITY/ AREA 0				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third Gr	oup	\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
Base Rate Fee Third Group \$ 0.00			0.00	Base Rate Fee Fourth	Group	\$	0.00	
Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above. Enter here and in block 3, line 1, space L (page 7)								

LEGAL NAME OF OWNER Alliance Communic						SYS	STEM ID# 851	Name
BL	OCK A: (	COMPUTATION OF	BASE RA	TE FEES FOR EACH	SUBSCRI	BER GROUP		
ONE HUNDRED TWEN	TY-FIFTH	SUBSCRIBER GROUP		ONE HUNDRED TWENTY-SIXTH SUBSCRIBER GROUP				9
COMMUNITY/ AREA			0	COMMUNITY/ AREA 0				Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and Syndicated
								Exclusivity
								Surcharge
								for
								Partially
								Distant
								Stations
Total DSEs			0.00	Total DSEs 0.00				
Gross Receipts First Gro	oup	\$	0.00	Gross Receipts Second	l Group	\$	0.00	
Base Rate Fee First Gro	oup	\$	0.00	Base Rate Fee Second	l Group	\$	0.00	
ONE HUNDRED TWENTY-	SEVENTH	SUBSCRIBER GROUP		ONE HUNDRED TWEN	TY-EIGHTH	SUBSCRIBER GROUP		
COMMUNITY/ AREA			0	COMMUNITY/ AREA 0				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
Total DSEs	I		0.00	Total DSEs	ļ		0.00	
		0.00	Gross Receipts Fourth	Group	\$	0.00		
	~~ <b>P</b>	<u> </u>			r	- <b>*</b>		
Base Rate Fee Third Group \$ 0.00			0.00	Base Rate Fee Fourth	Group	\$	0.00	
Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above. Enter here and in block 3, line 1, space L (page 7)					\$			

LEGAL NAME OF OWNER						S	YSTEM ID# 851	Name
BI	_OCK A:	COMPUTATION OF	BASE RA	TE FEES FOR EACH	SUBSCR	IBER GROUP		
ONE HUNDRED TWEN	ITY-NINTH	SUBSCRIBER GROUP		ONE HUNDRED THIRTIETH SUBSCRIBER GROUP				9
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
		-						Base Rate Fee
								and Syndicated
								Exclusivity
								Surcharge
								for Partially
		-						Distant
								Stations
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gro	oup	\$	0.00	Gross Receipts Secon	d Group	\$	0.00	
Base Rate Fee First Gro	oup	\$	0.00	Base Rate Fee Secon	d Group	\$	0.00	
ONE HUNDRED THIF	RTY-FIRST	SUBSCRIBER GROUP		ONE HUNDRED THIR	TY-SECOND	SUBSCRIBER GROUP		
COMMUNITY/ AREA			0	COMMUNITY/ AREA	0			
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		-						
		-						
		-						
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	roup	\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
<b>Base Rate Fee:</b> Add the Enter here and in block			iber group	as shown in the boxes a	bove.	\$		

LEGAL NAME OF OWNER Alliance Communic						SYS	STEM ID# 851	Name
BL	OCK A: (	COMPUTATION OF	BASE RA	TE FEES FOR EACH	SUBSCRI	BER GROUP		
ONE HUNDRED THIR	TY-THIRD	SUBSCRIBER GROUP	-	ONE HUNDRED THIRT		9		
COMMUNITY/ AREA			0	COMMUNITY/ AREA 0				<b>J</b> Computation
CALL SIGN	ALL SIGN DSE CALL SIGN DSE				DSE	CALL SIGN	DSE	of
								Base Rate Fee and
								Syndicated
								Exclusivity
								Surcharge
								for Partially
								Distant
								Stations
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gro	up	\$	0.00	Gross Receipts Second	d Group	\$	0.00	
Base Rate Fee First Group \$ 0.00			0.00	Base Rate Fee Second	l Group	\$	0.00	
ONE HUNDRED THIR	TY-FIFTH	SUBSCRIBER GROUP		ONE HUNDRED THI	RTY-SIXTH	SUBSCRIBER GROUP		
COMMUNITY/ AREA			0	COMMUNITY/ AREA	0			
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third Gro	oup	\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
Base Rate Fee Third Group \$ 0.00			0.00	Base Rate Fee Fourth	Group	\$	0.00	
Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.         Enter here and in block 3, line 1, space L (page 7)								

LEGAL NAME OF OWNER Alliance Communic						SYS	STEM ID# 851	Name
BL	.OCK A: (	COMPUTATION OF	BASE RA	TE FEES FOR EACH	SUBSCRI	BER GROUP		
ONE HUNDRED THIRTY-	SEVENTH	SUBSCRIBER GROUP		ONE HUNDRED THIR		9		
COMMUNITY/ AREA			0	COMMUNITY/ AREA	0	Computation		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
								Syndicated Exclusivity
								Surcharge
								for
								Partially Distant
								Stations
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Group \$ 0.00			0.00	Gross Receipts Second	d Group	\$	0.00	
Base Rate Fee First Group \$ 0.00			0.00	Base Rate Fee Second	l Group	\$	0.00	
ONE HUNDRED THIRTY-NINTH SUBSCRIBER GROUP				ONE HUNDRED F	ORTIETH	SUBSCRIBER GROUP		
COMMUNITY/ AREA 0			0	COMMUNITY/ AREA	0			
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
Total DSEs			0.00	Total DSEs	<u> </u>		0.00	
Gross Receipts Third Gr	oup	\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
Base Rate Fee Third Gr	oup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block 3			iber group	as shown in the boxes at	oove.	\$		
						L		

LEGAL NAME OF OWNER Alliance Communic						SYS	STEM ID# 851	Name
BL	OCK A: (	COMPUTATION OF	BASE RA	TE FEES FOR EACH	SUBSCRI	BER GROUP		
	TY-FIRST	SUBSCRIBER GROUP	-	ONE HUNDRED FORT		9		
COMMUNITY/ AREA			0	COMMUNITY/ AREA 0				Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and Syndicated
								Exclusivity
								Surcharge
								for
								Partially Distant
								Stations
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Group \$ 0.00			0.00	Gross Receipts Second	d Group	\$	0.00	
Base Rate Fee First Group \$ 0.00			0.00	Base Rate Fee Second	d Group	\$	0.00	
ONE HUNDRED FORTY-THIRD SUBSCRIBER GROUP				ONE HUNDRED FORT	Y-FOURTH	SUBSCRIBER GROUP		
COMMUNITY/ AREA 0			0	COMMUNITY/ AREA 0				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third Gro	oup	\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
Base Rate Fee Third Gro	oup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above. Enter here and in block 3, line 1, space L (page 7)								

FORM SA3E. PAGE 19	FORM	SA3E.	PAGE	19.
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LEGAL NAME OF OWNER Alliance Communic						SY	STEM ID# 851	Name
BL	OCK A:	COMPUTATION OF	BASE RA	TE FEES FOR EACH	SUBSCR	BER GROUP		
ONE HUNDRED FOR	RTY-FIFTH	SUBSCRIBER GROUP		ONE HUNDRED FO		9		
COMMUNITY/ AREA			0	COMMUNITY/ AREA	0	<b>J</b> Computation		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
		-						Base Rate Fee
								and Syndicated
		-						Exclusivity
		-						Surcharge
								for
								Partially
								Distant
								Stations
Total DSEs			0.00	Total DSEs			0.00	
			0.00	Gross Receipts Secon	0.00			
Base Rate Fee First Group \$ 0.00			0.00	Base Rate Fee Secon	d Group	\$	0.00	
ONE HUNDRED FORTY-SEVENTH SUBSCRIBER GROUP				ONE HUNDRED FOR				
COMMUNITY/ AREA			0	COMMUNITY/ AREA	0			
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		-						
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third Gr	oup	\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
Base Rate Fee Third Gr	oup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
		L				·		
Base Rate Fee: Add the Enter here and in block 3			riber group	as shown in the boxes a	bove.	\$		

LEGAL NAME OF OWNER Alliance Communic						SY	STEM ID# 851	Name
				TE FEES FOR EACH	SUBSCRI	BER GROUP		
ONE HUNDRED FORT	Y-NINTH	SUBSCRIBER GROU				9		
COMMUNITY/ AREA			0	COMMUNITY/ AREA	0	Computation		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
		-						and Syndicated
		-						Exclusivity
								Surcharge
		-						for
		-						Partially Distant
								Stations
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Group \$ 0.00			0.00	Gross Receipts Second	d Group	\$	0.00	
Base Rate Fee First Gro	oup	\$	0.00	Base Rate Fee Second	d Group	\$	0.00	
ONE HUNDRED FIFT	ry-first	SUBSCRIBER GROU	Р	ONE HUNDRED FIFTY	-SECOND	SUBSCRIBER GROUP		
COMMUNITY/ AREA			0	COMMUNITY/ AREA	0			
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		-						
		-						
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third Gr	oup	\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
Base Rate Fee Third Gr	oup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
Base Rate Fee: Add the			iber group	as shown in the boxes a	bove.			
nter here and in block 3, line 1, space L (page 7)						\$		

LEGAL NAME OF OWNER OF CABLE SYSTEM:       SYSTEM ID#         Alliance Communications Cooperative, Inc.       851								Name
				TE FEES FOR EACH				
ONE HUNDRED FIFT	Y-THIRD	SUBSCRIBER GROU	P 0			9		
COMMUNITY AREA			U	COMMUNITY/ AREA 0				Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee and
								Syndicated
								Exclusivity
								Surcharge for
								Partially
								Distant
								Stations
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Group \$ 0.00			0.00	Gross Receipts Second	l Group	\$	0.00	
Base Rate Fee First Group \$ 0.00		0.00	Base Rate Fee Second	l Group	\$	0.00		
ONE HUNDRED FIFTY-FIFTH SUBSCRIBER GROUP			Р	ONE HUNDRED FIF	TY-SIXTH	SUBSCRIBER GROUP		
COMMUNITY/ AREA	MUNITY/ AREA 0			COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third Gr	oup	\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
Base Rate Fee Third Gr	Base Rate Fee Third Group \$ 0.00				Group	\$	0.00	
Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.         Enter here and in block 3, line 1, space L (page 7)								

LEGAL NAME OF OWNER Alliance Communic						S	STEM ID# 851	Name
BL	OCK A:	COMPUTATION OF	BASE RA	TE FEES FOR EACH	SUBSCRI	BER GROUP		
ONE HUNDRED FIFTY-	SEVENTH	SUBSCRIBER GROUP		ONE HUNDRED FIF		n		
COMMUNITY/ AREA			0	COMMUNITY/ AREA	0	<b>9</b> Computation		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
		-						Base Rate Fee
								and Syndicated
		-						Exclusivity
								Surcharge
		-						for
								Partially
								Distant Stations
								Otations
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Group \$ 0.00			0.00	Gross Receipts Secon	d Group	\$	0.00	
Base Rate Fee First Group \$ 0.00			0.00	Base Rate Fee Secon	d Group	\$	0.00	
ONE HUNDRED FIFTY-NINTH SUBSCRIBER GROUP				ONE HUNDRE				
COMMUNITY/ AREA 0			0	COMMUNITY/ AREA	0			
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		-						
		-						
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third Gr	oup	\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
Base Rate Fee Third Gr	oup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block 3			iber group	as shown in the boxes a	bove.	\$		

## Nonpermitted 3.75 Stations

LEGAL NAME OF OWNER			-			SY	STEM ID# 851	Name
B	_OCK A:	COMPUTATION OF	BASE RA	TE FEES FOR EACH	SUBSCRI	BER GROUP		
	FIRST	SUBSCRIBER GROU	IP		SECOND	SUBSCRIBER GROUP		0
COMMUNITY/ AREA	South I	Dakota-No Union	County	COMMUNITY/ AREA	Lyon Co	ounty IA		<b>9</b> Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
		-						Syndicated
								Exclusivity
								Surcharge
								for
								Partially
		-						Distant
								Stations
		-						
Total DSEs	,		0.00	Total DSEs			0.00	
Gross Receipts First Gr	Gross Receipts First Group \$ 1,580,457.40				d Group	\$ 32	5,300.29	
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Second	d Group	\$	0.00	
	THIRD	SUBSCRIBER GROU	IP		FOURTH	SUBSCRIBER GROUP		
COMMUNITY/ AREA	Union (	County SD		COMMUNITY/ AREA	Rock Co	ounty MN		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		-						
		-						
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	roup	<u>\$</u> 128,	354.29	Gross Receipts Fourth	Group	\$ 392	2,204.64	
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block			iber group	as shown in the boxes al	bove.	\$	0.00	

LEGAL NAME OF OWNER Alliance Communic						SY	STEM ID# 851	Name
BL	OCK A:	COMPUTATION OF	BASE RA	TE FEES FOR EACH	SUBSCRI	BER GROUP		
		SUBSCRIBER GROU	IP		SIXTH	SUBSCRIBER GROUP		9
COMMUNITY/ AREA	Sioux (	County IA		COMMUNITY/ AREA			0	<b>9</b> Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
								Syndicated
								Exclusivity Surcharge
								for
								Partially
								Distant
								Stations
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gro	oup	<u>\$</u> 9,	284.86	Gross Receipts Second	d Group	\$	0.00	
Base Rate Fee First Gro	oup	\$	0.00	Base Rate Fee Second	d Group	\$	0.00	
S	EVENTH	SUBSCRIBER GROU	IP		EIGHTH	SUBSCRIBER GROUP	1	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
							L	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third Gr	oup	\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
Base Rate Fee Third Gr	oup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
Basa Data Faar Add the	haaa	o food for each other	ibor group	as shown in the house -				
Base Rate Fee: Add the Enter here and in block 3			iber group (	as shown in the doxes at	JUVE.	\$		

### Nonpermitted 3.75 Stations

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:     SYSTEM ID#       Alliance Communications Cooperative, Inc.     851								
				TE FEES FOR EACH				В	
9		SUBSCRIBER GROU	TENTH			SUBSCRIBER GROU	NINTH		
Computat				COMMUNITY/ AREA	0			COMMUNITY/ AREA	
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	
Base Rate						-			
and									
Syndicat						-			
Exclusivi Surcharg									
for						-			
Partiall									
Distant									
Station									
						_			
-						1			
	0.00			Total DSEs	0.00			otal DSEs	
	0.00	\$	d Group	Gross Receipts Secon	0.00	\$	oup	Gross Receipts First Gr	
	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	oup	Base Rate Fee First Gr	
	JP	SUBSCRIBER GROU	TWELVTH		JP	SUBSCRIBER GROU	_EVENTH	E	
	COMMUNITY/ AREA 0				0			COMMUNITY/ AREA	
_	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	
	DSE	CALL SIGN	DSE		DSE	CALL SIGN	DSE	CALL SIGN	
	DSE	CALL SIGN	DSE		DSE	CALL SIGN	DSE	CALL SIGN	
·	DSE	CALL SIGN	DSE		DSE	CALL SIGN	DSE	CALL SIGN	
	DSE	CALL SIGN	DSE		DSE	CALL SIGN	DSE	CALL SIGN	
	DSE	CALL SIGN	DSE		DSE	CALL SIGN	DSE	CALL SIGN	
	DSE	CALL SIGN	DSE		DSE	CALL SIGN	DSE	CALL SIGN	
		CALL SIGN	DSE		DSE	CALL SIGN	DSE	CALL SIGN	
		CALL SIGN	DSE		DSE	CALL SIGN	DSE	CALL SIGN	
			DSE		DSE	CALL SIGN	DSE	CALL SIGN	
			DSE		DSE	CALL SIGN	DSE	CALL SIGN	
					DSE	CALL SIGN		CALL SIGN	
					DSE				
	DSE				DSE				
		\$		Image: Call Sign         Image: Call Sign		CALL SIGN		-otal DSEs	
	0.00			CALL SIGN CALL SIGN CALL SIGN Total DSEs	0.00			CALL SIGN	

# Nonpermitted 3.75 Stations

LEGAL NAME OF OWNER OF CABLE SYSTEM:     SYSTEM ID#       Alliance Communications Cooperative, Inc.     851								
				TE FEES FOR EAC				
THIF	RTEENTH	SUBSCRIBER GROU				I SUBSCRIBER GRO		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fe
								and
								Syndicated
								Exclusivity
								Surcharge for
								Partially
		-						Distant
								Stations
Fotal DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gro	oup	\$	0.00	Gross Receipts Seco	ond Group	\$	0.00	
·	·					·		
Base Rate Fee First Gro	oup	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00	
FIF	TEENTH	SUBSCRIBER GROU	JP		SIXTEENTH	I SUBSCRIBER GRO	UP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third Gr	oup	\$	0.00	Gross Receipts Four	th Group	\$	0.00	
Base Rate Fee Third Gr	oup	\$	0.00	Base Rate Fee Four	th Group	\$	0.00	
ase Rate Fee: Add the			riber group	as shown in the boxes	above.	\$		

No.	SYSTEM ID# 851						cations (	Alliance Communic
_				TE FEES FOR EACH				
0	<u>مر</u> 0	SUBSCRIBER GROU	HIEENIH	EIG COMMUNITY/ AREA		SUBSCRIBER GROU	IIEENIH	SEVEN
Comp								
Base F	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
a								
Synd								
Excl								
Surc								
f Par								
Dis								
Sta								
		-						
	0.00			Total DSEs	0.00		<u> </u>	otal DSEs
<u>)</u>	0.00	\$	d Group	Gross Receipts Secon	0.00	\$	oup	iross Receipts First Gro
	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	oup	ase Rate Fee First Gro
	JP	\$ SUBSCRIBER GROU	•	T\	JP	\$ SUBSCRIBER GROU	•	NIN
			•		JP		•	NIN
0	JP		•	T\	JP		•	NIN OMMUNITY/ AREA
0	JP 0	SUBSCRIBER GROU	VENTIETH	T\ COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	ITEENTH	NIN OMMUNITY/ AREA
0	JP 0	SUBSCRIBER GROU	VENTIETH	T\ COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	ITEENTH	NIN OMMUNITY/ AREA
0	JP 0	SUBSCRIBER GROU	VENTIETH	T\ COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	ITEENTH	NIN OMMUNITY/ AREA
0	JP 0	SUBSCRIBER GROU	VENTIETH	T\ COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	ITEENTH	NIN OMMUNITY/ AREA
0	JP 0	SUBSCRIBER GROU	VENTIETH	T\ COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	ITEENTH	NIN OMMUNITY/ AREA
0	JP 0	SUBSCRIBER GROU	VENTIETH	T\ COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	ITEENTH	NIN OMMUNITY/ AREA
0	JP 0	SUBSCRIBER GROU	VENTIETH	T\ COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	ITEENTH	NIN OMMUNITY/ AREA
0	JP 0	SUBSCRIBER GROU	VENTIETH	T\ COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	ITEENTH	NIN OMMUNITY/ AREA
0	JP 0	SUBSCRIBER GROU	VENTIETH	T\ COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	ITEENTH	NIN OMMUNITY/ AREA
0	JP 0	SUBSCRIBER GROU	VENTIETH	T\ COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	ITEENTH	NIN
0	JP 0	SUBSCRIBER GROU	VENTIETH	T\ COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	ITEENTH	NIN COMMUNITY/ AREA
0	JP 0	SUBSCRIBER GROU	VENTIETH	T\ COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	ITEENTH	NIN OMMUNITY/ AREA
	JP 0	SUBSCRIBER GROU	VENTIETH	T\ COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	ITEENTH	
	JP 0 0	SUBSCRIBER GROU	VENTIETH	COMMUNITY/ AREA		SUBSCRIBER GROU		NIN OMMUNITY/ AREA CALL SIGN
	JP 0	SUBSCRIBER GROU	VENTIETH	COMMUNITY/ AREA	JP 0 DSE			NIN CALL SIGN
	JP 0	SUBSCRIBER GROU	VENTIETH	COMMUNITY/ AREA	JP 0 DSE 0 0 0 0 0 0 0 0 0 0		DSE	COMMUNITY/ AREA

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:     SYSTEM ID#       Alliance Communications Cooperative, Inc.     851								
	JP	BER GROUP SUBSCRIBER GROL		TE FEES FOR EACH		COMPUTATION O SUBSCRIBER GRO			
<b>9</b> Computation	0			COMMUNITY/ AREA				COMMUNITY/ AREA	
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	
Base Rate Fe and									
Syndicated									
Exclusivity Surcharge									
for						-			
Partially Distant						-			
Stations						-			
						-			
	0.00			Total DSEs	0.00			Total DSEs	
	0.00	\$	d Group	Gross Receipts Second	0.00	\$	oup	Gross Receipts First Gro	
	0.00	\$	d Group	Base Rate Fee Second	0.00	\$	oup	Base Rate Fee First Gro	
		SUBSCRIBER GROU	-FOURTH			SUBSCRIBER GRO	TY-THIRD		
	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA	
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	
						-			
						-			
						-			
	0.00			Total DSEs	0.00			Total DSEs	
	0.00	<u>\$</u>	Group	Total DSEs Gross Receipts Fourth	0.00	\$	roup	Total DSEs Gross Receipts Third Gr	

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:     SYSTEM ID#       Alliance Communications Cooperative, Inc.     851									
		BER GROUP SUBSCRIBER GROU		TE FEES FOR EACH		COMPUTATION OF				
9	0			COMMUNITY/ AREA				COMMUNITY/ AREA		
Computatio of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN		
Base Rate Fo						-				
and Syndicated										
Exclusivity										
Surcharge for										
Partially										
Distant Stations						-				
otatione										
	0.00									
	0.00			Total DSEs	0.00			Total DSEs		
	0.00	\$	d Group	Gross Receipts Second	0.00	\$	oup	Gross Receipts First Gro		
	0.00	\$	l Group	Base Rate Fee Second	0.00	\$	oup	Base Rate Fee First Gro		
		SUBSCRIBER GROU	Y-EIGHTH			SUBSCRIBER GROU	SEVENTH			
	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA		
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN		
						-				
						-				
						-				
	0.00			Total DSEs	0.00			Total DSEs		
	0.00	\$	Group	Total DSEs Gross Receipts Fourth		\$	roup	Total DSEs Gross Receipts Third Gr		

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:     SYSTEM ID#       Alliance Communications Cooperative, Inc.     851								
				TE FEES FOR EACH					
9	0 JP	SUBSCRIBER GROU	HIRTIETH	COMMUNITY/ AREA		SUBSCRIBER GROU	Y-NINTH	TWENT COMMUNITY/ AREA	
Computation of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	
Base Rate F			202				DOL		
and									
Syndicate Exclusivit									
Surcharg									
for									
Partially									
Distant Stations									
						-			
	0.00			Total DSEs	0.00			otal DSEs	
	0.00	\$	d Group	Gross Receipts Secon	0.00	\$	oup	Gross Receipts First Gro	
	0.00	\$	d Group	Base Rate Fee Second	0.00	\$	oup	ase Rate Fee First Gro	
		\$ SUBSCRIBER GROU	•			\$ SUBSCRIBER GROU	·		
			•		JP		·	THIR	
	JP		•	THIRTY	JP		·	THIR	
	JP 0	SUBSCRIBER GROU	-SECOND	THIRTY COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	TY-FIRST	THIR <sup>-</sup> COMMUNITY/ AREA	
	JP 0	SUBSCRIBER GROU	-SECOND	THIRTY COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	TY-FIRST	THIR <sup>-</sup> COMMUNITY/ AREA	
	JP 0	SUBSCRIBER GROU	-SECOND	THIRTY COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	TY-FIRST	THIR <sup>-</sup> COMMUNITY/ AREA	
	JP 0	SUBSCRIBER GROU	-SECOND	THIRTY COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	TY-FIRST	THIR <sup>-</sup> COMMUNITY/ AREA	
	JP 0	SUBSCRIBER GROU	-SECOND	THIRTY COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	TY-FIRST	THIR <sup>-</sup> COMMUNITY/ AREA	
	JP 0	SUBSCRIBER GROU	-SECOND	THIRTY COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	TY-FIRST	THIR <sup>-</sup> COMMUNITY/ AREA	
	JP 0	SUBSCRIBER GROU	-SECOND	THIRTY COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	TY-FIRST	THIR <sup>-</sup> COMMUNITY/ AREA	
	JP 0	SUBSCRIBER GROU	-SECOND	THIRTY COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	TY-FIRST	THIR <sup>-</sup> COMMUNITY/ AREA	
	JP 0	SUBSCRIBER GROU	-SECOND	THIRTY COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	TY-FIRST	COMMUNITY/ AREA	
	JP 0	SUBSCRIBER GROU	-SECOND	THIRTY COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	TY-FIRST	THIR <sup>-</sup> COMMUNITY/ AREA	
	JP 0	SUBSCRIBER GROU	-SECOND	THIRTY COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	TY-FIRST	THIR <sup>-</sup> COMMUNITY/ AREA	
	JP 0	SUBSCRIBER GROU	-SECOND	THIRTY COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	TY-FIRST	THIR <sup>-</sup> COMMUNITY/ AREA	
	JP 0	SUBSCRIBER GROU	-SECOND	COMMUNITY/ AREA	JP 0 DSE	SUBSCRIBER GROU	DSE		

LEGAL NAME OF OWNER Alliance Communic						SYS	6TEM ID# 851	Name
				TE FEES FOR EACH				
	Y-THIRD	SUBSCRIBER GROU		11	-FOURTH	SUBSCRIBER GROUP		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
						-		Base Rate Fee
								and
								Syndicated Exclusivity
								Surcharge
								for
								Partially
								Distant Stations
		-						Stations
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gro	an	\$	0.00	Gross Receipts Second	d Group	\$	0.00	
	чр				loroup	<u>•</u>		
Base Rate Fee First Gro	up	\$	0.00	Base Rate Fee Second	d Group	\$	0.00	
	Y-FIFTH	SUBSCRIBER GROU			RTY-SIXTH	SUBSCRIBER GROUP		
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		-						
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third Gr	oup	\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
Base Rate Fee Third Gr	nird Group \$ 0.00 Base Rate Fee Fourth Group \$ 0					0.00		
				11				
Base Rate Fee: Add the Enter here and in block 3			iber group	as shown in the boxes ab	oove.	\$		

### Nonpermitted 3.75 Stations

LEGAL NAME OF OWNER Alliance Communic						S	YSTEM ID# 851	Name
				TE FEES FOR EACH				
	EVENTH	SUBSCRIBER GROU		1	ry-eighth	SUBSCRIBER GROU		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	<b>J</b> Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
		-				-		Base Rate Fee
						-		and
								Syndicated
								Exclusivity Surcharge
								for
								Partially
								Distant
		-						Stations
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gro	oup	\$	0.00	Gross Receipts Secon	d Group	\$	0.00	
Base Rate Fee First Gro	and	\$	0.00	Base Rate Fee Secon	d Group	\$	0.00	
	-	SUBSCRIBER GROU			•	SUBSCRIBER GROU		
COMMUNITY/ AREA	1-INIIN111	SOBSCRIDER GROU	0	COMMUNITY/ AREA	FORTIETT	SOBSERIBER GROU	0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		-						
						-		
		-						
		-						
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third Gr	oup	\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
Base Rate Fee Third Gr	oup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block 3			iber group	as shown in the boxes a	bove.	\$		

### Nonpermitted 3.75 Stations

LEGAL NAME OF OWNER OF CABLE SYSTEM:     SYSTEM ID#       Alliance Communications Cooperative, Inc.     851								
BI	OCK A:	COMPUTATION OF	BASE RA	TE FEES FOR EACH	SUBSCR	IBER GROUP		
FOR	TY-FIRST	SUBSCRIBER GROU		1	Y-SECOND	SUBSCRIBER GROUP		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
								Syndicated
								Exclusivity Surcharge
								for
								Partially
								Distant
								Stations
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gr	oup	\$	0.00	Gross Receipts Secor	nd Group	\$	0.00	
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Secor	nd Group	\$	0.00	
FOR	TY-THIRD	SUBSCRIBER GROU	JP	FORT	Y-FOURTH	SUBSCRIBER GROUP		
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		-						
		-						
		-						
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	roup	\$	0.00	Gross Receipts Fourth	n Group	\$	0.00	
	·							
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourth	n Group	\$	0.00	
<b>Base Rate Fee:</b> Add the Enter here and in block			riber group	as shown in the boxes a	above.	\$		

### Nonpermitted 3.75 Stations

LEGAL NAME OF OWNER OF CABLE SYSTEM:       SYSTEM ID#         Alliance Communications Cooperative, Inc.       851								Name
				TE FEES FOR EACH				
	Y-FIFTH	SUBSCRIBER GROU			RTY-SIXTH	SUBSCRIBER GROUP		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
		-						Syndicated
								Exclusivity Surcharge
								for
		-						Partially
								Distant
		-						Stations
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gro	oup	\$	0.00	Gross Receipts Second	d Group	\$	0.00	
Base Rate Fee First Gro	oup	\$	0.00	Base Rate Fee Second	d Group	\$	0.00	
FORTY-S	EVENTH	SUBSCRIBER GROU		FORT				
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		-						
		-						
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third Gr	Gross Receipts Third Group <u>\$ 0.00</u> Gross Receipts Fourth Group <u>\$ 0.00</u>							
Base Rate Fee Third Gr	oup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
Base Rate Fee Third Group       \$       0.00       Base Rate Fee Fourth Group       \$       0.00         Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.       Enter here and in block 3, line 1, space L (page 7)       \$       \$								

LEGAL NAME OF OWNER Alliance Communic						SY	STEM ID# 851	Name
				TE FEES FOR EACH				
FORT COMMUNITY/ AREA	Y-NINTH	SUBSCRIBER GROU		COMMUNITY/ AREA	FIFTIETH	SUBSCRIBER GROUP	0	9
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of
	DOL		DOL		DOL		DOL	Base Rate Fee
								and
								Syndicated
								Exclusivity Surcharge
								for
								Partially
								Distant Stations
								otations
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gro	oup	\$	0.00	Gross Receipts Secon	d Group	\$	0.00	
Base Rate Fee First Gro	up	\$	0.00	Base Rate Fee Secon	d Group	\$	0.00	
FIFT	Y-FIRST	SUBSCRIBER GROU	IP	FIET	-SECOND	SUBSCRIBER GROUP	,	
COMMUNITY/ AREA				COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
			_				<u> </u>	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third Gr	oup	\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
Base Rate Fee Third Group       \$       0.00         Base Rate Fee Fourth Group       \$       0.00								
Base Rate Fee: Add the Enter here and in block 3			iber group	as shown in the boxes a	bove.	\$		

# Nonpermitted 3.75 Stations

LEGAL NAME OF OWNER Alliance Communic						5	SYSTEM ID# 851	Name
				ATE FEES FOR EAC				
FIFT	Y-THIRD	SUBSCRIBER GROU	JP	FIF	TY-FOURTH	I SUBSCRIBER GROU	JP	0
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	<b>9</b> Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
		-						Base Rate Fee
		-						and Syndiasted
								Syndicated Exclusivity
								Surcharge
								for
								Partially
								Distant
		-						Stations
		-						
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gro	oup	\$	0.00	Gross Receipts Seco	ond Group	\$	0.00	
Base Rate Fee First Gro	oup	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00	
FIF	ry-fifth	SUBSCRIBER GROU	JP	F	FIFTY-SIXTH	I SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		_						
		-						
		-						
Total DSEs			0.00	Total DSEs		-	0.00	
Gross Receipts Third Gr	oup	\$	0.00	Gross Receipts Four	th Group	\$	0.00	
Base Rate Fee Third Gr	oup	\$	0.00	Base Rate Fee Four	th Group	\$	0.00	
<b>Base Rate Fee:</b> Add the Enter here and in block 3			riber group	as shown in the boxes	above.	\$		

### Nonpermitted 3.75 Stations

LEGAL NAME OF OWNER Alliance Communi						S	SYSTEM ID# 851	Name
В	LOCK A:	COMPUTATION O	F BASE RA	TE FEES FOR EAC	HSUBSCR	IBER GROUP		
FIFTY-	SEVENTH	SUBSCRIBER GRO		1		SUBSCRIBER GROU	JP	9
COMMUNITY/ AREA			0	COMMUNITY/ AREA	A		0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
		-						and
								Syndicated
								Exclusivity
								Surcharge for
		-						Partially
								Distant
		-						Stations
						-		
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gr	oup	\$	0.00	Gross Receipts Second Group \$ 0.00				
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00	
FIF	TY-NINTH	SUBSCRIBER GRO	UP		SIXTIETH	SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA COMMUNITY/ AREA				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		-						
		-						
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	roup	\$	0.00	Gross Receipts Four	th Group	\$	0.00	
<b>Base Rate Fee</b> Third G	roup	\$	0.00	Base Rate Fee Four	th Group	\$	0.00	
<b>Base Rate Fee:</b> Add th Enter here and in block			criber group	as shown in the boxes	above.	\$		

# Nonpermitted 3.75 Stations

Name	SYSTEM ID# 851	S						LEGAL NAME OF OWNER Alliance Communic
				E FEES FOR EACH				
9		SUBSCRIBER GROU	SECOND			SUBSCRIBER GROU	TY-FIRST	SIXT
Computatio				COMMUNITY/ AREA	0			COMMUNITY/ AREA
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate F						-		
and Syndicate								
Exclusivit						-		
Surcharge						-		
for								
Partially								
Distant								
Stations								
	0.00			Total DSEs	0.00			Total DSEs
	0.00	\$	d Group	Gross Receipts Second	0.00	\$	oup	Gross Receipts First Gro
	0.00	\$	l Group	Base Rate Fee Second	0.00	\$	oup	Base Rate Fee First Gro
	JP	SUBSCRIBER GROU	-FOURTH	SIXTY	JP	SUBSCRIBER GROU	Y-THIRD	SIXT
	0	COMMUNITY/ AREA 0						COMMUNITY/ AREA
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
						-		
	0.00		11	Total DSEs	0.00			Total DSEs
		\$	Group	Gross Receipts Fourin	0.00	\$	oup	Gross Receipts Third Gr
	0.00	\$	Group	Gross Receipts Fourth	0.00	<u>\$</u>	oup	Gross Receipts Third Gr

LEGAL NAME OF OWNE Alliance Commun						SY	STEM ID# 851	Name
				TE FEES FOR EACH				
	(TY-FIFTH	SUBSCRIBER GROU			XTY-SIXTH	SUBSCRIBER GROUP		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and Syndicated
								Syndicated Exclusivity
								Surcharge
								for
								Partially
								Distant
								Stations
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	roup	\$	0.00	Gross Receipts Secon	d Group	\$	0.00	
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Secon	d Group	\$	0.00	
SIXTY-	SEVENTH	SUBSCRIBER GROU	JP	SIX	Y-EIGHTH	SUBSCRIBER GROUP		
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		11	0.00				0.00	
Total DSEs			0.00	Total DSEs				
Gross Receipts Third G	Group	\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
Base Rate Fee Third G	Group	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
Baso Data East Add th	hass ret	o foos for each subse	riber group	as shown in the boxes a	hove			
Enter here and in block			noor group			\$		

LEGAL NAME OF OWNER Alliance Communic						SY	STEM ID# 851	Name
				TE FEES FOR EACH				
SIXT COMMUNITY/ AREA	Y-NINTH	SUBSCRIBER GROU	IP 0	SE <sup>°</sup> COMMUNITY/ AREA	VENTIETH	SUBSCRIBER GROUP	0	9
								Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of Dees Data Fac
								Base Rate Fee and
								Syndicated
								Exclusivity
								Surcharge
								for Partially
								Distant
								Stations
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gro	oup	\$	0.00	Gross Receipts Second	d Group	\$	0.00	
Base Rate Fee First Gro	oup	\$	0.00	Base Rate Fee Second	d Group	\$	0.00	
SEVEN	TY-FIRST	SUBSCRIBER GROU	IP	SEVENTY	-SECOND	SUBSCRIBER GROUP		
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third Gr	oup	\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
Base Rate Fee Third Gr	oup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block 3			iber group a	as shown in the boxes al	oove.	\$		

### Nonpermitted 3.75 Stations

LEGAL NAME OF OWNEF Alliance Communi			-			SYS	STEM ID# 851	Name
				TE FEES FOR EACH				
SEVEN	TY-THIRD	SUBSCRIBER GROU		SEVENT	Y-FOURTH	SUBSCRIBER GROUP		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	<b>3</b> Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
		-						Syndicated
								Exclusivity Surcharge
								for
								Partially
								Distant
		-						Stations
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gr	oup	\$	0.00	Gross Receipts Secor	nd Group	\$	0.00	
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Secor	nd Group	\$	0.00	
SEVEN	TY-FIFTH	SUBSCRIBER GROU	JP	SEVE	NTY-SIXTH	SUBSCRIBER GROUP		
COMMUNITY/ AREA			0	COMMUNITY/ AREA				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		-						
Total DSEs			0.00	Total DSEs			0.00	
	10115				Crown			
Gross Receipts Third G	roup	\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourth	ו Group	\$	0.00	
<b>Base Rate Fee:</b> Add the Enter here and in block			riber group	as shown in the boxes a	above.	\$		

### Nonpermitted 3.75 Stations

LEGAL NAME OF OWNER Alliance Communic						SYS	6TEM ID# 851	Name
BL	.OCK A: (	COMPUTATION OF	BASE RA	TE FEES FOR EACH				
	EVENTH	SUBSCRIBER GROU		1	Y-EIGHTH	SUBSCRIBER GROUP		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
		-						Syndicated
								Exclusivity Surcharge
								for
								Partially
								Distant
								Stations
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gro	oup	\$	0.00	Gross Receipts Secon	0.00			
Base Rate Fee First Gro	oup	\$	0.00	Base Rate Fee Secon	d Group	\$	0.00	
SEVENT	Y-NINTH	SUBSCRIBER GROU	Р	E	EIGHTIETH	SUBSCRIBER GROUP		
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		-						
						***		
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third Gr	oup	\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
Base Rate Fee Third Gr	oup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block 3			iber group	as shown in the boxes a	bove.	\$		

# Nonpermitted 3.75 Stations

SCRIBER GROUP       9         0       O         ALL SIGN       DSE         ALL SIGN       DSE         and       Syndicated         Exclusivity       Surcharge         for       Partially         Distant       Stations         0.00       0.00         SCRIBER GROUP       0	S			-			LEGAL NAME OF OWNER Alliance Communic
0       9         ALL SIGN       DSE         ALL SIGN       DSE         Base Rate Fe       and         and       Syndicated         Exclusivity       Surcharge         for       Partially         Distant       Stations         0.00       0.00         SCRIBER GROUP       0			TE FEES FOR EACH				
ALL SIGN DSE   ALL SIGN DSE   of Base Rate Fe   and Syndicated   Exclusivity Surcharge   for Partially   Distant Stations     0.00 0.00   SCRIBER GROUP 0	SUBSCRIBER GROU	Y-SECOND	11		SUBSCRIBER GROU	TY-FIRST	EIGHT
ALL SIGN       DSE       of         Base Rate Fe       and         Syndicated       Exclusivity         Surcharge       for         Partially       Distant         Distant       Stations         0.00       0.00         SCRIBER GROUP       0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
and Syndicated Exclusivity Surcharge for Partially Distant Stations 0.00 0.00 SCRIBER GROUP 0	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Syndicated Exclusivity Surcharge for Partially Distant Stations 0.00 0.00 SCRIBER GROUP 0							
Exclusivity Surcharge for Partially Distant Stations 0.00 0.00 0.00 SCRIBER GROUP 0							
Surcharge for Partially Distant Stations 0.00 0.00 SCRIBER GROUP 0							
for Partially Distant Stations 0.00 0.00 0.00 SCRIBER GROUP 0							
Partially   Distant   Stations     0.00   0.00   0.00     0.00     0.00							
0.00           0.00           0.00           0.00           0.00           0.00							
0.00 0.00 0.00 0.00 SCRIBER GROUP 0							
0.00 0.00 SCRIBER GROUP 0							
0.00 0.00 SCRIBER GROUP 0							
0.00 0.00 SCRIBER GROUP 0							
0.00 0.00 SCRIBER GROUP 0							
0.00 0.00 SCRIBER GROUP 0							
0.00 0.00 SCRIBER GROUP 0							
0.00 SCRIBER GROUP 0			Total DSEs	0.00			Total DSEs
SCRIBER GROUP	\$	d Group	Gross Receipts Secon	0.00	\$	oup	Gross Receipts First Gro
0	\$	d Group	Base Rate Fee Secon	0.00	\$	pup	Base Rate Fee First Gro
	SUBSCRIBER GROU	Y-FOURTH	EIGHT	IP	SUBSCRIBER GROU	Y-THIRD	EIGHT
ALL SIGN DSE	COMMUNITY/ AREA 0					,	COMMUNITY/ AREA
	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
	-						
0.00			Total DSEs	0.00			Total DSEs
0.00	\$	Group	Gross Receipts Fourth	0.00	\$	oup	Gross Receipts Third Gr
	*	Cioup		0.00	·*	- <b>~</b> P	
0.00	\$	Group	Base Rate Fee Fourth	0.00	\$	oup	Base Rate Fee Third Gr

LEGAL NAME OF OWNER Alliance Communic						SYS	STEM ID# 851	Name
				TE FEES FOR EACH				
EIGH <sup>-</sup> COMMUNITY/ AREA	TY-FIFTH	SUBSCRIBER GROU	P 0	EIGH COMMUNITY/ AREA	ITY-SIXTH	SUBSCRIBER GROUP	0	9
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of
		-						Base Rate Fee
		-						and
								Syndicated Exclusivity
		-						Surcharge
								for
		-						Partially Distant
								Stations
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gro	oup	\$	0.00	Gross Receipts Second				
Base Rate Fee First Gro	oup	\$	0.00	Base Rate Fee Second	d Group	\$	0.00	
EIGHTY-S	EVENTH	SUBSCRIBER GROU	Р	EIGHT	Y-EIGHTH	SUBSCRIBER GROUP		
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		-						
		-						
		_						
		-						
		-						
Total DSEs	1		0.00	Total DSEs			0.00	
			0.00		Croup	<b>*</b>	0.00	
Gross Receipts Third Group <u>\$ 0.00</u>				Gross Receipts Fourth	Group	Ψ 	0.00	
Base Rate Fee Third Group   \$   0.00   Base Rate Fee				Base Rate Fee Fourth	Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block 3			iber group	as shown in the boxes al	oove.	\$		

						851	Name
			TE FEES FOR EACH				
EIGHTY-NINTH COMMUNITY/ AREA	SUBSCRIBER GROU	P 0	COMMUNITY/ AREA	NINTIETH	SUBSCRIBER GROUP	0	9
CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of
CALL SIGN DSE	CALL SIGN	DSE		DSE		DSE	or Base Rate Fee
							and
							Syndicated
							Exclusivity
							Surcharge for
							Partially
							Distant
							Stations
Total DSEs		0.00	Total DSEs			0.00	
Gross Receipts First Group	\$	0.00	Gross Receipts Second				
Base Rate Fee First Group	\$	0.00	Base Rate Fee Second	l Group	\$	0.00	
NINETY-FIRST	SUBSCRIBER GROU	Р	NINETY	-SECOND	SUBSCRIBER GROUP		
COMMUNITY/ AREA		0	COMMUNITY/ AREA			0	
CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
Total DSEs		0.00	Total DSEs			0.00	
Gross Receipts Third Group	\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
Base Rate Fee Third Group \$ 0.00 Ba			Base Rate Fee Fourth	Group	\$	0.00	
Base Rate Fee: Add the base rate Enter here and in block 3, line 1, sp		iber group a	as shown in the boxes ab	oove.	\$		

LEGAL NAME OF OWNER Alliance Communic						SYS	STEM ID# 851	Name
				TE FEES FOR EACH				
NINET	Y-THIRD	SUBSCRIBER GROU	P 0	NINETY COMMUNITY/ AREA	-FOURTH	SUBSCRIBER GROUP	0	9
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of
	DSE		DSE	CALL SIGN	DSE		DSE	or Base Rate Fee
								and
		-						Syndicated
								Exclusivity Surcharge
		-						for
								Partially
								Distant
								Stations
		-						
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gro	oup	\$	0.00	Gross Receipts Second				
Base Rate Fee First Group     \$     0.00     Base Rate Fee Second Group     \$     0.00								
	-	SUBSCRIBER GROU			•	SUBSCRIBER GROUP	0.00	
COMMUNITY/ AREA		SUBSCRIBER GROU	0	COMMUNITY/ AREA		SUBSCRIBER GROUP	0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		-						
		-						
		-						
		-				-		
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third Gr	oup	\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
Base Rate Fee Third Group   \$   0.00			Base Rate Fee Fourth	Group	\$	0.00		
Base Rate Fee: Add the			iber group :	as shown in the boxes al	pove.			
Enter here and in block 3	3, line 1, s	pace L (page 7)				\$		

## Nonpermitted 3.75 Stations

LEGAL NAME OF OWNER Alliance Communic						S	YSTEM ID# 851	Name
				TE FEES FOR EACH				
	EVENTH	SUBSCRIBER GROU		1		SUBSCRIBER GROU		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
		_						and
		-						Syndicated
								Exclusivity
								Surcharge for
		-						Partially
								Distant
		-						Stations
		-						
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gro	oup	\$	0.00	Gross Receipts Secor	nd Group	\$	0.00	
Base Rate Fee First Gro	pup	\$	0.00	Base Rate Fee Secor	nd Group	\$	0.00	
NINET	Y-NINTH	SUBSCRIBER GROU	P	ONE HU	JNDREDTH	SUBSCRIBER GROU	Р	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		-						
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third Gr	oup	\$	0.00	Gross Receipts Fourt	h Group	\$	0.00	
							]	
Base Rate Fee Third Gr	oup	\$	0.00	Base Rate Fee Fourt	h Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block 3			iber group	as shown in the boxes a	above.	\$		

# Nonpermitted 3.75 Stations

LEGAL NAME OF OWNER			•			S	YSTEM ID# 851	Name
BI	LOCK A: (	COMPUTATION OF	BASE RA	TE FEES FOR EAC	H SUBSCR	IBER GROUP		
ONE HUNDR	ED FIRST	SUBSCRIBER GROU	IP	ONE HUNDRE	ED SECOND	SUBSCRIBER GROU	IP	0
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	<b>9</b> Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
		-				-		Base Rate Fee
		-						and Syndicated
								Syndicated Exclusivity
								Surcharge
								for
		-						Partially
						-		Distant
		-						Stations
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gr	oup	\$	0.00	Gross Receipts Seco	ond Group	\$	0.00	
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00	
ONE HUNDRE	ED THIRD	SUBSCRIBER GROU	IP	ONE HUNDR	ED FOURTH	SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		-				-		
		-						
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	roup	\$	0.00	Gross Receipts Four	th Group	\$	0.00	
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Four	th Group	\$	0.00	
<b>Base Rate Fee:</b> Add the Enter here and in block			iber group	II as shown in the boxes	above.	\$		

LEGAL NAME OF OWNE Alliance Commun						S	YSTEM ID# 851	Name
				TE FEES FOR EAC				
	RED FIFTH	SUBSCRIBER GROU				I SUBSCRIBER GROU		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
								Syndicated
								Exclusivity Surcharge
								for
								Partially
								Distant
								Stations
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	Group	\$	0.00	Gross Receipts Seco	nd Group	\$	0.00	
Base Rate Fee First G	iroup	\$	0.00	Base Rate Fee Seco	nd Group	\$	0.00	
ONE HUNDRED	SEVENTH	SUBSCRIBER GROU	JP	ONE HUNDR	ED EIGHTH	I SUBSCRIBER GROU	Р	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fourt	h Group	\$	0.00	
Base Rate Fee Third (	Group	\$	0.00	Base Rate Fee Fourt	h Group	\$	0.00	
	ne base rat	e fees for each subsc		as shown in the boxes		\$		

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# Nonpermitted 3.75 Stations

LEGAL NAME OF OWNER Alliance Communic						S	YSTEM ID# 851	Name
				TE FEES FOR EACH				
ONE HUNDRE	D NINTH	SUBSCRIBER GROU		ONE HUNDR	ED TENTH	SUBSCRIBER GROU	P	9
COMMUNITY/ AREA			0	COMMUNITY/ AREA		0		<b>3</b> Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and Syndicated
								Exclusivity
								Surcharge
								for
								Partially
								Distant
								Stations
							0.00	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gro	pup	\$	0.00	Gross Receipts Secon	d Group	\$	0.00	
Base Rate Fee First Gro	oup	\$	0.00	Base Rate Fee Secon	d Group	\$	0.00	
ONE HUNDRED EL	EVENTH	SUBSCRIBER GROU	JP	ONE HUNDRED	TWELVTH	SUBSCRIBER GROU	P	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
						-		
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third Gr	oup	\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
	· (*	·			<b>P</b>	·		
Base Rate Fee Third Gr	oup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block 3			riber group	as shown in the boxes a	bove.	\$		

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## Nonpermitted 3.75 Stations

LEGAL NAME OF OWNEF			•			SYS	STEM ID# 851	Name
BI	LOCK A:	COMPUTATION OF	BASE RA	TE FEES FOR EACH	SUBSCR	BER GROUP		
ONE HUNDRED THIF	RTEENTH	SUBSCRIBER GROU	JP	ONE HUNDRED FOL	JRTEENTH	SUBSCRIBER GROUP		•
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	<b>9</b> Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
		-						Base Rate Fee
								and
		-						Syndicated
								Exclusivity Surcharge
		-						for
		-						Partially
								Distant
								Stations
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gr	oup	\$	0.00	Gross Receipts Secon	d Group	\$	0.00	
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Secon	d Group	\$	0.00	
ONE HUNDRED FI	TEENTH	SUBSCRIBER GROU	JP	ONE HUNDRED S	IXTEENTH	SUBSCRIBER GROUP		
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		-						
		-						
		-						
		-						
		-						
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	roup	\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
<b>Base Rate Fee:</b> Add the Enter here and in block			iber group	II as shown in the boxes a	bove.	\$		

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# Nonpermitted 3.75 Stations

LEGAL NAME OF OWNER						S	YSTEM ID# 851	Name
BI	LOCK A:	COMPUTATION OF	BASE RA	TE FEES FOR EAC	H SUBSCR	IBER GROUP		
ONE HUNDRED SEVE	NTEENTH	SUBSCRIBER GROUP		ONE HUNDRED E	EIGHTEENTH	SUBSCRIBER GROUP		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	<b>9</b> Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
		-						Base Rate Fee
		-						and Syndicated
								Syndicated Exclusivity
								Surcharge
								for
		-						Partially
								Distant
		-						Stations
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gr	oup	\$	0.00	Gross Receipts Seco	nd Group	\$	0.00	
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Seco	nd Group	\$	0.00	
ONE HUNDRED NI	NTEENTH	SUBSCRIBER GROU	IP	ONE HUNDRED 1	<b>FWENTIETH</b>	SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		-						
		_						
		-						
		-						
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	roup	\$	0.00	Gross Receipts Fourt	h Group	\$	0.00	
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourt	h Group	\$	0.00	
<b>Base Rate Fee:</b> Add the Enter here and in block			iber group	II as shown in the boxes	above.	\$		

## Nonpermitted 3.75 Stations

LEGAL NAME OF OWNER Alliance Communic			•			S	YSTEM ID# 851	Name
BL	OCK A: (	COMPUTATION OF	BASE RA	TE FEES FOR EACH	SUBSCR	IBER GROUP		
ONE HUNDRED TWEN	TY-FIRST	SUBSCRIBER GROUP		1	TY-SECONE	SUBSCRIBER GROUP		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	<b>S</b> Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fe
								and Syndicated
								Exclusivity
								Surcharge
								for
								Partially
								Distant
								Stations
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gro	up	\$	0.00	Gross Receipts Secor	nd Group	\$	0.00	
Base Rate Fee First Gro	up	\$	0.00	Base Rate Fee Secor	id Group	\$	0.00	
ONE HUNDRED TWEN	TY-THIRD	SUBSCRIBER GROUP		ONE HUNDRED TWEN	TY-FOURTH	I SUBSCRIBER GROUP		
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third Gro	oup	\$	0.00	Gross Receipts Fourth	n Group	\$	0.00	
						[		
Base Rate Fee Third Gro	oup	\$	0.00	Base Rate Fee Fourth	n Group	\$	0.00	
oup base		\$	0.00	Gross Receipts Fourth	ı Group		0.00	

# Nonpermitted 3.75 Stations

LEGAL NAME OF OWNER						S	YSTEM ID# 851	Name
BI	LOCK A:	COMPUTATION OF	BASE RA	TE FEES FOR EAC	H SUBSCR	BER GROUP		
	NTY-FIFTH	SUBSCRIBER GROUP		tt		SUBSCRIBER GROUP		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	<b>Computation</b>
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and Syndicated
		-						Exclusivity
								Surcharge
								for Dortiolly
								Partially Distant
								Stations
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gro	oup	\$	0.00	Gross Receipts Seco	ond Group	\$	0.00	
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00	
ONE HUNDRED TWENTY	-SEVENTH	SUBSCRIBER GROUP		ONE HUNDRED TWE	ENTY-EIGHTH	SUBSCRIBER GROUP		
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		-						
Total DSEs			0.00	Total DSEs			0.00	
					th Crown			
Gross Receipts Third G	roup	<u>\$</u>	0.00	Gross Receipts Four	in Group	<u>\$</u>	0.00	
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Four	th Group	\$	0.00	
<b>Base Rate Fee:</b> Add the Enter here and in block			iber group	as shown in the boxes	above.	\$		

## Nonpermitted 3.75 Stations

LEGAL NAME OF OWNER C Alliance Communica			•			SYS	STEM ID# 851	Name
BLC	OCK A: C	COMPUTATION OF	BASE RA	TE FEES FOR EACH	SUBSCRI	BER GROUP		
ONE HUNDRED TWENTY	Y-NINTH	SUBSCRIBER GROUP		ONE HUNDRED	THIRTIETH	SUBSCRIBER GROUP		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	<b>J</b> Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
								Syndicated
								Exclusivity
								Surcharge for
								Partially
								Distant
								Stations
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Grou	D	\$		Gross Receipts Second	d Group	\$	0.00	
	F					-		
Base Rate Fee First Grou	р	\$	0.00	Base Rate Fee Second	l Group	\$	0.00	
ONE HUNDRED THIRT	Y-FIRST	SUBSCRIBER GROUP		ONE HUNDRED THIRT	Y-SECOND	SUBSCRIBER GROUP		
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third Grou	up	\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
Base Rate Fee Third Grou	qu	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
<b>Base Rate Fee:</b> Add the b Enter here and in block 3,			iber group a	as shown in the boxes ab	oove.	\$		

## Nonpermitted 3.75 Stations

LEGAL NAME OF OWNER Alliance Communic						SYS	STEM ID# 851	Name
			BASE RA	TE FEES FOR EACH				
	TY-THIRD	SUBSCRIBER GROUP	0		Y-FOURTH	SUBSCRIBER GROUP		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and Syndicated
								Syndicated Exclusivity
								Surcharge
								for
								Partially
								Distant
								Stations
			0.00				0.00	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gro	pup	\$	0.00	Gross Receipts Second	d Group	\$	0.00	
Base Rate Fee First Gro	oup	\$	0.00	Base Rate Fee Second	d Group	\$	0.00	
ONE HUNDRED THIR	TY-FIFTH	SUBSCRIBER GROU	Р	ONE HUNDRED THIF	RTY-SIXTH	SUBSCRIBER GROUP		
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
Total DSEs			0.00	Total DSEs	<b>I</b>		0.00	
Gross Receipts Third Gr		¢		Gross Receipts Fourth	Group	¢.	0.00	
	νuμ	<u>*</u>			Joup	• 		
Base Rate Fee Third Gr	oup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block 3			iber group a	as shown in the boxes at	oove.	\$		

## Nonpermitted 3.75 Stations

LEGAL NAME OF OWNER Alliance Communic						SYS	6TEM ID# 851	Name
BL	OCK A:	COMPUTATION OF	BASE RA	TE FEES FOR EACH	SUBSCRI	BER GROUP		
ONE HUNDRED THIRTY-	SEVENTH	SUBSCRIBER GROUP		ONE HUNDRED THIR	TY-EIGHTH	SUBSCRIBER GROUP		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	-
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of
								Base Rate Fee
		_						and
								Syndicated
		-						Exclusivity
								Surcharge for
								Partially
								Distant
								Stations
		-						
		-						
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gro	pup	\$	0.00	Gross Receipts Second	d Group	\$	0.00	
Base Rate Fee First Gro	oup	\$	0.00	Base Rate Fee Second	d Group	\$	0.00	
ONE HUNDRED THIRT	Y-NINTH	SUBSCRIBER GROU	Р	ONE HUNDRED	FORTIETH	SUBSCRIBER GROUP		
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		-						
		-						
		-						
		-						
		_						
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third Gr	oup	\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
					-			
Base Rate Fee Third Gr	oup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block 3			iber group a	as shown in the boxes al	oove.	\$		

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## Nonpermitted 3.75 Stations

LEGAL NAME OF OWNER Alliance Communic						ę	SYSTEM ID# 851	Name
BL	OCK A:	COMPUTATION OF	BASE RA	TE FEES FOR EACH		IBER GROUP		
	TY-FIRST	SUBSCRIBER GROUP				) SUBSCRIBER GROUP		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fe
								and
								Syndicated Exclusivity
								Surcharge
								for
								Partially
								Distant
								Stations
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gro	pup	\$	0.00	Gross Receipts Seco	nd Group	\$	0.00	
Base Rate Fee First Gro	oup	\$	0.00	Base Rate Fee Second	nd Group	\$	0.00	
ONE HUNDRED FOR	TY-THIRD	SUBSCRIBER GROUP		ONE HUNDRED FOR	RTY-FOURTH	I SUBSCRIBER GROUP	)	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		-						
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third Gr	oup	\$	0.00	Gross Receipts Fourt	h Group	\$	0.00	
<b>Base Rate Fee</b> Third Gr	OUD	\$	0.00	Base Rate Fee Fourt	h Group	\$	0.00	
		Ψ	0.00			<u>Ψ</u>	0.00	
<b>Base Rate Fee:</b> Add the Enter here and in block (			iber group	as shown in the boxes a	above.	\$		

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## Nonpermitted 3.75 Stations

LEGAL NAME OF OWNEF						SY	STEM ID# 851	Name
B	LOCK A:	COMPUTATION OF	BASE RA	TE FEES FOR EACH	SUBSCR	IBER GROUP		
ONE HUNDRED FOR	RTY-FIFTH	SUBSCRIBER GROUP		ONE HUNDRED F	ORTY-SIXTH	SUBSCRIBER GROUP		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
		-						Syndicated
								Exclusivity Surcharge
								for
								Partially
								Distant
								Stations
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gr	oup	\$	0.00	Gross Receipts Secor	nd Group	\$	0.00	
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Secor	nd Group	\$	0.00	
ONE HUNDRED FORTY	SEVENTH	SUBSCRIBER GROUP		ONE HUNDRED FOR	RTY-EIGHTH	SUBSCRIBER GROUP		
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		-						
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	roup	\$	0.00	Gross Receipts Fourth	n Group	\$	0.00	
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourth	n Group	\$	0.00	
<b>Base Rate Fee:</b> Add the Enter here and in block			riber group	as shown in the boxes a	above.	\$		

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# Nonpermitted 3.75 Stations

LEGAL NAME OF OWNER Alliance Communic			•			5	SYSTEM ID# 851	Name
				TE FEES FOR EACH	I SUBSCR	IBER GROUP		
ONE HUNDRED FORT	Y-NINTH	SUBSCRIBER GROU		ONE HUNDRE	D FIFTIETH	I SUBSCRIBER GROU	JP	9
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	<b>9</b> Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and Sundicated
								Syndicated Exclusivity
								Surcharge
								for
								Partially
								Distant
								Stations
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gro	oup	\$	0.00	Gross Receipts Seco	nd Group	\$	0.00	
Base Rate Fee First Gro	pup	\$	0.00	Base Rate Fee Secon	nd Group	\$	0.00	
ONE HUNDRED FIFT	Y-FIRST	SUBSCRIBER GROU	Р	ONE HUNDRED FIFT	Y-SECOND	SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
Total DSEs			0.00	Total DSEs			0.00	
	<b></b>					•		
Gross Receipts Third Gr	oup	\$	0.00	Gross Receipts Fourt	h Group	\$	0.00	
Base Rate Fee Third Gr	oup	\$	0.00	Base Rate Fee Fourt	h Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block 3			iber group	as shown in the boxes a	above.	\$		

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## Nonpermitted 3.75 Stations

LEGAL NAME OF OWNER Alliance Communic						SYS	6TEM ID# 851	Name
BL	OCK A: (	COMPUTATION OF	BASE RA	TE FEES FOR EACH	SUBSCRI	BER GROUP		
ONE HUNDRED FIFT	Y-THIRD	SUBSCRIBER GROU	Р	ONE HUNDRED FIFTY	-FOURTH	SUBSCRIBER GROUP		0
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	<b>9</b> Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
								Syndicated
								Exclusivity
								Surcharge
								for Partially
								Distant
								Stations
								otationo
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gro	pup	\$	0.00	Gross Receipts Second	d Group	\$	0.00	
Base Rate Fee First Gro	up	\$	0.00	Base Rate Fee Second	d Group	\$	0.00	
ONE HUNDRED FIFT	Y-FIFTH	SUBSCRIBER GROU	P	ONE HUNDRED FIF	TY-SIXTH	SUBSCRIBER GROUP		
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third Gro	oup	\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
Base Rate Fee Third Gro	oup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
<b>Base Rate Fee:</b> Add the Enter here and in block 3			iber group a	as shown in the boxes at	oove.	\$		

## Nonpermitted 3.75 Stations

LEGAL NAME OF OWNER Alliance Communic						SY	STEM ID# 851	Name
			BASE RA	TE FEES FOR EACH				
ONE HUNDRED FIFTY-	SEVENTH	SUBSCRIBER GROUP		ONE HUNDRED FIFTY-EIGHTH SUBSCRIBER GROUP				9
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
								Syndicated Exclusivity
								Surcharge
								for
								Partially
								Distant Stations
								Stations
Total DSEs			0.00	Total DSEs			0.00	
					d One un			
Gross Receipts First Gro	bup	<u>&gt;</u>	0.00	Gross Receipts Secon	a Group	\$	0.00	
Base Rate Fee First Gro	oup	\$	0.00	Base Rate Fee Second	d Group	\$	0.00	
ONE HUNDRED FIFT	Y-NINTH	SUBSCRIBER GROU	Р	ONE HUNDRED	SIXTIETH	SUBSCRIBER GROUF	>	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third Gr	oup	\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
Base Rate Fee Third Gr	oup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block 3			iber group a	as shown in the boxes a	bove.	\$		

Name	Alliance Communications Cooperative, Inc.	SYSTEM 8				
	BLOCK B: COMPUTATION OF SYNDICATED EXCL	USIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP				
9	If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you must also compute a Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined by section 76.5 of FCC rules in effect on June 24, 1981:					
Computation of	First 50 major television market	Second 50 major television market				
and Syndicated	INSTRUCTIONS:	mmercial VHF Grade B contour stations listed in block A, part 9 of				
Exclusivity Surcharge for	<ul> <li>Step 2: In line 2, give the total number of DSEs by subscriber gr Exempt DSEs in block C, part 7 of this schedule. If non</li> <li>Step 3: In line 3, subtract line 2 from line 1. This is the total num</li> </ul>					
for Partially Distant Stations	<b>Step 4:</b> Compute the surcharge for each subscriber group using					
	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 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					
	SYNDICATED EXCLUSIVITY	SYNDICATED EXCLUSIVITY				
	SURCHARGE First Group	SURCHARGE Second Group				
	THIRD SUBSCRIBER GROUP	FOURTH SUBSCRIBER GROUP				
	Line 1: Enter the VHF DSEs	Line 1: Enter the VHF DSEs				
	Line 2: Enter the Exempt DSEs	Line 2: Enter the Exempt DSEs				
	Line 3: Subtract line 2 from line 1 and enter here. This is the	Line 3: Subtract line 2 from line 1 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 computation	subject to the surcharge computation				
	SYNDICATED EXCLUSIVITY SURCHARGE	SYNDICATED EXCLUSIVITY SURCHARGE				
	Third Group	Fourth Group				
	<b>SYNDICATED EXCLUSIVITY SURCHARGE:</b> Add the surcharge in the boxes above. Enter here and in block 4, line 2 of space L (	for each subscriber group as shown				



<b>9</b> Computation of Base Rate Fee and Syndicated	If your cable system is located within a top 100 television market a						
Computation of Base Rate Fee and	Syndicated Exclusivity Surcharge. Indicate which major television						
of Base Rate Fee and		If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you must also compute a Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined by section 76.5 of FCC rules in effect on June 24, 1981:					
Base Rate Fee and	First 50 major television market	Second 50 major television market					
	INSTRUCTIONS: Step 1: In line 1, give the total DSEs by subscriber group for com this schedule.	mercial VHF Grade B contour stations listed in block A, part 9 of					
Exclusivity Surcharge for	<ul> <li>Step 2: In line 2, give the total number of DSEs by subscriber gro Exempt DSEs in block C, part 7 of this schedule. If none</li> <li>Step 3: In line 3, subtract line 2 from line 1. This is the total number</li> </ul>	enter zero.					
Partially Distant Stations	<b>Step 4:</b> Compute the surcharge for each subscriber group using the schedule. In making this computation, use gross receipts your actual calculations on this form.	the formula outlined in block D, section 3 or 4 of part 7 of this s figures applicable to the particular group. You do not need to show					
-	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 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						
		SYNDICATED EXCLUSIVITY					
	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 and enter here. This is the	Line 3: Subtract line 2 from line 1 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 computation	subject to the surcharge					
	SYNDICATED EXCLUSIVITY SURCHARGE Third Group	SYNDICATED EXCLUSIVITY SURCHARGE Fourth Group					



Name	Alliance Communications Cooperative, Inc.	8
	BLOCK B: COMPUTATION OF SYNDICATED EXC	LUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP
9		and the station is not exempt in Part 7, you must also compute a n market any portion of your cable system is located in as defined
Computation		
of Base Rate Fee and Syndicated	<ul> <li>First 50 major television market</li> <li>INSTRUCTIONS:</li> <li>Step 1: In line 1, give the total DSEs by subscriber group for co this schedule.</li> </ul>	Second 50 major television market
Exclusivity Surcharge	<ul> <li>Step 2: In line 2, give the total number of DSEs by subscriber give the total number of DSEs by subscriber gives the total number of DSEs in block C, part 7 of this schedule. If non Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs in block C, part 7 of this schedule.</li> </ul>	
for Partially Distant Stations	<b>Step 4:</b> Compute the surcharge for each subscriber group using	
	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	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
	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



Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Alliance Communications Cooperative, Inc.	SYSTEM I 8
	BLOCK B: COMPUTATION OF SYNDICATED EXCLU	JSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP
9	If your cable system is located within a top 100 television market an Syndicated Exclusivity Surcharge. Indicate which major television r by section 76.5 of FCC rules in effect on June 24, 1981:	
Computation of	☐ First 50 major television market	Second 50 major television market
Base Rate Fee and Syndicated	INSTRUCTIONS: Step 1: In line 1, give the total DSEs by subscriber group for com this schedule.	
Exclusivity Surcharge	Step 2: In line 2, give the total number of DSEs by subscriber gro Exempt DSEs in block C, part 7 of this schedule. If none	enter zero.
for Partially Distant Stations	<ul> <li>Step 3: In line 3, subtract line 2 from line 1. This is the total numb</li> <li>Step 4: Compute the surcharge for each subscriber group using t schedule. In making this computation, use gross receipts your actual calculations on this form.</li> </ul>	
	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 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	subject to the surcharge computation
	SYNDICATED EXCLUSIVITY SURCHARGE First Group	SYNDICATED EXCLUSIVITY SURCHARGE Second Group
	FIFTEENTH SUBSCRIBER GROUP	SIXTEENTH SUBSCRIBER GROUP
	Line 1: Enter the VHF DSEs	Line 1: Enter the VHF DSEs
	Line 2: Enter the Exempt DSEs	Line 2: Enter the Exempt DSEs
	Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation	Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation
	SYNDICATED EXCLUSIVITY SURCHARGE Third Group	SYNDICATED EXCLUSIVITY SURCHARGE Fourth Group



Name	Alliance Communications Cooperative, Inc.	SYSTEM I 8
	BLOCK B: COMPUTATION OF SYNDICATED EXCLU	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 m by section 76.5 of FCC rules in effect on June 24, 1981:	
Computation of	First 50 major television market	Second 50 major television market
Base Rate Fee and Syndicated	INSTRUCTIONS: Step 1: In line 1, give the total DSEs by subscriber group for comm this schedule.	
Exclusivity Surcharge	Step 2: In line 2, give the total number of DSEs by subscriber grou Exempt DSEs in block C, part 7 of this schedule. If none e	
for Partially Distant Stations	<ul><li>Step 3: In line 3, subtract line 2 from line 1. This is the total numbe</li><li>Step 4: Compute the surcharge for each subscriber group using the</li></ul>	r of DSEs used to compute the surcharge.
	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	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 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 subject to the surcharge computation	Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation
	SYNDICATED EXCLUSIVITY SURCHARGE Third Group	SYNDICATED EXCLUSIVITY SURCHARGE Fourth Group



Name	Alliance Communications Cooperative, Inc.	SYSTEM I 8
	BLOCK B: COMPUTATION OF SYNDICATED EXCLU	JSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP
9	If your cable system is located within a top 100 television market ar Syndicated Exclusivity Surcharge. Indicate which major television n by section 76.5 of FCC rules in effect on June 24, 1981:	
Computation of	First 50 major television market	Second 50 major television market
Base Rate Fee and Syndicated	INSTRUCTIONS: Step 1: In line 1, give the total DSEs by subscriber group for com this schedule.	
Exclusivity Surcharge	Step 2: In line 2, give the total number of DSEs by subscriber grou Exempt DSEs in block C, part 7 of this schedule. If none	-
for Partially Distant Stations	<ul><li>Step 3: In line 3, subtract line 2 from line 1. This is the total number</li><li>Step 4: Compute the surcharge for each subscriber group using the surch</li></ul>	er of DSEs used to compute the surcharge.
	TWENTY-FIRST SUBSCRIBER GROUP	TWENTY-SECOND SUBSCRIBER GROUP
	Line 1: Enter the VHF DSEs	Line 1: Enter the VHF DSEs
	Line 2: Enter the Exempt DSEs	Line 2: Enter the Exempt DSEs
	Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group	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	subject to the surcharge
	SYNDICATED EXCLUSIVITY SURCHARGE First Group	SYNDICATED EXCLUSIVITY SURCHARGE Second Group
	TWENTY-THIRD SUBSCRIBER GROUP	TWENTY-FOURTH SUBSCRIBER GROUP
	Line 1: Enter the VHF DSEs	Line 1: Enter the VHF DSEs
	Line 2: Enter the Exempt DSEs	Line 2: Enter the Exempt DSEs
	Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation	Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation
	SYNDICATED EXCLUSIVITY SURCHARGE Third Group	SYNDICATED EXCLUSIVITY SURCHARGE Fourth Group



Name	Alliance Communications Cooperative, Inc.	SYSTEM 8
	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 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 and Syndicated	INSTRUCTIONS: Step 1: In line 1, give the total DSEs by subscriber group for comm this schedule.	
Exclusivity Surcharge	Step 2: In line 2, give the total number of DSEs by subscriber group Exempt DSEs in block C, part 7 of this schedule. If none en	nter zero.
for Partially Distant Stations	<ul> <li>Step 3: In line 3, subtract line 2 from line 1. This is the total number</li> <li>Step 4: Compute the surcharge for each subscriber group using the schedule. In making this computation, use gross receipts fi your actual calculations on this form.</li> </ul>	
	TWENTY-FIFTH SUBSCRIBER GROUP	TWENTY-SIXTH SUBSCRIBER GROUP
	Line 1: Enter the VHF DSEs	Line 1: Enter the VHF DSEs
	Line 2: Enter the Exempt DSEs	Line 2: Enter the Exempt DSEs
	Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for	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	this subscriber group subject to the surcharge computation
	SYNDICATED EXCLUSIVITY SURCHARGE First Group	SYNDICATED EXCLUSIVITY SURCHARGE Second Group
	TWENTY-SEVENTH SUBSCRIBER GROUP	TWENTY-EIGHTH SUBSCRIBER GROUP
	Line 1: Enter the VHF DSEs	Line 1: Enter the VHF DSEs
	Line 2: Enter the Exempt DSEs Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation	Line 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
	SYNDICATED EXCLUSIVITY SURCHARGE Third Group	SYNDICATED EXCLUSIVITY SURCHARGE Fourth Group



Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Alliance Communications Cooperative, Inc.	SYSTEM I 8
	BLOCK B: COMPUTATION OF SYNDICATED EXCLU	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 m by section 76.5 of FCC rules in effect on June 24, 1981:	
Computation of	First 50 major television market	Second 50 major television market
Base Rate Fee and Syndicated	INSTRUCTIONS: Step 1: In line 1, give the total DSEs by subscriber group for comn this schedule.	
Exclusivity Surcharge	<b>Step 2:</b> In line 2, give the total number of DSEs by subscriber grou Exempt DSEs in block C, part 7 of this schedule. If none e	enter zero.
for Partially Distant Stations	<ul> <li>Step 3: In line 3, subtract line 2 from line 1. This is the total number</li> <li>Step 4: Compute the surcharge for each subscriber group using the schedule. In making this computation, use gross receipts a your actual calculations on this form.</li> </ul>	
	TWENTY-NINTH SUBSCRIBER GROUP	THIRTIETH 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	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	this subscriber group subject to the surcharge computation
	SYNDICATED EXCLUSIVITY SURCHARGE First Group	SYNDICATED EXCLUSIVITY SURCHARGE Second Group
	THIRTY-FIRST SUBSCRIBER GROUP	THIRTY-SECOND SUBSCRIBER GROUP
	Line 1: Enter the VHF DSEs	Line 1: Enter the VHF DSEs
	Line 2: Enter the Exempt DSEs	Line 2: Enter the Exempt DSEs
	Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation	Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation
	SYNDICATED EXCLUSIVITY SURCHARGE Third Group	SYNDICATED EXCLUSIVITY SURCHARGE Fourth Group



Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Alliance Communications Cooperative, Inc.	SYSTEM I 8
	BLOCK B: COMPUTATION OF SYNDICATED EXCLU	JSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP
9	If your cable system is located within a top 100 television market ar Syndicated Exclusivity Surcharge. Indicate which major television n by section 76.5 of FCC rules in effect on June 24, 1981:	
Computation of	First 50 major television market	Second 50 major television market
Base Rate Fee and Syndicated	INSTRUCTIONS: Step 1: In line 1, give the total DSEs by subscriber group for com this schedule.	
Exclusivity Surcharge	Step 2: In line 2, give the total number of DSEs by subscriber grou Exempt DSEs in block C, part 7 of this schedule. If none	-
for Partially Distant Stations	<ul><li>Step 3: In line 3, subtract line 2 from line 1. This is the total number</li><li>Step 4: Compute the surcharge for each subscriber group using the surch</li></ul>	er of DSEs used to compute the surcharge.
	THIRTY-THIRD SUBSCRIBER GROUP	THIRTY-FOURTH SUBSCRIBER GROUP
	Line 1: Enter the VHF DSEs	Line 1: Enter the VHF DSEs
	Line 2: Enter the Exempt DSEs	Line 2: Enter the Exempt DSEs
	Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for	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	this subscriber group subject to the surcharge
	computation -   SYNDICATED EXCLUSIVITY   SURCHARGE   First Group	- Computation
	THIRTY-FIFTH SUBSCRIBER GROUP	THIRTY-SIXTH SUBSCRIBER GROUP
	Line 1: Enter the VHF DSEs	Line 1: Enter the VHF DSEs
	Line 2: Enter the Exempt DSEs	Line 2: Enter the Exempt DSEs
	Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation	Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation
	SYNDICATED EXCLUSIVITY SURCHARGE Third Group	SYNDICATED EXCLUSIVITY SURCHARGE Fourth Group



Name	Alliance Communications Cooperative, Inc.	SYSTEM I 8
	BLOCK B: COMPUTATION OF SYNDICATED EXCLU	USIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP
9	If your cable system is located within a top 100 television market a Syndicated Exclusivity Surcharge. Indicate which major television r by section 76.5 of FCC rules in effect on June 24, 1981:	
Computation of	☐ First 50 major television market	Second 50 major television market
Base Rate Fee and Syndicated	INSTRUCTIONS: Step 1: In line 1, give the total DSEs by subscriber group for com this schedule.	mercial VHF Grade B contour stations listed in block A, part 9 of
Exclusivity Surcharge	Step 2: In line 2, give the total number of DSEs by subscriber gro Exempt DSEs in block C, part 7 of this schedule. If none	-
for Partially Distant Stations	<ul><li>Step 3: In line 3, subtract line 2 from line 1. This is the total numb</li><li>Step 4: Compute the surcharge for each subscriber group using t</li></ul>	er of DSEs used to compute the surcharge.
	THIRTY-SEVENTH SUBSCRIBER GROUP	THIRTY-EIGHTH SUBSCRIBER GROUP
	Line 1: Enter the VHF DSEs	Line 1: Enter the VHF DSEs
	Line 2: Enter the Exempt DSEs	Line 2: Enter the Exempt DSEs
	Line 3: Subtract line 2 from line 1 and enter here. This is the	Line 3: Subtract line 2 from line 1 and enter here. This is the
	total number of DSEs for this subscriber group	total number of DSEs for
	subject to the surcharge	this subscriber group subject to the surcharge
	computation	
	SYNDICATED EXCLUSIVITY SURCHARGE First Group	SYNDICATED EXCLUSIVITY SURCHARGE Second Group
	THIRTY-NINTH SUBSCRIBER GROUP	FORTIETH SUBSCRIBER GROUP
	Line 1: Enter the VHF DSEs	Line 1: Enter the VHF DSEs
	Line 2: Enter the Exempt DSEs	Line 2: Enter the Exempt DSEs
	Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation	Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation
	SYNDICATED EXCLUSIVITY SURCHARGE Third Group	SYNDICATED EXCLUSIVITY SURCHARGE Fourth Group



Alliance Communications Cooperative, Inc.	SYSTEM I 8
BLOCK B: COMPUTATION OF SYNDICATED EXC	LUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP
	t and the station is not exempt in Part 7, you must also compute a n market any portion of your cable system is located in as defined
First 50 major television market	Second 50 major television market
<b>INSTRUCTIONS:</b> <b>Step 1</b> : In line 1 give the total DSEs by subscriber group for co	ommercial VHE Grade B contour stations listed in block A part 9 of
this schedule.	group for the VHF Grade B contour stations that were classified as
Exempt DSEs in block C, part 7 of this schedule. If nor Step 3: In line 3, subtract line 2 from line 1. This is the total num	
Step 4: Compute the surcharge for each subscriber group using	
FORTY-FIRST SUBSCRIBER GROUP	FORTY-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	this subscriber group
subject to the surcharge	subject to the surcharge
	_ computation
First Group	Second Group
FORTY-THIRD SUBSCRIBER GROUP	FORTY-FOURTH SUBSCRIBER GROUP
Line 1: Enter the VHF DSEs	Line 1: Enter the VHF DSEs
Line 2: Enter the Exempt DSEs	Line 2: Enter the Exempt DSEs
Line 3: Subtract line 2 from line 1 and enter here. This is the	Line 3: Subtract line 2 from line 1 and enter here. This is the
total number of DSEs for	total number of DSEs for
<b>e</b> .	this subscriber group subject to the surcharge
	computation
SYNDICATED EXCLUSIVITY SURCHARGE	SYNDICATED EXCLUSIVITY SURCHARGE
	BLOCK B: COMPUTATION OF SYNDICATED EXC         If your cable system is located within a top 100 television market         Syndicated Exclusivity Surcharge. Indicate which major televisio         by section 76.5 of FCC rules in effect on June 24, 1981:



Name	Alliance Communications Cooperative, Inc.	8
	BLOCK B: COMPUTATION OF SYNDICATED EXC	LUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP
9	If your cable system is located within a top 100 television market Syndicated Exclusivity Surcharge. Indicate which major television by section 76.5 of FCC rules in effect on June 24, 1981:	
Computation	First 50 major tolovision market	Second 50 major talevision market
of ase Rate Fee and Syndicated	<ul> <li>First 50 major television market</li> <li>INSTRUCTIONS:</li> <li>Step 1: In line 1, give the total DSEs by subscriber group for co this schedule.</li> </ul>	Second 50 major television market mmercial VHF Grade B contour stations listed in block A, part 9 of
Exclusivity Surcharge	Exempt DSEs in block C, part 7 of this schedule. If non	
for Partially Distant Stations	<ul> <li>Step 3: In line 3, subtract line 2 from line 1. This is the total num</li> <li>Step 4: Compute the surcharge for each subscriber group using schedule. In making this computation, use gross receip your actual calculations on this form.</li> </ul>	
	FORTY-FIFTH SUBSCRIBER GROUP	FORTY-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	
	SYNDICATED EXCLUSIVITY SURCHARGE First Group	SYNDICATED EXCLUSIVITY SURCHARGE Second Group
	FORTY-SEVENTH SUBSCRIBER GROUP	FORTY-EIGHTH SUBSCRIBER GROUP
	Line 1: Enter the VHF DSEs	Line 1: Enter the VHF DSEs
	Line 2: Enter the Exempt DSEs	Line 2: Enter the Exempt DSEs
	Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge	Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge
	computation	



Name	Alliance Communications Cooperative, Inc.	SYSTEM 8
	BLOCK B: COMPUTATION OF SYNDICATED EXCLU	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 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 and Syndicated	INSTRUCTIONS: Step 1: In line 1, give the total DSEs by subscriber group for comm this schedule.	
Exclusivity Surcharge	Step 2: In line 2, give the total number of DSEs by subscriber group Exempt DSEs in block C, part 7 of this schedule. If none e	
for Partially Distant Stations	<ul><li>Step 3: In line 3, subtract line 2 from line 1. This is the total number</li><li>Step 4: Compute the surcharge for each subscriber group using the</li></ul>	r of DSEs used to compute the surcharge.
	FORTY-NINTH SUBSCRIBER GROUP	FIFTIETH 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	Line 3: Subtract line 2 from line 1 and enter here. This is the
	total number of DSEs for	total number of DSEs for
	this subscriber group subject to the surcharge	this subscriber group subject to the surcharge
	computation	computation
	SYNDICATED EXCLUSIVITY SURCHARGE First Group	SYNDICATED EXCLUSIVITY SURCHARGE Second Group
	FIFTY-FIRST SUBSCRIBER GROUP	FIFTY-SECOND SUBSCRIBER GROUP
	Line 1: Enter the VHF DSEs	Line 1: Enter the VHF DSEs
	Line 2: Enter the Exempt DSEs	Line 2: Enter the Exempt DSEs
	Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation	Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation
	SYNDICATED EXCLUSIVITY SURCHARGE Third Group	SYNDICATED EXCLUSIVITY SURCHARGE Fourth Group



Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Alliance Communications Cooperative, Inc.	SYSTEM I 8
	BLOCK B: COMPUTATION OF SYNDICATED EXCLU	JSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP
9	If your cable system is located within a top 100 television market an Syndicated Exclusivity Surcharge. Indicate which major television n by section 76.5 of FCC rules in effect on June 24, 1981:	
Computation of	☐ First 50 major television market	Second 50 major television market
Base Rate Fee and Syndicated	INSTRUCTIONS: Step 1: In line 1, give the total DSEs by subscriber group for community this schedule.	
Exclusivity Surcharge	Step 2: In line 2, give the total number of DSEs by subscriber grou Exempt DSEs in block C, part 7 of this schedule. If none	-
for Partially Distant Stations	<ul><li>Step 3: In line 3, subtract line 2 from line 1. This is the total number</li><li>Step 4: Compute the surcharge for each subscriber group using the surch</li></ul>	er of DSEs used to compute the surcharge.
	FIFTY-THIRD SUBSCRIBER GROUP	FIFTY-FOURTH SUBSCRIBER GROUP
	Line 1: Enter the VHF DSEs	Line 1: Enter the VHF DSEs
	Line 2: Enter the Exempt DSEs	Line 2: Enter the Exempt DSEs
	Line 3: Subtract line 2 from line 1 and enter here. This is the	Line 3: Subtract line 2 from line 1 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
	SYNDICATED EXCLUSIVITY SURCHARGE First Group	SYNDICATED EXCLUSIVITY SURCHARGE Second Group
	FIFTY-FIFTH SUBSCRIBER GROUP	FIFTY-SIXTH SUBSCRIBER GROUP
	Line 1: Enter the VHF DSEs	Line 1: Enter the VHF DSEs
	Line 2: Enter the Exempt DSEs	Line 2: Enter the Exempt DSEs
	Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation	Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation
	SYNDICATED EXCLUSIVITY SURCHARGE Third Group	SYNDICATED EXCLUSIVITY SURCHARGE Fourth Group



Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Alliance Communications Cooperative, Inc.	SYSTEM 8
	BLOCK B: COMPUTATION OF SYNDICATED EXCLU	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 m by section 76.5 of FCC rules in effect on June 24, 1981:	
Computation of	☐ First 50 major television market	Second 50 major television market
Base Rate Fee and Syndicated	INSTRUCTIONS: Step 1: In line 1, give the total DSEs by subscriber group for comm this schedule.	
Exclusivity Surcharge	Step 2: In line 2, give the total number of DSEs by subscriber grou Exempt DSEs in block C, part 7 of this schedule. If none e	nter zero.
for Partially Distant Stations	<ul> <li>Step 3: In line 3, subtract line 2 from line 1. This is the total numbe</li> <li>Step 4: Compute the surcharge for each subscriber group using the schedule. In making this computation, use gross receipts for your actual calculations on this form.</li> </ul>	
	FIFTY-SEVENTH SUBSCRIBER GROUP	FIFTY-EIGHTH SUBSCRIBER GROUP
	Line 1: Enter the VHF DSEs	Line 1: Enter the VHF DSEs
	Line 2: Enter the Exempt DSEs	Line 2: Enter the Exempt DSEs
	Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group	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	subject to the surcharge
	SYNDICATED EXCLUSIVITY SURCHARGE First Group	SYNDICATED EXCLUSIVITY SURCHARGE Second Group
	FIFTY-NINTH SUBSCRIBER GROUP	SIXTIETH SUBSCRIBER GROUP
	Line 1: Enter the VHF DSEs	Line 1: Enter the VHF DSEs
	Line 2: Enter the Exempt DSEs	Line 2: Enter the Exempt DSEs
	Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation	Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation
	SYNDICATED EXCLUSIVITY SURCHARGE Third Group	SYNDICATED EXCLUSIVITY SURCHARGE Fourth Group



If your cable system is located within a top 100 television market an Syndicated Exclusivity Surcharge. Indicate which major television m by section 76.5 of FCC rules in effect on June 24, 1981: First 50 major television market INSTRUCTIONS: Step 1: In line 1, give the total DSEs by subscriber group for comm this schedule. Step 2: In line 2, give the total number of DSEs by subscriber group Exempt DSEs in block C, part 7 of this schedule. If none e Step 3: In line 3, subtract line 2 from line 1. This is the total number Step 4: Compute the surcharge for each subscriber group using the	harket any portion of your cable system is located in as defined Second 50 major television market mercial VHF Grade B contour stations listed in block A, part 9 of up for the VHF Grade B contour stations that were classified as enter zero. er of DSEs used to compute the surcharge.
<ul> <li>Syndicated Exclusivity Surcharge. Indicate which major television methods by section 76.5 of FCC rules in effect on June 24, 1981:</li> <li>First 50 major television market</li> <li>INSTRUCTIONS:</li> <li>Step 1: In line 1, give the total DSEs by subscriber group for commentation this schedule.</li> <li>Step 2: In line 2, give the total number of DSEs by subscriber group Exempt DSEs in block C, part 7 of this schedule. If none effect and the subscriber group using the schedule. In making this computation, use gross receipts</li> </ul>	harket any portion of your cable system is located in as defined Second 50 major television market mercial VHF Grade B contour stations listed in block A, part 9 of up for the VHF Grade B contour stations that were classified as enter zero. er of DSEs used to compute the surcharge. he formula outlined in block D, section 3 or 4 of part 7 of this
<ul> <li>INSTRUCTIONS:</li> <li>Step 1: In line 1, give the total DSEs by subscriber group for community this schedule.</li> <li>Step 2: In line 2, give the total number of DSEs by subscriber group Exempt DSEs in block C, part 7 of this schedule. If none exempt DSEs in block C, part 7 of this schedule. If none exempt 2: In line 3, subtract line 2 from line 1. This is the total number of Step 4: Compute the surcharge for each subscriber group using the schedule. In making this computation, use gross receipts</li> </ul>	nercial VHF Grade B contour stations listed in block A, part 9 of up for the VHF Grade B contour stations that were classified as enter zero. er of DSEs used to compute the surcharge. he formula outlined in block D, section 3 or 4 of part 7 of this
<ul> <li>INSTRUCTIONS:</li> <li>Step 1: In line 1, give the total DSEs by subscriber group for community this schedule.</li> <li>Step 2: In line 2, give the total number of DSEs by subscriber group Exempt DSEs in block C, part 7 of this schedule. If none exempt DSEs in block C, part 7 of this schedule. If none exempt 2: In line 3, subtract line 2 from line 1. This is the total number of Step 4: Compute the surcharge for each subscriber group using the schedule. In making this computation, use gross receipts</li> </ul>	nercial VHF Grade B contour stations listed in block A, part 9 of up for the VHF Grade B contour stations that were classified as enter zero. er of DSEs used to compute the surcharge. he formula outlined in block D, section 3 or 4 of part 7 of this
	figures applicable to the particular group. You do not need to show
SIXTY-FIRST SUBSCRIBER GROUP	SIXTY-SECOND SUBSCRIBER GROUP
Line 1: Enter the VHF DSEs	Line 1: Enter the VHF DSEs
Line 2: Enter the Exempt DSEs	Line 2: Enter the Exempt DSEs
Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge	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
SYNDICATED EXCLUSIVITY SURCHARGE First Group	- Computation
SIXTY-THIRD SUBSCRIBER GROUP	SIXTY-FOURTH SUBSCRIBER GROUP
Line 1: Enter the VHF DSEs	Line 1: Enter the VHF DSEs
Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation	Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation
	Line 2: Enter the Exempt DSEs



Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Alliance Communications Cooperative, Inc.	SYSTEM I 8
	BLOCK B: COMPUTATION OF SYNDICATED EXCL	USIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP
9	If your cable system is located within a top 100 television market a Syndicated Exclusivity Surcharge. Indicate which major television is by section 76.5 of FCC rules in effect on June 24, 1981:	
Computation of	☐ First 50 major television market	Second 50 major television market
Base Rate Fee and Syndicated	INSTRUCTIONS: Step 1: In line 1, give the total DSEs by subscriber group for com this schedule.	
Exclusivity Surcharge	Step 2: In line 2, give the total number of DSEs by subscriber gro Exempt DSEs in block C, part 7 of this schedule. If none	
for Partially Distant Stations	<ul><li>Step 3: In line 3, subtract line 2 from line 1. This is the total numb</li><li>Step 4: Compute the surcharge for each subscriber group using t</li></ul>	er of DSEs used to compute the surcharge.
	SIXTY-FIFTH SUBSCRIBER GROUP	SIXTY-SIXTH SUBSCRIBER GROUP
	Line 1: Enter the VHF DSEs	Line 1: Enter the VHF DSEs
	Line 2: Enter the Exempt DSEs	Line 2: Enter the Exempt DSEs
	Line 3: Subtract line 2 from line 1 and enter here. This is the	Line 3: Subtract line 2 from line 1 and enter here. This is the
	total number of DSEs for	total number of DSEs for
	this subscriber group subject to the surcharge	this subscriber group subject to the surcharge
	computation	computation
	SYNDICATED EXCLUSIVITY SURCHARGE First Group	SYNDICATED EXCLUSIVITY SURCHARGE Second Group
	SIXTY-SEVENTH SUBSCRIBER GROUP	SIXTY-EIGHTH SUBSCRIBER GROUP
	Line 1: Enter the VHF DSEs	Line 1: Enter the VHF DSEs
	Line 2: Enter the Exempt DSEs	Line 2: Enter the Exempt DSEs
	Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation	Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation
	SYNDICATED EXCLUSIVITY SURCHARGE Third Group	SYNDICATED EXCLUSIVITY SURCHARGE Fourth Group



Name	Alliance Communications Cooperative, Inc.	SYSTEM I 8
	BLOCK B: COMPUTATION OF SYNDICATED EXCLU	SIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP
9	If your cable system is located within a top 100 television market an Syndicated Exclusivity Surcharge. Indicate which major television m by section 76.5 of FCC rules in effect on June 24, 1981:	
Computation of	First 50 major television market	Second 50 major television market
Base Rate Fee and Syndicated	INSTRUCTIONS: Step 1: In line 1, give the total DSEs by subscriber group for commuthis schedule.	
Exclusivity Surcharge	Step 2: In line 2, give the total number of DSEs by subscriber grou Exempt DSEs in block C, part 7 of this schedule. If none e	-
for Partially Distant Stations	<ul><li>Step 3: In line 3, subtract line 2 from line 1. This is the total number</li><li>Step 4: Compute the surcharge for each subscriber group using the</li></ul>	r of DSEs used to compute the surcharge.
	SIXTY-NINTH SUBSCRIBER GROUP	SEVENTIETH 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	Line 3: Subtract line 2 from line 1 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	
	SYNDICATED EXCLUSIVITY SURCHARGE First Group	SYNDICATED EXCLUSIVITY SURCHARGE Second Group
	SEVENTY-FIRST SUBSCRIBER GROUP	SEVENTY-SECOND SUBSCRIBER GROUP
	Line 1: Enter the VHF DSEs	Line 1: Enter the VHF DSEs
	Line 2: Enter the Exempt DSEs	Line 2: Enter the Exempt DSEs
	Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation	Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation
	SYNDICATED EXCLUSIVITY SURCHARGE Third Group	SYNDICATED EXCLUSIVITY SURCHARGE Fourth Group



Name	Alliance Communications Cooperative, Inc.	SYSTEM   8
	BLOCK B: COMPUTATION OF SYNDICATED EXCLU	JSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP
9	If your cable system is located within a top 100 television market ar Syndicated Exclusivity Surcharge. Indicate which major television n by section 76.5 of FCC rules in effect on June 24, 1981:	
Computation of	First 50 major television market	Second 50 major television market
Base Rate Fee and Syndicated	INSTRUCTIONS: Step 1: In line 1, give the total DSEs by subscriber group for com this schedule.	mercial VHF Grade B contour stations listed in block A, part 9 of
Exclusivity Surcharge	Step 2: In line 2, give the total number of DSEs by subscriber grou Exempt DSEs in block C, part 7 of this schedule. If none	-
for Partially Distant Stations	<ul><li>Step 3: In line 3, subtract line 2 from line 1. This is the total number</li><li>Step 4: Compute the surcharge for each subscriber group using the surch</li></ul>	er of DSEs used to compute the surcharge.
	SEVENTY-THIRD SUBSCRIBER GROUP	SEVENTY-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	subject to the surcharge
	SYNDICATED EXCLUSIVITY SURCHARGE	SYNDICATED EXCLUSIVITY SURCHARGE
	First Group	Second Group
	SEVENTY-FIFTH SUBSCRIBER GROUP	SEVENTY-SIXTH SUBSCRIBER GROUP
	Line 1: Enter the VHF DSEs	Line 1: Enter the VHF DSEs
	Line 2: Enter the Exempt DSEs	Line 2: Enter the Exempt DSEs
	Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation	Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation
	SYNDICATED EXCLUSIVITY SURCHARGE Third Group	SYNDICATED EXCLUSIVITY SURCHARGE Fourth Group



Name	Alliance Communications Cooperative, Inc.	SYSTEM I 8
	BLOCK B: COMPUTATION OF SYNDICATED EXCLU	ISIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP
9	If your cable system is located within a top 100 television market an Syndicated Exclusivity Surcharge. Indicate which major television m by section 76.5 of FCC rules in effect on June 24, 1981:	
Computation of	☐ First 50 major television market	Second 50 major television market
Base Rate Fee and Syndicated	INSTRUCTIONS: Step 1: In line 1, give the total DSEs by subscriber group for comr this schedule.	mercial VHF Grade B contour stations listed in block A, part 9 of
Exclusivity Surcharge	Step 2: In line 2, give the total number of DSEs by subscriber grou Exempt DSEs in block C, part 7 of this schedule. If none	
for Partially Distant Stations	<ul><li>Step 3: In line 3, subtract line 2 from line 1. This is the total number</li><li>Step 4: Compute the surcharge for each subscriber group using the surch</li></ul>	er of DSEs used to compute the surcharge.
	SEVENTY-SEVENTH SUBSCRIBER GROUP	SEVENTY-EIGHTH SUBSCRIBER GROUP
	Line 1: Enter the VHF DSEs	Line 1: Enter the VHF DSEs
	Line 2: Enter the Exempt DSEs	Line 2: Enter the Exempt DSEs
	Line 3: Subtract line 2 from line 1 and enter here. This is the	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	total number of DSEs for this subscriber group subject to the surcharge
	SYNDICATED EXCLUSIVITY SURCHARGE First Group	SYNDICATED EXCLUSIVITY SURCHARGE Second Group
	SEVENTY-NINTH SUBSCRIBER GROUP	EIGHTIETH SUBSCRIBER GROUP
	Line 1: Enter the VHF DSEs	Line 1: Enter the VHF DSEs
	Line 2: Enter the Exempt DSEs	Line 2: Enter the Exempt DSEs
	Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation	Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation
	SYNDICATED EXCLUSIVITY SURCHARGE Third Group	SYNDICATED EXCLUSIVITY SURCHARGE Fourth Group \$



Name	Alliance Communications Cooperative, Inc.	SYSTEM I 8
	BLOCK B: COMPUTATION OF SYNDICATED EXCL	USIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP
9	If your cable system is located within a top 100 television market a Syndicated Exclusivity Surcharge. Indicate which major television by section 76.5 of FCC rules in effect on June 24, 1981:	
Computation of	☐ First 50 major television market	Second 50 major television market
Base Rate Fee and Syndicated	INSTRUCTIONS: Step 1: In line 1, give the total DSEs by subscriber group for com this schedule.	mercial VHF Grade B contour stations listed in block A, part 9 of
Exclusivity Surcharge	Step 2: In line 2, give the total number of DSEs by subscriber gro Exempt DSEs in block C, part 7 of this schedule. If none	-
for Partially Distant Stations	<b>Step 3:</b> In line 3, subtract line 2 from line 1. This is the total number <b>Step 4:</b> Compute the surcharge for each subscriber group using	per of DSEs used to compute the surcharge.
	EIGHTY-FIRST SUBSCRIBER GROUP	EIGHTY-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 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
	SYNDICATED EXCLUSIVITY SURCHARGE	SYNDICATED EXCLUSIVITY SURCHARGE
	First Group	Second Group
	EIGHTY-THIRD SUBSCRIBER GROUP	EIGHTY-FOURTH SUBSCRIBER GROUP
	Line 1: Enter the VHF DSEs	Line 1: Enter the VHF DSEs
	Line 2: Enter the Exempt DSEs	Line 2: Enter the Exempt DSEs
	Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation	Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation
	SYNDICATED EXCLUSIVITY SURCHARGE Third Group	SYNDICATED EXCLUSIVITY SURCHARGE Fourth Group



Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Alliance Communications Cooperative, Inc.	SYSTEM 8
	BLOCK B: COMPUTATION OF SYNDICATED EXCLU	ISIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP
9	If your cable system is located within a top 100 television market an Syndicated Exclusivity Surcharge. Indicate which major television m by section 76.5 of FCC rules in effect on June 24, 1981:	
Computation of	☐ First 50 major television market	Second 50 major television market
Base Rate Fee and Syndicated	INSTRUCTIONS: Step 1: In line 1, give the total DSEs by subscriber group for comr this schedule.	
Exclusivity Surcharge	Step 2: In line 2, give the total number of DSEs by subscriber grou Exempt DSEs in block C, part 7 of this schedule. If none of	enter zero.
for Partially Distant Stations	<ul> <li>Step 3: In line 3, subtract line 2 from line 1. This is the total number</li> <li>Step 4: Compute the surcharge for each subscriber group using the schedule. In making this computation, use gross receipts your actual calculations on this form.</li> </ul>	
	EIGHTY-FIFTH SUBSCRIBER GROUP	EIGHTY-SIXTH SUBSCRIBER GROUP
	Line 1: Enter the VHF DSEs	Line 1: Enter the VHF DSEs
	Line 2: Enter the Exempt DSEs	Line 2: Enter the Exempt DSEs
	Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for	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	this subscriber group subject to the surcharge
	SYNDICATED EXCLUSIVITY SURCHARGE First Group	SYNDICATED EXCLUSIVITY SURCHARGE Second Group
	EIGHTY-SEVENTH SUBSCRIBER GROUP	EIGHTY-EIGHTH SUBSCRIBER GROUP
	Line 1: Enter the VHF DSEs	Line 1: Enter the VHF DSEs
	Line 2: Enter the Exempt DSEs Line 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 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
	SURCHARGE	SURCHARGE



Name	Alliance Communications Cooperative, Inc.	SYSTEM I 8
	BLOCK B: COMPUTATION OF SYNDICATED EXCLU	JSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP
9	If your cable system is located within a top 100 television market an Syndicated Exclusivity Surcharge. Indicate which major television n by section 76.5 of FCC rules in effect on June 24, 1981:	
Computation of	First 50 major television market	Second 50 major television market
Base Rate Fee and Syndicated	INSTRUCTIONS: Step 1: In line 1, give the total DSEs by subscriber group for com this schedule.	mercial VHF Grade B contour stations listed in block A, part 9 of
Exclusivity Surcharge	Step 2: In line 2, give the total number of DSEs by subscriber grou Exempt DSEs in block C, part 7 of this schedule. If none	
for Partially Distant Stations	<ul><li>Step 3: In line 3, subtract line 2 from line 1. This is the total number</li><li>Step 4: Compute the surcharge for each subscriber group using the surch</li></ul>	er of DSEs used to compute the surcharge.
	EIGHTY-NINTH SUBSCRIBER GROUP	NINETIETH 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
	SYNDICATED EXCLUSIVITY SURCHARGE	SYNDICATED EXCLUSIVITY SURCHARGE
	First Group	Second Group
	NINETY-FIRST SUBSCRIBER GROUP	NINETY-SECOND SUBSCRIBER GROUP
	Line 1: Enter the VHF DSEs	Line 1: Enter the VHF DSEs
	Line 2: Enter the Exempt DSEs	Line 2: Enter the Exempt DSEs
	Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation	Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation
	SYNDICATED EXCLUSIVITY SURCHARGE Third Group	SYNDICATED EXCLUSIVITY SURCHARGE Fourth Group



Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Alliance Communications Cooperative, Inc.	SYSTEM I 8
	BLOCK B: COMPUTATION OF SYNDICATED EXCLU	JSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP
9	If your cable system is located within a top 100 television market an Syndicated Exclusivity Surcharge. Indicate which major television r by section 76.5 of FCC rules in effect on June 24, 1981:	
Computation of	☐ First 50 major television market	Second 50 major television market
Base Rate Fee and Syndicated	INSTRUCTIONS: Step 1: In line 1, give the total DSEs by subscriber group for com this schedule.	
Exclusivity Surcharge	Step 2: In line 2, give the total number of DSEs by subscriber gro Exempt DSEs in block C, part 7 of this schedule. If none	enter zero.
for Partially Distant Stations	<ul> <li>Step 3: In line 3, subtract line 2 from line 1. This is the total numb</li> <li>Step 4: Compute the surcharge for each subscriber group using t schedule. In making this computation, use gross receipts your actual calculations on this form.</li> </ul>	
	NINETY-THIRD SUBSCRIBER GROUP	NINETY-FOURTH SUBSCRIBER GROUP
	Line 1: Enter the VHF DSEs	Line 1: Enter the VHF DSEs
	Line 2: Enter the Exempt DSEs	Line 2: Enter the Exempt DSEs
	Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge 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
	NINETY-FIFTH SUBSCRIBER GROUP	NINETY-SIXTH SUBSCRIBER GROUP
	Line 1: Enter the VHF DSEs	Line 1: Enter the VHF DSEs
	Line 2: Enter the Exempt DSES: . Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation	Line 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



Name	Alliance Communications Cooperative, Inc.	SYSTEM 8
	BLOCK B: COMPUTATION OF SYNDICATED EXCLU	JSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP
9	If your cable system is located within a top 100 television market an Syndicated Exclusivity Surcharge. Indicate which major television m by section 76.5 of FCC rules in effect on June 24, 1981:	
Computation of	First 50 major television market	Second 50 major television market
Base Rate Fee and Syndicated	INSTRUCTIONS: Step 1: In line 1, give the total DSEs by subscriber group for comr this schedule.	
Exclusivity Surcharge	Step 2: In line 2, give the total number of DSEs by subscriber grou Exempt DSEs in block C, part 7 of this schedule. If none	
for Partially Distant Stations	<ul><li>Step 3: In line 3, subtract line 2 from line 1. This is the total number</li><li>Step 4: Compute the surcharge for each subscriber group using the surch</li></ul>	er of DSEs used to compute the surcharge.
	NINETY-SEVENTH SUBSCRIBER GROUP	NINETY-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
	SYNDICATED EXCLUSIVITY SURCHARGE	SYNDICATED EXCLUSIVITY SURCHARGE
	First Group	Second Group
	NINETY-NINTH SUBSCRIBER GROUP	ONE HUNDREDTH SUBSCRIBER GROUP
	Line 1: Enter the VHF DSEs	Line 1: Enter the VHF DSEs
	Line 2: Enter the Exempt DSEs	Line 2: Enter the Exempt DSEs
	Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation	Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation
	SYNDICATED EXCLUSIVITY SURCHARGE Third Group	SYNDICATED EXCLUSIVITY SURCHARGE Fourth Group



Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Alliance Communications Cooperative, Inc.	SYSTEM ID# 851
	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 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 and Syndicated	INSTRUCTIONS: Step 1: In line 1, give the total DSEs by subscriber group for comm this schedule.	
Exclusivity Surcharge for	<ul> <li>Step 2: In line 2, give the total number of DSEs by subscriber group Exempt DSEs in block C, part 7 of this schedule. If none e</li> <li>Step 3: In line 3, subtract line 2 from line 1. This is the total number</li> </ul>	nter zero.
Partially Distant Stations	<b>Step 4:</b> Compute the surcharge for each subscriber group using the schedule. In making this computation, use gross receipts fi your actual calculations on this form.	e formula outlined in block D, section 3 or 4 of part 7 of this gures applicable to the particular group. You do not need to show
	ONE HUNDERED FIRST SUBSCRIBER GROUP	ONE HUNDERED SECOND SUBSCRIBER GROUP
	Line 1: Enter the VHF DSEs	Line 1: Enter the VHF DSEs
	Line 2: Enter the Exempt DSEs	Line 2: Enter the Exempt DSEs
	Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for	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	this subscriber group subject to the surcharge computation
	SYNDICATED EXCLUSIVITY SURCHARGE First Group	SYNDICATED EXCLUSIVITY SURCHARGE Second Group
	ONE HUNDERED THIRD SUBSCRIBER GROUP	ONE HUNDERED FOURTH SUBSCRIBER GROUP
	Line 1: Enter the VHF DSEs	Line 1: Enter the VHF DSEs
	Line 2: Enter the Exempt DSEs	Line 2: Enter the Exempt DSEs
	Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation	Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation
	SYNDICATED EXCLUSIVITY SURCHARGE Third Group	SYNDICATED EXCLUSIVITY SURCHARGE Fourth Group
	<b>SYNDICATED EXCLUSIVITY SURCHARGE:</b> Add the surcharge for in the boxes above. Enter here and in block 4, line 2 of space L (pag	



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Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Alliance Communications Cooperative, Inc.	SYSTEM 8
	BLOCK B: COMPUTATION OF SYNDICATED EXCLU	SIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP
9	If your cable system is located within a top 100 television market an Syndicated Exclusivity Surcharge. Indicate which major television m by section 76.5 of FCC rules in effect on June 24, 1981:	
Computation of	First 50 major television market	Second 50 major television market
Base Rate Fee and Syndicated Exclusivity	<ul> <li>INSTRUCTIONS:</li> <li>Step 1: In line 1, give the total DSEs by subscriber group for commutivity this schedule.</li> <li>Step 2: In line 2, give the total number of DSEs by subscriber group</li> </ul>	nercial VHF Grade B contour stations listed in block A, part 9 of
Surcharge for Partially Distant Stations	Exempt DSEs in block C, part 7 of this schedule. If none of <b>Step 3:</b> In line 3, subtract line 2 from line 1. This is the total number <b>Step 4:</b> Compute the surcharge for each subscriber group using the structure of the surcharge for each subscriber group using the structure of the surcharge for each subscriber group using the structure of the	enter zero. er of DSEs used to compute the surcharge.
	ONE HUNDRED FIFTH SUBSCRIBER GROUP	ONE HUNDRED SIXTH SUBSCRIBER GROUP
	Line 1: Enter the VHF DSEs	Line 1: Enter the VHF DSEs
	Line 2: Enter the Exempt DSEs	Line 2: Enter the Exempt DSEs
	Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge	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
	ONE HUNDRED SEVENTH SUBSCRIBER GROUP	ONE HUNDRED EIGHTH SUBSCRIBER GROUP
	Line 1: Enter the VHF DSEs	Line 1: Enter the VHF DSEs
	Line 2: Enter the Exempt DSEs Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation	Line 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



Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Alliance Communications Cooperative, Inc.	SYSTEM ID# 851
	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 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 and Syndicated	INSTRUCTIONS: Step 1: In line 1, give the total DSEs by subscriber group for comm this schedule.	ercial VHF Grade B contour stations listed in block A, part 9 of
Exclusivity Surcharge for	<ul> <li>Step 2: In line 2, give the total number of DSEs by subscriber group Exempt DSEs in block C, part 7 of this schedule. If none en</li> <li>Step 3: In line 3, subtract line 2 from line 1. This is the total number</li> </ul>	nter zero.
Partially Distant Stations	Step 4: Compute the surcharge for each subscriber group using the	
	ONE HUNDRED NINTH SUBSCRIBER GROUP	ONE HUNDRED 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	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	this subscriber group subject to the surcharge
	SYNDICATED EXCLUSIVITY SURCHARGE First Group	SYNDICATED EXCLUSIVITY SURCHARGE Second Group
	ONE HUNDRED ELEVENTH SUBSCRIBER GROUP	ONE HUNDRED 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 computation	Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation
	SYNDICATED EXCLUSIVITY SURCHARGE Third Group	SYNDICATED EXCLUSIVITY SURCHARGE Fourth Group
	SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for in the boxes above. Enter here and in block 4, line 2 of space L (pag	



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Name	Alliance Communications Cooperative, Inc.	SYSTEM 8
	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 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 and Syndicated Exclusivity	<ul> <li>INSTRUCTIONS:</li> <li>Step 1: In line 1, give the total DSEs by subscriber group for comm this schedule.</li> <li>Step 2: In line 2, give the total number of DSEs by subscriber group</li> </ul>	ercial VHF Grade B contour stations listed in block A, part 9 of
Surcharge for Partially Distant Stations	<ul> <li>Exempt DSEs in block C, part 7 of this schedule. If none er</li> <li>Step 3: In line 3, subtract line 2 from line 1. This is the total number</li> <li>Step 4: Compute the surcharge for each subscriber group using the schedule. In making this computation, use gross receipts fi your actual calculations on this form.</li> </ul>	of DSEs used to compute the surcharge.
	ONE HUNDRED THIRTEENTH SUBSCRIBER GROUP	ONE HUNDRED 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 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge	Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge
	computation -   SYNDICATED EXCLUSIVITY   SURCHARGE   First Group	- SYNDICATED EXCLUSIVITY SURCHARGE Second Group
	ONE HUNDRED FIFTEENTH SUBSCRIBER GROUP	ONE HUNDRED SIXTEENTH SUBSCRIBER GROUP
	Line 1: Enter the VHF DSEs	Line 1: Enter the VHF DSEs
	Line 2. Enter the Exempt DSES Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation	Line 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
	SYNDICATED EXCLUSIVITY SURCHARGE Third Group	SYNDICATED EXCLUSIVITY SURCHARGE Fourth Group \$



Name	Alliance Communications Cooperative, Inc.	SYSTEM 8
	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 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
ase Rate Fee and Syndicated Exclusivity Surcharge	<ul> <li>INSTRUCTIONS:</li> <li>Step 1: In line 1, give the total DSEs by subscriber group for commentation this schedule.</li> <li>Step 2: In line 2, give the total number of DSEs by subscriber group Exempt DSEs in block C, part 7 of this schedule. If none er</li> </ul>	ercial VHF Grade B contour stations listed in block A, part 9 of for the VHF Grade B contour stations that were classified as
for Partially Distant Stations	<ul><li>Step 3: In line 3, subtract line 2 from line 1. This is the total number</li><li>Step 4: Compute the surcharge for each subscriber group using the</li></ul>	of DSEs used to compute the surcharge.
	ONE HUNDRED SEVENTEENTH SUBSCRIBER GROUP	ONE HUNDRED 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	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 First Group	SYNDICATED EXCLUSIVITY SURCHARGE Second Group
	ONE HUNDRED NINTEENTH SUBSCRIBER GROUP	ONE HUNDRED TWENTIETH SUBSCRIBER GROUP
	Line 1: Enter the VHF DSEs	Line 1: Enter the VHF DSEs
	Line 2: Enter the Exempt DSEs Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation	Line 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
	SYNDICATED EXCLUSIVITY SURCHARGE Third Group	SYNDICATED EXCLUSIVITY SURCHARGE Fourth Group



Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Alliance Communications Cooperative, Inc.	SYSTEM 8
	BLOCK B: COMPUTATION OF SYNDICATED EXCLU	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 m by section 76.5 of FCC rules in effect on June 24, 1981:	
Computation of	First 50 major television market	Second 50 major television market
Base Rate Fee and Syndicated	INSTRUCTIONS: Step 1: In line 1, give the total DSEs by subscriber group for comn this schedule.	
Exclusivity Surcharge	Step 2: In line 2, give the total number of DSEs by subscriber grou Exempt DSEs in block C, part 7 of this schedule. If none e	enter zero.
for Partially Distant Stations	<ul> <li>Step 3: In line 3, subtract line 2 from line 1. This is the total numbe</li> <li>Step 4: Compute the surcharge for each subscriber group using th schedule. In making this computation, use gross receipts to your actual calculations on this form.</li> </ul>	
	ONE HUNDRED TWENTY-FIRST SUBSCRIBER GROUP	ONE HUNDRED TWENTY-SECOND SUBSCRIBER GROUP
	Line 1: Enter the VHF DSEs	Line 1: Enter the VHF DSEs
	Line 2: Enter the Exempt DSEs	Line 2: Enter the Exempt DSEs
	Line 3: Subtract line 2 from line 1 and enter here. This is the	Line 3: Subtract line 2 from line 1 and enter here. This is the
	total number of DSEs for	total number of DSEs for
	this subscriber group subject to the surcharge	this subscriber group subject to the surcharge
	SYNDICATED EXCLUSIVITY SURCHARGE First Group	SYNDICATED EXCLUSIVITY SURCHARGE Second Group
	ONE HUNDRED TWENTY-THIRD SUBSCRIBER GROUP	ONE HUNDRED TWENTY-FOURTH SUBSCRIBER GROUP
	Line 1: Enter the VHF DSEs	Line 1: Enter the VHF DSEs
	Line 2: Enter the Exempt DSEs	Line 2: Enter the Exempt DSEs
	Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation	Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation
	SYNDICATED EXCLUSIVITY SURCHARGE Third Group \$	SYNDICATED EXCLUSIVITY SURCHARGE Fourth Group



Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Alliance Communications Cooperative, Inc.	SYSTEM ID# 851
	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 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 and Syndicated	INSTRUCTIONS: Step 1: In line 1, give the total DSEs by subscriber group for comm this schedule.	ercial VHF Grade B contour stations listed in block A, part 9 of
Exclusivity Surcharge	Step 2: In line 2, give the total number of DSEs by subscriber group Exempt DSEs in block C, part 7 of this schedule. If none en	nter zero.
for Partially Distant Stations	<ul> <li>Step 3: In line 3, subtract line 2 from line 1. This is the total number</li> <li>Step 4: Compute the surcharge for each subscriber group using the schedule. In making this computation, use gross receipts fi your actual calculations on this form.</li> </ul>	
	ONE HUNDRED TWENTY-FIFTH SUBSCRIBER GROUP	ONE HUNDRED TWENTY-SIXTH SUBSCRIBER GROUP
	Line 1: Enter the VHF DSEs	Line 1: Enter the VHF DSEs
	Line 2: Enter the Exempt DSEs	Line 2: Enter the Exempt DSEs
	Line 3: Subtract line 2 from line 1 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
	ONE HUNDRED TWENTY-SEVENTH SUBSCRIBER GROUP	ONE HUNDRED TWENTY-EIGHTH SUBSCRIBER GROUP
	Line 1: Enter the VHF DSEs	Line 1: Enter the VHF DSEs
	Line 2: Enter the Exempt DSEs Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation	Line 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
	SYNDICATED EXCLUSIVITY SURCHARGE Third Group	SYNDICATED EXCLUSIVITY SURCHARGE 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	e ach subscriber group as shown <b>\$</b>



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Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Alliance Communications Cooperative, Inc.	SYSTEM 8	
	BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP		
9	If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you must also compute a Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined by section 76.5 of FCC rules in effect on June 24, 1981:		
Computation of	First 50 major television market	Second 50 major television market	
Base Rate Fee and Syndicated	INSTRUCTIONS: Step 1: In line 1, give the total DSEs by subscriber group for community this schedule.		
Exclusivity Surcharge	Step 2: In line 2, give the total number of DSEs by subscriber grou Exempt DSEs in block C, part 7 of this schedule. If none e	enter zero.	
for Partially Distant Stations	<ul> <li>Step 3: In line 3, subtract line 2 from line 1. This is the total number</li> <li>Step 4: Compute the surcharge for each subscriber group using the schedule. In making this computation, use gross receipts your actual calculations on this form.</li> </ul>		
	ONE HUNDRED TWENTY-NINTH SUBSCRIBER GROUP	ONE HUNDRED THIRTIETH 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	Line 3: Subtract line 2 from line 1 and enter here. This is the	
	total number of DSEs for	total number of DSEs for	
	this subscriber group subject to the surcharge	this subscriber group subject to the surcharge	
	computation		
	SYNDICATED EXCLUSIVITY SURCHARGE First Group	SYNDICATED EXCLUSIVITY SURCHARGE Second Group	
	ONE HUNDRED THIRTY-FIRST SUBSCRIBER GROUP	ONE HUNDRED THIRTY-SECOND SUBSCRIBER GROUP	
	Line 1: Enter the VHF DSEs	Line 1: Enter the VHF DSEs	
	Line 2: Enter the Exempt DSEs	Line 2: Enter the Exempt DSEs	
	Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation	Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation	
	SYNDICATED EXCLUSIVITY SURCHARGE Third Group	SYNDICATED EXCLUSIVITY SURCHARGE Fourth Group	



Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Alliance Communications Cooperative, Inc.	SYSTEM 8
	BLOCK B: COMPUTATION OF SYNDICATED EXCLU	SIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP
9	If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you must also compute a Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined by section 76.5 of FCC rules in effect on June 24, 1981:	
Computation of	First 50 major television market	Second 50 major television market
Base Rate Fee and Syndicated Exclusivity	<ul> <li>INSTRUCTIONS:</li> <li>Step 1: In line 1, give the total DSEs by subscriber group for comm this schedule.</li> <li>Step 2: In line 2, give the total number of DSEs by subscriber group</li> </ul>	nercial VHF Grade B contour stations listed in block A, part 9 of
Surcharge for Partially Distant Stations	<ul> <li>Exempt DSEs in block C, part 7 of this schedule. If none e</li> <li>Step 3: In line 3, subtract line 2 from line 1. This is the total number</li> <li>Step 4: Compute the surcharge for each subscriber group using the schedule. In making this computation, use gross receipts for your actual calculations on this form.</li> </ul>	r of DSEs used to compute the surcharge.
	ONE HUNDRED THIRTY-THIRD SUBSCRIBER GROUP	ONE HUNDRED THIRTY-FOURTH SUBSCRIBER GROUP
	Line 1: Enter the VHF DSEs	Line 1: Enter the VHF DSEs
	Line 2: Enter the Exempt DSEs	Line 2: Enter the Exempt DSEs
	Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge 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
	ONE HUNDRED THIRTY-FIFTH SUBSCRIBER GROUP	ONE HUNDRED THIRTY-SIXTH SUBSCRIBER GROUP
	Line 1: Enter the VHF DSEs	Line 1: Enter the VHF DSEs
	Line 2: Enter the Exempt DSEs Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation	Line 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
	SURCHARGE	SURCHARGE



Name	Alliance Communications Cooperative, Inc.	SYSTEM 8
	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 the station is not exempt in Part 7, you must also compute a Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined by section 76.5 of FCC rules in effect on June 24, 1981:	
Computation of	First 50 major television market	Second 50 major television market
Base Rate Fee and Syndicated Exclusivity Surcharge for	<ul> <li>INSTRUCTIONS:</li> <li>Step 1: In line 1, give the total DSEs by subscriber group for commetthis schedule.</li> <li>Step 2: In line 2, give the total number of DSEs by subscriber group Exempt DSEs in block C, part 7 of this schedule. If none en</li> <li>Step 3: In line 3, subtract line 2 from line 1. This is the total number</li> </ul>	ercial VHF Grade B contour stations listed in block A, part 9 of for the VHF Grade B contour stations that were classified as nter zero.
Partially Distant Stations	<b>Step 4:</b> Compute the surcharge for each subscriber group using the	
	ONE HUNDRED THIRTY-SEVENTH SUBSCRIBER GROUP	ONE HUNDRED THIRTY-EIGHTH SUBSCRIBER GROUP
	Line 1: Enter the VHF DSEs	Line 1: Enter the VHF DSEs
	Line 2: Enter the Exempt DSEs	Line 2: Enter the Exempt DSEs
	Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge	Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge
	computation	- SYNDICATED EXCLUSIVITY SURCHARGE Second Group
	ONE HUNDRED THIRTY-NINTH SUBSCRIBER GROUP	ONE HUNDRED FORTIETH SUBSCRIBER GROUP
	Line 1: Enter the VHF DSEs	Line 1: Enter the VHF DSEs
	Line 2: Enter the Exempt BoEs 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 2: Enter the Exempt DoEs Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation
	SYNDICATED EXCLUSIVITY SURCHARGE Third Group	SYNDICATED EXCLUSIVITY SURCHARGE Fourth Group



Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Alliance Communications Cooperative, Inc.	FORM SA3E. PAGE 20. SYSTEM ID# 851
	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 the station is not exempt in Part 7, you must also compute a Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined by section 76.5 of FCC rules in effect on June 24, 1981:	
Computation of	First 50 major television market	Second 50 major television market
Base Rate Fee and Syndicated	INSTRUCTIONS: Step 1: In line 1, give the total DSEs by subscriber group for comm this schedule.	ercial VHF Grade B contour stations listed in block A, part 9 of
Exclusivity Surcharge	Step 2: In line 2, give the total number of DSEs by subscriber group Exempt DSEs in block C, part 7 of this schedule. If none en	nter zero.
for Partially Distant Stations	<ul> <li>Step 3: In line 3, subtract line 2 from line 1. This is the total number</li> <li>Step 4: Compute the surcharge for each subscriber group using the schedule. In making this computation, use gross receipts fi your actual calculations on this form.</li> </ul>	
	ONE HUNDRED FORTY-FIRST SUBSCRIBER GROUP	ONE HUNDRED FORTY-SECOND SUBSCRIBER GROUP
	Line 1: Enter the VHF DSEs	Line 1: Enter the VHF DSEs
	Line 2: Enter the Exempt DSEs	Line 2: Enter the Exempt DSEs
	Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge	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
	ONE HUNDRED FORTY-THIRD SUBSCRIBER GROUP	ONE HUNDRED FORTY-FOURTH SUBSCRIBER GROUP
	Line 1: Enter the VHF DSEs	Line 1: Enter the VHF DSEs
	Line 2: Enter the Exempt DSEs Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation	Line 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
	SYNDICATED EXCLUSIVITY SURCHARGE Third Group	SYNDICATED EXCLUSIVITY SURCHARGE Fourth Group
	<b>SYNDICATED EXCLUSIVITY SURCHARGE:</b> Add the surcharge for in the boxes above. Enter here and in block 4, line 2 of space L (pag	each subscriber group as shown e 7)



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Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Alliance Communications Cooperative, Inc. 851
	BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP
9	If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you must also compute a Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined by section 76.5 of FCC rules in effect on June 24, 1981:
Computation of Base Rate Fee and Syndicated Exclusivity Surcharge	<ul> <li>First 50 major television market</li> <li>Second 50 major television market</li> <li>INSTRUCTIONS:</li> <li>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.</li> <li>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.</li> </ul>
for Partially Distant Stations	<ul> <li>Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge.</li> <li>Step 4: Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show your actual calculations on this form.</li> </ul>
	ONE HUNDRED FORTY-FIFTH SUBSCRIBER GROUP ONE HUNDRED FORTY-SIXTH SUBSCRIBER GROUP
	Line 1: Enter the VHF DSEs       Line 1: Enter the VHF DSEs         Line 2: Enter the Exempt DSEs       Line 2: Enter the Exempt DSEs         Line 3: Subtract line 2 from line 1       and enter here. This is the         and enter here. This is the       total number of DSEs for         this subscriber group       subject to the surcharge         computation
	ONE HUNDRED FORTY-SEVENTH SUBSCRIBER GROUP       ONE HUNDRED FORTY-EIGHTH SUBSCRIBER GROUP         Line 1: Enter the VHF DSEs
	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)



Name	Alliance Communications Cooperative, Inc.	
	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 the station is not exempt in Part 7, you must also compute a Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined by section 76.5 of FCC rules in effect on June 24, 1981:	
omputation of	First 50 major television market	Second 50 major television market
ase Rate Fee and Syndicated Exclusivity	<ul> <li>INSTRUCTIONS:</li> <li>Step 1: In line 1, give the total DSEs by subscriber group for comm this schedule.</li> <li>Step 2: In line 2, give the total number of DSEs by subscriber group</li> </ul>	ercial VHF Grade B contour stations listed in block A, part 9 of
Surcharge	Exempt DSEs in block C, part 7 of this schedule. If none e	
for Partially Distant Stations	<ul> <li>Step 3: In line 3, subtract line 2 from line 1. This is the total number</li> <li>Step 4: Compute the surcharge for each subscriber group using the schedule. In making this computation, use gross receipts for your actual calculations on this form.</li> </ul>	
	ONE HUNDRED FORTY-NINTH SUBSCRIBER GROUP	ONE HUNDRED FIFTIETH 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	Line 3: Subtract line 2 from line 1 and enter here. This is the
	total number of DSEs for	total number of DSEs for
	this subscriber group subject to the surcharge	this subscriber group subject to the surcharge
	computation	computation
	SYNDICATED EXCLUSIVITY SURCHARGE First Group	SYNDICATED EXCLUSIVITY SURCHARGE Second Group
	ONE HUNDRED FIFTY-FIRST SUBSCRIBER GROUP	ONE HUNDRED FIFTY-SECOND SUBSCRIBER GROUP
	Line 1: Enter the VHF DSEs	Line 1: Enter the VHF DSEs
	Line 2: Enter the Exempt DSEs	Line 2: Enter the Exempt DSEs
	Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation	Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation
	SYNDICATED EXCLUSIVITY SURCHARGE Third Group	SYNDICATED EXCLUSIVITY SURCHARGE Fourth Group



Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Alliance Communications Cooperative, Inc.	SYSTEM 8
	BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP	
9	If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you must also compute a Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined by section 76.5 of FCC rules in effect on June 24, 1981:	
Computation of	First 50 major television market	Second 50 major television market
Base Rate Fee and Syndicated	INSTRUCTIONS: Step 1: In line 1, give the total DSEs by subscriber group for comr this schedule.	
Exclusivity Surcharge	Step 2: In line 2, give the total number of DSEs by subscriber grou Exempt DSEs in block C, part 7 of this schedule. If none of	enter zero.
for Partially Distant Stations	<ul> <li>Step 3: In line 3, subtract line 2 from line 1. This is the total number</li> <li>Step 4: Compute the surcharge for each subscriber group using the schedule. In making this computation, use gross receipts your actual calculations on this form.</li> </ul>	
	ONE HUNDRED FIFTY-THIRD SUBSCRIBER GROUP	ONE HUNDRED FIFTY-FOURTH SUBSCRIBER GROUP
	Line 1: Enter the VHF DSEs	Line 1: Enter the VHF DSEs
	Line 2: Enter the Exempt DSEs	Line 2: Enter the Exempt DSEs
	Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group	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 First Group	SYNDICATED EXCLUSIVITY SURCHARGE Second Group
	ONE HUNDRED FIFTY-FIFTH SUBSCRIBER GROUP	ONE HUNDRED FIFTY-SIXTH SUBSCRIBER GROUP
	Line 1: Enter the VHF DSEs	Line 1: Enter the VHF DSEs
	Line 2: Enter the Exempt DSEs	Line 2: Enter the Exempt DSEs.
	Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation	Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation
	SYNDICATED EXCLUSIVITY SURCHARGE Third Group \$	SYNDICATED EXCLUSIVITY SURCHARGE Fourth Group



Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Alliance Communications Cooperative, Inc.	SYSTEM 8
	BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP	
9	If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you must also compute a Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined by section 76.5 of FCC rules in effect on June 24, 1981:	
Computation of	First 50 major television market	Second 50 major television market
ase Rate Fee and Syndicated	INSTRUCTIONS: Step 1: In line 1, give the total DSEs by subscriber group for comm this schedule.	
Exclusivity Surcharge	Step 2: In line 2, give the total number of DSEs by subscriber group Exempt DSEs in block C, part 7 of this schedule. If none e	enter zero.
for Partially Distant Stations	<ul> <li>Step 3: In line 3, subtract line 2 from line 1. This is the total number</li> <li>Step 4: Compute the surcharge for each subscriber group using the schedule. In making this computation, use gross receipts f your actual calculations on this form.</li> </ul>	· •
	ONE HUNDRED FIFTY-SEVENTH SUBSCRIBER GROUP	ONE HUNDRED FIFTY-EIGHTH SUBSCRIBER GROUP
	Line 1: Enter the VHF DSEs	Line 1: Enter the VHF DSEs
	Line 2: Enter the Exempt DSEs	Line 2: Enter the Exempt DSEs
	Line 3: Subtract line 2 from line 1 and enter here. This is the	Line 3: Subtract line 2 from line 1 and enter here. This is the
	total number of DSEs for	total number of DSEs for
	this subscriber group subject to the surcharge	this subscriber group subject to the surcharge
	SYNDICATED EXCLUSIVITY SURCHARGE First Group	SYNDICATED EXCLUSIVITY SURCHARGE Second Group
	ONE HUNDRED FIFTY-NINTH SUBSCRIBER GROUP	ONE HUNDRED SIXTIETH SUBSCRIBER GROUP
	Line 1: Enter the VHF DSEs	Line 1: Enter the VHF DSEs
	Line 2: Enter the Exempt DSEs	Line 2: Enter the Exempt DSEs
	Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation	Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation
	SYNDICATED EXCLUSIVITY SURCHARGE Third Group	SYNDICATED EXCLUSIVITY SURCHARGE Fourth Group

