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

SA3E Long Form

STATEMENT OF ACCOUNT

for Secondary Transmissions by Cable Systems (Long Form)

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

FOR COPYRIGHT OFFICE USE ONLY					
DATE RECEIVED AMOUNT					
2/24/2025	\$ ALLOCATION NUMBER				

Return completed workbook by email to:

coplicsoa@loc.gov

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

Α	ACCOUNTING PERIOD COVERED BY THIS STATEMENT:								
Accounting Period	2024/2								
B Owner	Instructions: Give the full legal name of the owner of the cable system. If the owner is a rate title of the subsidiary, not that of the parent corporation. List any other name or names under which the owner conducts the busines If there were different owners during the accounting period, only the owner a single statement of account and royalty fee payment covering the entire accounting conducts the busines If there were different owners during the accounting period, only the owner as single statement of account and royalty fee payment covering the entire accounting the entire accounting the system's first filling. If not, enter the system's ID LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM Midcontinent Communications	es of the cable system on the last day of the unting period.	m. e accounting period should sur	bmit <u> </u>	9221				
				9221	120242				
				9221	2024/2				
	PO Box 5040 Sioux Falls, SD 57117-5040								
С	INSTRUCTIONS: In line 1, give any business or trade names used to names already appear in space B. In line 2, give the mailing address of								
System	1 IDENTIFICATION OF CABLE SYSTEM: Cambridge, MN			•					
	MAILING ADDRESS OF CABLE SYSTEM: PO Box 5040 (Number, street, rural route, apartment, or suite number) Sioux Falls, SD 57117-5040 (City, town, state, zip code)								
D	Instructions: For complete space D instructions, see page 1b. Identify	only the frst com	munity served below and re	elist on page	e 1b				
Area	with all communities.								
Served	CITY OR TOWN	STATE							
First	Cambridge	MN							
Community	Below is a sample for reporting communities if you report multiple ch			1					
	CITY OR TOWN (SAMPLE)	STATE	CH LINE UP		GRP#				
Sample	Alliance	MD MD	A B		2				
	Gering	MD	В		3				

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

FORM SA3E. PAGE 1b. LEGAL NAME OF OWNER OF CABLE SYSTEM SYSTEM ID# 9221 **Midcontinent Communications** Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined D in FCC rules: "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single, discrete unincorporated areas," 47 C.F.R. §76.5(dd). The frst community that you list will serve as a form **Area** of system identification hereafter known as the "first community." Please use it as the first community on all future filings. Served Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified city or town. If all communities receive the same complement of television broadcast stations (i.e., one channel line-up for all), then either associate all communities with the channel line-up "A" in the appropriate column below or leave the column blank. If you report any stations on a partially distant or partially permitted basis in the DSE Schedule, associate each relevant community with a subscriber group, designated by a number (based on your reporting from Part 9). When reporting the carriage of television broadcast stations on a community-by-community basis, associate each community with a channel line-up designated by an alpha-letter(s) (based on your Space G reporting) and a subscriber group designated by a number (based on your reporting from Part 9 of the DSE Schedule) in the appropriate columns below. CITY OR TOWN **STATE** CH LINE UP SUB GRP# Cambridge MN AA First **Annandale** MN AA 1 Community Avon MN AA 1 1 AA **Avon Township** MN **Baldwin Township** MN AA 1 **Becker** MN AA 1 1 **Becker Township** MN AA See instructions for **Bethel** AA 1 additional information MN on alphabetization. **Big Lake Township** MN AA 1 **Bluehill Township** MN AA 1 **Bradford** AA 1 MN **Braham** MN AA 1 **Cambridge Township** MN AA 1 **Center City** AA 1 MN Chengwatana Township MN AA 1 Add rows as necessary **Chisago City** MN AA 1 Chisago Lake Township AA 1 MN **Clear Lake** MN AA 1 Clear Lake Township MN AA 1 1 Clearwater MN AA **Clearwater Township** MN AA 1 **Cold Spring** MN AA 1 **Columbus Township** MN AA 1 **Corrinna Township** 1 MN AA **East Bethel** MN AA 1 **Foley** MN AA 1 **Forest Lake** MN AA 1 **Foreston** MN AA **Greenbush Township** MN AA 1 Greenfield 1 MN AA **Harris** MN AA 1 **Haven Township** AA 1 MN Holdingford MN AA 1 1 Isanti MN AA Isanti Township AA 1 MN Lent MN AA 1 Lindstrom MN AA 1 Linwood AA 1 MN Livonia Township 1 MN AA 1 AA Marine on St Croix MN

MN

AA

1

May Township

Milaca	MN	AA	1
Milaca Township	MN	AA	1
Minnetrista	MN	AA	1
Mora	MN	AA	1
Munson Township	MN	AA	1
Nessel Township/Rush Lake	MN	AA	1
North Branch	MN	AA	1
Ogilvie	MN	AA	1
Palmer Township	MN	AA	1
Pierz	MN	AA	1
Pine City	MN	AA	1
Pine City Township	MN	AA	1
Pokegama Township	MN	AA	1
Princeton	MN	AA	1
Princeton Township	MN	AA	1
Richmond	MN	AA	1
Rock Creek	MN	AA	1
Rockford Township	MN	AA	1
Rockville	MN	AA	1
Royalton	MN	AA	1
Rush City	MN	AA	1
Scandia Township	MN	AA	1
Shafer	MN	AA	1
Silver Creek Township	MN	AA	1
St. Augusta Township	MN	AA	1
St. Francis	MN	AA	1
St. Joseph	MN	AA	1
St. Joseph Township	MN	AA	1
St. Stephens	MN	AA	1
St. Wendell	MN	AA	1
Stacy	MN	AA	1
Standford Township	MN	AA	1
Southside Township	MN	AA	1
Taylors Falls	MN	AA	1
Wakefield Township	MN	AA	1
Wyoming City	MN	AA	1
Zimmerman	MN	AA	1
Wabasha	MN	AB	2
Elgin	MN	AB	2
Elgin Township	MN	AB	2
Sand Prairie (Greenfield Township)	MN	AB	2
Kellogg	MN	AB	2
Plainview	MN	AB	2
Reads Landing	MN	AB	2
Hudson	WI	AC	3
Roberts	WI	AC	3
St. Croix County	WI	AC	3
New Richmond	WI	AC	3

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

Midcontinent Communications

SYSTEM ID# 9221

Ε

Secondary Transmission Service: Subscribers and Rates

SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

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

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

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

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

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

BLO	OCK 1	BLOCK 2				
CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE	CATEGORY OF SERVICE	NO. OF SUBSCRIBERS		RATE
Residential:	CODOCINDENC	TVATE	OATEGORY OF GERVIOL	GOBOCINIBLINO		IVAIL
Service to first set	15,883	\$ 30.00	High Def Converter	16,240	\$	3.00
 Service to additional set(s) 			Hospitals	93	\$	5.10
• FM radio (if separate rate)			Nursing Homes	844	\$	10.00
Motel, hotel	53	\$ 10.00	Business Accounts	519	\$	30.00
Commercial	1,672	\$ 15.25				
Converter						
Residential	17,535	\$ 3.00				
Non-residential						

F

Services Other Than Secondary Transmissions: Rates

SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

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

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

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

		BLOCK 2						
CATEGORY OF SERVICE RATE CATEGORY OF SERVICE RATE							CATEGORY OF SERVICE	RATE
Continuing Services:			Installation: Non-residential					
• Pay cable	\$	16.00	Motel, hotel	\$	499.00		Digital 1	\$ 10.00
 Pay cable—add'l channel 			Commercial	\$	499.00		Digital Variety	\$ 4.00
Fire protection			Pay cable				Digital Espanol	\$ 5.00
Burglar protection			Pay cable-add'l channel				Digital Sports & Variety	\$ 11.00
Installation: Residential			Fire protection				Cinemax	\$ 16.00
• First set	\$	50.00	Burglar protection				Showtime	\$ 16.00
 Additional set(s) 	\$	25.00	Other services:				Starz! & Encore	\$ 16.00
 FM radio (if separate rate) 	[Reconnect	\$	150.00		TMC	\$ 16.00
Converter			Disconnect					
			Outlet relocation	\$	25.00			
			 Move to new address 	\$	25.00			

FORM SA3E. PAGE 3.						T			
LEGAL NAME OF OWN					SYSTEM ID#	Name			
Midcontinent C	ommunicat	ions			9221				
PRIMARY TRANSMITTE	RS: TELEVISIO	N							
					and low power television stations)	G			
carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections									
76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a									
substitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program									
basis under specifc FC				carried by your ca	able system on a substitute program	Television			
	-		it in space I (the	e Special Stateme	ent and Program Log)—if the				
station was carried List the station here.	•		tion was carried	both on a substit	tute basis and also on some other				
					f the general instructions located				
in the paper SA3 fo		sian Do not r	enort origination	nrogram service	s such as HBO, ESPN, etc. Identify				
					tion. For example, report multi-				
	-2". Simulcast	streams must	be reported in o	column 1 (list each	h stream separately; for example				
WETA-simulcast). Column 2: Give the	e channel numb	er the FCC h	as assigned to t	he television stati	on for broadcasting over-the-air in				
,	•		annel 4 in Wash	ington, D.C. This	may be different from the channel				
on which your cable sy Column 3: Indicate			ation is a netwo	rk station, an inde	ependent station, or a noncommercial				
educational station, by	entering the le	tter "N" (for ne	etwork), "N-M" (f	or network multica	ast), "I" (for independent), "I-M"				
,	, ,			,	ommercial educational multicast).				
For the meaning of the Column 4: If the sta					ne paper SA3 form. es". If not, enter "No". For an ex-				
planation of local servi	ce area, see pa	age (v) of the	general instructi	ons located in the	paper SA3 form.				
l			-	· ·	stating the basis on which your tering "LAC" if your cable system				
carried the distant stat		-		-	· ·				
					payment because it is the subject				
_				•	stem or an association representing ry transmitter, enter the designa-				
tion "E" (exempt). For	simulcasts, also	enter "E". If	you carried the c	channel on any ot	her basis, enter "O." For a further				
1 -	-	, ,	-		d in the paper SA3 form. to which the station is licensed by the				
				-	which the station is identifed.				
Note: If you are utilizing	g multiple char	nnel line-ups,	use a separate s	space G for each	channel line-up.				
		CHANN	EL LINE-UP	AA- Page 1					
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)		-			
KARE-DT	11	N	No		MINNEAPOLIS, MN (NBC)				
KARE-DT4	11.4	I-M	No		MINNEAPOLIS, MN (QUEST)	See instructions for			
KARE-DT3	11.3	I-M	No		MINNEAPOLIS, MN (True Crime)	additional information on alphabetization.			
KMSP-DT	9	ı	No		MINNEAPOLIS, MN (FOX)	on alphabetization.			
KMSP-DT4	9.4	I-M	No		MINNEAPOLIS, MN (BUZZR)				
KPXM-DT	16.1	I	No		ST CLOUD, MN (ION)				
KSTC-DT	30	I	No		MINNEAPOLIS, MN (IND-45)				
KSTC-DT3	30.3		No						
	•	I-M			MINNEAPOLIS, MN (ME TV)				
KSTC-DT4	30.4	I-M	No 		MINNEAPOLIS,MN(GET TV)				
	ļ		No						
KSTP-DT	35	N	No		ST PAUL, MN (ABC)				
KSTP-DT7	35.7	I-M	No		ST PAUL, MN (HEROES)				
KTCA-DT	34	E	No		ST PAUL, MN (PBS)				
KTCA-DT4	34.4	E-M	No		ST PAUL ,MN(PBS TPT NOW HD)				
KTCI-DT3	23.3	E-M	No		ST PAUL ,MN (PBS TPT LIFE)				
KTCI-DT6	23.6	E-M	No		ST PAUL, MN (PBS TPT MN)				
KTCA-DT3	34.3	E-M	No		ST PAUL,MN(PBS TPT KIDS HD)				
	•								
WCCO-DT	32	N	No		MINNEAPOLIS, MN (CBS)				

LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	N
Midcontinent Communications	9221	Name

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

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

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

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

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

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

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

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

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

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

	0 1			•	'
		CHANN	EL LINE-UP	AA-Page 2	
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION
WCCO-DT2	32.2	I-M	No		MINNEAPOLIS, MN (StartTV)
WFTC-DT	9.2	I	No		MINNEAPOLIS, MN (MNT)
WFTC-DT4	9.3	I-M	No		MINNEAPOLIS, MN (MOVIES)
WUCW-DT	22	I	No		MINNEAPOLIS, MN (CW)
WUCW-DT2	23.2	I-M	No		MINNEAPOLIS, MN (COMET)
WUCW-DT3	23.3	I-M	No		MINNEAPOLIS, MN (CHARGE)
WUCW-DT4	23.4	I-M	No		MINNEAPOLIS, MN (TBD TV)
WCCO-DT3	32.3	I-M	No		Minneapolis, MN (DABL)
KMSP-DT5	9.5	I-M	No		Minneaplis, MN (The Grio)
KMSP-DT6	9.6	I-M	No		Minneapolis, MN (Catchy Com)
WFTC-DT7	9.7	I-M	No		MINNEAPOLIS,MN(WEATHER)
KONC-DT	7	I	No		ALEXANDRIA, MN (TCT)

G

Primary Transmitters: Television

LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	Mana
Midcontinent Communications	9221	Name

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

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

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

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

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

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

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

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

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

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

		CHANN	EL LINE-UP	AB - Page 1	
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION
KARE-DT	11	N	No		MINNEAPOLIS, MN (NBC)
KARE-DT4	11.4	I-M	No		MINNEAPOLIS, MN (QUEST)
KARE-DT3	11.3	I-M	No		MINNEAPOLIS, MN (True Crime)
KMSP-DT	9	I	No		MINNEAPOLIS, MN (FOX)
KMSP-DT4	9.4	I-M	No		MINNEAPOLIS, MN (BUZZR)
KSTC-DT	30	I	No		MINNEAPOLIS, MN (IND-45)
KSTC-DT3	30.3	I-M	No		MINNEAPOLIS, MN (ME TV)
KSTC-DT4	30.4	I-M	No		MINNEAPOLIS,MN(GET TV)
KSTP-DT	35	N	No		ST PAUL, MN (ABC)
KSTP-DT7	35.7	I-M	No		ST PAUL, MN (HEROES)
KTCA-DT	34	E	No		ST PAUL, MN (PBS)
KTCA-DT4	34.4	E-M	No		ST PAUL ,MN(PBS TPT NOW HD)
KTCI-DT6	23.6	E-M	No		ST PAUL, MN (PBS TPT MN)
KTTC-DT	10	N	No		ROCHESTER, MN (NBC)
WCCO-DT	32	N	No		MINNEAPOLIS, MN (CBS)
WCCO-DT2	32.2	I-M	No		MINNEAPOLIS, MN (StartTV)
WFTC-DT	9.2	1	No		MINNEAPOLIS, MN (MNT)

G

Primary Transmitters: Television

LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	
Midcontinent Communications	9221	Name

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

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

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

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

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

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

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

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

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

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

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

		CHANN	EL LINE-UP	AB - Page 2	
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION
WFTC-DT4	9.3	I-M	No		MINNEAPOLIS, MN (MOVIES)
WKBT-DT	8	N	No		LA CROSSE, WI (CBS)
WUCW-DT	22	I	No		MINNEAPOLIS, MN (CW)
WUCW-DT2	23.2	I-M	No		MINNEAPOLIS, MN (COMET)
WUCW-DT3	23.3	I-M	No		MINNEAPOLIS, MN (CHARGE)
WUCW-DT4	23.4	I-M	No		MINNEAPOLIS, MN (TBD TV)
KTCA-DT3	34.3	E-M	No		ST PAUL,MN(PBS TPT KIDS HD)
KMSP-DT5	9.5	I-M	No		Minneaplis, MN (The Grio)
KMSP-DT6	9.6	I-M	No		Minneapolis, MN (Catchy Com)
WCCO-DT3	32.3	I-M	No		Minneapolis, MN (DABL)
WFTC-DT7	9.7	I-M	No		MINNEAPOLIS,MN(WEATHER)
KONC-DT	7	I	No		ALEXANDRIA, MN (TCT)

G

Primary Transmitters: Television

LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	Mana
Midcontinent Communications	9221	Name

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

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

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

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

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

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

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

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

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

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

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

,	0 .	. ,	•	•	•			
	CHANNEL LINE-UP AC							
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION			
KARE-DT	11	N	No		MINNEAPOLIS, MN (NBC)			
KARE-DT4	11.4	I-M	No		MINNEAPOLIS, MN (QUEST)			
KARE-DT3	11.3	I-M	No		MINNEAPOLIS, MN (True Crime)			
KMSP-DT	9	I	No		MINNEAPOLIS, MN (FOX)			
KMSP-DT4	9.4	I-M	No		MINNEAPOLIS, MN (BUZZR)			
KPXM-DT	16.1	I	No		ST CLOUD, MN (ION)			
KSTC-DT	30	I	No		MINNEAPOLIS, MN (IND-45)			
KSTC-DT3	30.3	I-M	No		MINNEAPOLIS, MN (ME TV)			
KSTC-DT4	30.4	I-M	No		MINNEAPOLIS,MN(GET TV)			
KSTP-DT	35	N	No		ST PAUL, MN (ABC)			
KSTP-DT7	35.7	I-M	No		ST PAUL, MN (HEROES)			
KTCA-DT	34	E	No		ST PAUL, MN (PBS)			
KTCA-DT4	34.4	E-M	No		ST PAUL ,MN(PBS TPT NOW HD)			
KTCI-DT3	23.3	E-M	No		ST PAUL ,MN (PBS TPT LIFE)			
KTCI-DT6	23.6	E-M	No		ST PAUL, MN (PBS TPT MN)			
KTCA-DT3	34.3	E-M	No		ST PAUL,MN(PBS TPT KIDS HD)			
WCCO-DT	32	N	No		MINNEAPOLIS. MN (CBS)			

G

Primary Transmitters: Television

LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	
Midcontinent Communications	9221	Name

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

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

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

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

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

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

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

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

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

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

•	•	• ′	•	•	!
		CHANN	EL LINE-UP	AC2	
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
WCCO-DT2	32.2	I-M	No		MINNEAPOLIS, MN (StartTV)
WFTC-DT	9.2	I	No		MINNEAPOLIS, MN (MNT)
WFTC-DT4	9.3	I-M	No		MINNEAPOLIS, MN (MOVIES)
WUCW-DT	22	I	No		MINNEAPOLIS, MN (CW)
WUCW-DT2	23.2	I-M	No		MINNEAPOLIS, MN (COMET)
WUCW-DT3	23.3	I-M	No		MINNEAPOLIS, MN (CHARGE)
WUCW-DT4	23.4	I-M	No		MINNEAPOLIS, MN (TBD TV)
WCCO-DT3	32.3	I-M	No		Minneapolis, MN (DABL)
KMSP-DT5	9.5	I-M	No		Minneaplis, MN (The Grio)
KMSP-DT6	9.6	I-M	No		Minneapolis, MN (Catchy Com)
WFTC-DT7	9.7	I-M	No		MINNEAPOLIS,MN(WEATHER)
WHWC-DT	28.1	E	No		Menomonie, WI (PBS)
WHWC-DT2	28.2	E-M	No		Menomonie, WI(WPT2-WIS ChI)
KONC-DT	7	I	No		ALEXANDRIA, MN (TCT)

G

Primary Transmitters: Television

ACCOUNTING PERIOD: 2024/2 FORM SA3E. PAGE 4.

Name
LEGAL NAME OF OWNER OF CABLE SYSTEM:
Midcontinent Communications
SYSTEM ID#



PRIMARY TRANSMITTERS: RADIO

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

Primary Transmitters: Radio

Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally receivable if (1) it is carried by the system whenever it is received at the system's headend, and (2) it can be expected, on the basis of monitoring, to be received at the headend, with the system's FM antenna, during certain stated intervals. For detailed information about the the Copyright Office regulations on this point, see page (vi) of the general instructions located in the paper SA3 form.

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

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

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

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

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

FORM SA3E. PAGE 5.						ACCOUNTING	PERIOD: 2024/2	
LEGAL NAME OF OWNER OF		EM:			5	SYSTEM ID#	Name	
Midcontinent Commur	ications					9221	Name	
SUBSTITUTE CARRIAGE							ı	
In General: In space I, identify every nonnetwork television program broadcast by a distant station that your cable system carried on a substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a further explanation of the programming that must be included in this log, see page (v) of the general instructions located in the paper SA3 form.								
1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE • During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program broadcast by a distant station? Yes X No								
Note: If your answer is "No	, leave the	rest of this pag	ge blank. If your answer is	"Yes," you mu		n	Program Log	
period, was broadcast by a under certain FCC rules, re SA3 form for futher informatitles, for example, "I Love L Column 2: If the program Column 3: Give the call Column 4: Give the broathe case of Mexican or Car Column 5: Give the monfirst. Example: for May 7 give Column 6: State the time to the nearest five minutes. stated as "6:00–6:30 p.m."	titute progra ace, please a of every nor distant stati gulations, o tion. Do no Lucy" or "NE n was broad sign of the s adcast static hadian static hadian static es when the Example: a er "R" if the and regulation ogramming	am on a separa attach addition nnetwork televicion and that your authorization of use general of BA Basketball: dcast live, ente station broadca on's location (thons, if any, the when your system substitute program carrilisted program ons in effect do	al pages. ision program (substitute pour cable system substitute is. See page (vi) of the gercategories like "movies", or 76ers vs. Bulls." r "Yes." Otherwise enter "Nasting the substitute programe community to which the community with which the tem carried the substitute pagram was carried by your gled by a system from 6:01:	orogram) that, d for the program that, d for the program instruction "basketball". Io." or station is lice station is ider program. Use cable system. 15 p.m. to 6:2 or maning that y d; enter the le	during the accounting ramming of another statents located in the paper List specific program need by the FCC or, in ntiffied). numerals, with the month List the times accurated 8:30 p.m. should be our system was required tter "P" if the listed pro	tion hth y		
	LIDOTITUT	TE DDOODAN			EN SUBSTITUTE	7. REASON		
	2. LIVE?	TE PROGRAM 3. STATION'S	1	5. MONTH	6. TIMES	FOR DELETION		
TITLE OF PROGRAM	Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM — TO			
					_			
					_			
						·		
					<u> </u>			
					_			
					_			
					_			
					_			
					_			
					_			

ACCOUNTING PERIOD: 2024/2 FORM SA3E. PAGE 6.

Accoontinuo	LINIOD. 2024/2							'		SASE. I AGE 0.		
Name	LEGAL NAME OF C								S	YSTEM ID#		
	Midcontinen	t Communic	ations							9221		
J Part-Time Carriage Log	PART-TIME CARRIAGE LOG In General: This space ties in with column 5 of space G. If you listed a station's basis of carriage as "LAC" for part-time carriage due to lack of activated channel capacity, you are required to complete this log giving the total dates and hours your system carried that station. If you need more space, please attach additional pages. Column 1 (Call sign): Give the call sign of every distant station whose basis of carriage you identified by "LAC" in column 5 of space G. Column 2 (Pates and hours of carriage): For each station, list the dates and hours when part-time carriage occ-											
		DATES AND HOURS OF PART-TIME CARRIAGE										
	CALL CION	WHEI	N CARRIAGE OCCL	JRRED		0411 01041	WHE	N CARRIAGE C	CCUF	RRED		
	CALL SIGN		HOUF			CALL SIGN			iour:			
		DATE	FROM	TO			DATE	FROM		TO		
								<u> </u>				
								 				
								<u> </u>				
								<u> </u>				
			_									
			_									
			_									
			_						_			
			_									
			_		1							
			_									
			_									
					1							
								_				
									=-			
								<u> </u>	=			
								<u> </u>				
								<u> </u>	=			
								<u> </u>				
								ļ				
			_									
			_									
			_									
			_	, 					_			
			_						_			

LEGA	AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#						
Mic	dcontinent Communications	9221	Name					
GROSS RECEIPTS Instructions: The figure you give in this space determines the form you fle and the amount you pay. Enter the total of all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission service (as identifed in space E) during the accounting period. For a further explanation of how to compute this amount, see page (vii) of the general instructions. Gross receipts from subscribers for secondary transmission service(s)								
IMP	during the accounting period. IMPORTANT: You must complete a statement in space P concerning gross receipts. (Amount of gross receipts)							
 COPYRIGHT ROYALTY FEE Instructions: Use the blocks in this space L to determine the royalty fee you owe: Complete block 1, showing your minimum fee. Complete block 2, showing whether your system carried any distant television stations. If your system did not carry any distant television stations, leave block 3 blank. Enter the amount of the minimum fee from block 1 on line 1 of block 4, and calculate the total royalty fee. If your system did carry any distant television stations, you must complete the applicable parts of the DSE Schedule accompanying this form and attach the schedule to your statement of account. 								
	art 8 or part 9, block A, of the DSE schedule was completed, the base rate fee should be sk 3 below.	entered on line 1 of						
	art 6 of the DSE schedule was completed, the amount from line 7 of block C should be elelow.	ntered on line 2 in block						
▶ If pa	art 7 or part 9, block B, of the DSE schedule was completed, the surcharge amount shou block 4 below.	ld be entered on line						
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	\$ 3,926,531.49						
	Enter the result here.							
	This is your minimum fee.	\$ 41,778.30						
Block 2	DISTANT TELEVISION STATIONS CARRIED: Your answer here must agree with the space G. If, in space G, you identifed any stations as "distant" by stating "Yes" in column "Yes" in this block. • Did your cable system carry any distant television stations during the accounting perion Yes—Complete the DSE schedule. X No—Leave block 3 below blank and column television. It is a section 3 or 4, or part 9, block A of the DSE schedule. If none, enter zero	n 4, you must check						
3		 _						
	Line 2. 3.75 Fee: Enter the total fee from line 7, block C, part 6 of the DSE schedule. If none, enter zero	0.00						
	Line 3. Add lines 1 and 2 and enter here	\$ -						
Block 4	Line 1. BASE RATE FEE/3.75 FEE or MINIMUM FEE: Enter either the minimum fee from block 1 or the sum of the base rate fee / 3.75 fee from block 3, line 3, whichever is larger	\$ 41,778.30	Cable systems					
	Line 2. SYNDICATED EXCLUSIVITY SURCHARGE: Enter the fee from either part 7 (block D, section 3 or 4) or part 9 (block B) of the DSE schedule. If none, enter	0.00	submitting additional					
	zero. Line 3. Line 3. INTEREST CHARGE: Enter the amount from line 4, space Q, page 9 (Interest Worksheet)	0.00	deposits under Section 111(d)(7) should contact the Licensing					
	Line 4. FILING FEE							
	TOTAL ROYALTY AND FILING FEES DUE FOR ACCOUNTING PERIOD. Add Lines 1, 2 and 3 of block 4 and enter total here	\$ 42,503.30	appropriate form for submitting the additional fees.					
	Remit this amount via <i>electronic payment</i> payable to Register of Copyrights. (S general instructions located in the paper SA3 form for more information.)	See page (i) of the						

ACCOUNTING PERIOD: 2024/2
FORM SA3E PAGE 8

	LEGAL NAME OF OURIER OF CARLE CYCTEM.	SYSTEM ID#						
Name	Midcontinent Communications	9221						
M Channels	CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television broadc to its subscribers and (2) the cable system's total number of activated channels, during the accounting period							
	Enter the total number of channels on which the cable system carried television broadcast stations	31						
	Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services							
N Individual to	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED: (Identify an individual we can contact about this statement of account.) Name Rachel Meyer Telephone 952-844-2655							
Be Contacted for Further Information								
	Address 3600 Minnesota Drive, STE 700 (Number, street, rural route, apartment, or suite number)							
	Edina, MN 55435 (City, town, state, zip)							
	Email rachel.meyer@midco.com Fax (optional							
0	CERTIFICATION (This statement of account must be certifed and signed in accordance with Copyright Office re	egulations.)						
Certifcation	• I, the undersigned, hereby certify that (Check one, but only one, of the boxes.)							
	(Owner other than corporation or partnership) I am the owner of the cable system as identifed in line 1 of space							
	(Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable in line 1 of space B and that the owner is not a corporation or partnership; or							
	(Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identifed as o in line 1 of space B.	•						
	 I have examined the statement of account and hereby declare under penalty of law that all statements of fact contain are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith. [18 U.S.C., Section 1001(1986)] 	ed herein						
	/s/ Rachel Meyer							
	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 button, then type /s/ and your name. Pressing the "F" button will avoid enabling Excel's Lotus com							
	Typed or printed name: Rachel Meyer							
	Title: Director of Programming (Title of official position held in corporation or partnership)							
	Date: February 16, 2025							

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

LEGAL NAME OF OWNER OF CABLE SYSTEM:	YSTEM ID#	N
Midcontinent Communications	9221	Name
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the flowing sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the basis service of providing secondary transmissions of primary broadcast transmitters, the system shall not include scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119. For more information on when to exclude these amounts, see the note on page (vii) of the general instructions in the paper SA3 form. During the accounting period did the cable system exclude any amounts of gross receipts for secondary transmission made by satellite carriers to satellite dish owners?	c e sub- 9."	Special Statement Concerning Gross Receipts Exclusion
X NO		
YES. Enter the total here and list the satellite carrier(s) below		
Name Mailing Address Name Mailing Address		
INTEREST ASSESSMENTS		
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayr For an explanation of interest assessment, see page (viii) of the general instructions in the paper SA3 form.	nent.	Q
Line 1 Enter the amount of late payment or underpayment		Interest Assessment
Line 2 Multiply line 1 by the interest rate* and enter the sum here	<u>-</u>	
Line 3 Multiply line 2 by the number of days late and enter the sum here	days 	
Line 4 Multiply line 3 by 0.00274** enter here and on line 3, block 4, space L, (page 7)	-	
(interest ch	arge)	
* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistance pl contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.	ease	
** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.		
NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Offce, please list below the owner, address, first community served, accounting period, and ID number as given in the origining.	ginal	
Owner Address		
First community served		
Accounting period		
ID number		

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

ACCOUNTING PERIOD: 2024/2

DSE SCHEDULE, PAGE 10.

INSTRUCTIONS FOR DSE SCHEDULE WHAT IS A "DSE"

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

FORMULAS FOR COMPUTING A STATION'S DSE

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

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

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

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

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

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

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

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

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

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

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

TOTAL OF DSEs

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

THE ROYALTY FEE

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

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

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

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

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

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

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

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

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

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

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

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

U.S. Copyright Office

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.

PARTIALLY DISTANT STATIONS—PART 9 OF THE DSE SCHEDULE

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

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

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

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

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

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

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

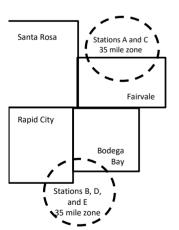
- When the fourth decimal point is 1, 2, 3, or 4, the third decimal remains unchanged (example: .34647 is rounded to .346).
- When the fourth decimal point is 5, 6, 7, 8, or 9, the third decimal is rounded up (example: .34651 is rounded to .347).

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

EXAMPLE:

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

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



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

 Minimum Fee Total Gross Receipts
 \$600,000.00

 x
 .01064

 \$6 384 00

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

Total Base Rate Fee: \$6,497.20 + \$1,907.71 + \$1,604.03 = \$10,008.94 In this example, the cable system would enter \$10,008.94 in space L, block 3, line 1 (page 7)

ACCOUNTING PERIOD: 2024/2

DSE SCHEDULE. PAGE	= 11. (CONTINUED)									
4	LEGAL NAME OF OWNER OF CABLE	E SYSTEM:			S	STEM ID#				
1	Midcontinent Communications 9221									
						<u> </u>				
	SUM OF DSEs OF CATEGOR		NS:							
	 Add the DSEs of each station Enter the sum here and in line 		s cabadula		0.00					
		1 of part 5 of this	s scriedule.		0.00					
	Instructions:									
2	In the column headed "Call S	Sign ": list the cal	l signs of all distant stations i	dentified by the	e letter "O" in column 5					
	of space G (page 3).			"						
Computation of DSEs for	In the column headed "DSE"			as "1.0"; for ea	ach network or noncom-					
	mercial educational station, giv	e the DSE as .2		10. DOE-						
Category "O"	0411 01011	D0E	CATEGORY "O" STATION		0.411.01011	DOE				
Stations	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE				
Add rows as				T						
necessary.										
Remember to copy all										
formula into new										
rows.										
				T						

LEGAL NAME OF OWNER OF CABLE SYSTEM SYSTEM ID# Name **Midcontinent Communications** 9221 Instructions: CAPACITY Column 1: List the call sign of all distant stations identified by "LAC" in column 5 of space G (page 3). Column 2: For each station, give the number of hours your cable system carried the station during the accounting period. This figure should correspond with the information given in space J. Calculate only one DSE for each station. Column 3: For each station, give the total number of hours that the station broadcast over the air during the accounting period. Computation of DSEs for Column 4: Divide the figure in column 2 by the figure in column 3, and give the result in decimals in column 4. This figure must Stations be carried out at least to the third decimal point. This is the "basis of carriage value" for the station. **Carried Part** Column 5: For each independent station, give the "type-value" as "1.0." For each network or noncommercial educational station, Time Due to give the type-value as ".25." Column 6: Multiply the figure in column 4 by the figure in column 5, and give the result in column 6. Round to no less than the Lack of third decimal point. This is the station's DSE. (For more information on rounding, see page (viii) of the general instructions in the paper Activated Channel SA3 form Capacity CATEGORY LAC STATIONS: COMPUTATION OF DSEs 3. NUMBER 5. TYPE 6. DSE 2. NUMBER 4. BASIS OF 1 CALL OF HOURS VALŪE OF HOURS SIGN **CARRIAGE** STATION **CARRIED BY** VALUE **SYSTEM** ON AIR = = = _ SUM OF DSEs OF CATEGORY LAC STATIONS: Add the DSEs of each station. 0.00 Enter the sum here and in line 2 of part 5 of this schedule, Instructions: Column 1: Give the call sign of each station listed in space I (page 5, the Log of Substitute Programs) if that station: 4 Was carried by your system in substitution for a program that your system was permitted to delete under FCC rules and regulartions in effect on October 19, 1976 (as shown by the letter "P" in column 7 of space I); and Computation • Broadcast one or more live, nonnetwork programs during that optional carriage (as shown by the word "Yes" in column 2 of of DSEs for space I). Column 2: For each station give the number of live, nonnetwork programs carried in substitution for programs that were deleted Substitute-Basis Stations at your option. This figure should correspond with the information in space I. Column 3: Enter the number of days in the calendar year: 365, except in a leap year. Column 4: Divide the figure in column 2 by the figure in column 3, and give the result in column 4. Round to no less than the third decimal point. This is the station's DSE (For more information on rounding, see page (viii) of the general instructions in the paper SA3 form). SUBSTITUTE-BASIS STATIONS: COMPUTATION OF DSEs 1. CALL 2. NUMBER 3. NUMBER 4. DSE 1. CALL 2. NUMBER 3. NUMBER 4. DSE OF DAYS SIGN OF SIGN OF OF DAYS **PROGRAMS** IN YEAR **PROGRAMS** IN YEAR = = = = SUM OF DSEs OF SUBSTITUTE-BASIS STATIONS: Add the DSEs of each station. 0.00 Enter the sum here and in line 3 of part 5 of this schedule, TOTAL NUMBER OF DSEs: Give the amounts from the boxes in parts 2, 3, and 4 of this schedule and add them to provide the total 5 number of DSEs applicable to your system. 0.00 **Total Number** 1. Number of DSEs from part 2 ● 0.00 of DSEs 2. Number of DSEs from part 3 • 0.00 3. Number of DSEs from part 4 • TOTAL NUMBER OF DSEs 0.00

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

LEGAL NAME OF C							s	YSTEM ID#	Name
Midcontinent (Communicatio	ns						9221	Name
In block A: • If your answer if 'schedule.	ck A must be comp "Yes," leave the ref "No," complete block	mainder of pa	below.			complete part	8, (page 16) of the)	6
				TELEVISION M		. 70.5 (50			Computation of 3.75 Fee
effect on June 24, Yes—Com	n located wholly ou 1981? nplete part 8 of the plete blocks B and	schedule—D	,				C rules and regula	tions in	
		BLO	CK B: CARF	RIAGE OF PERI	MITTED DS	Es			
Column 1: CALL SIGN	under FCC rules	and regulation	ons prior to Jun dule. (Note: Th	part 2, 3, and 4 of t e 25, 1981. For fur e letter M below re Act of 2010.)	ther explanation	on of permitted	stations, see the	·	
Column 2: BASIS OF PERMITTED CARRIAGE	(Note the FCC ru A Stations carrie 76.61(b)(c)] B Specialty static C Noncommerica D Grandfathera instructions fo E Carried pursua *F A station pre	les and reguled pursuant to a sefined al educational station (76.6 r DSE sched ant to individuationally carried HF station was a sefined and to sefined and sefine	lations cited be of the FCC marks of the FCC of the F	6.59(d)(1), 76.61(e) (c), 76.61(d), 76.63 aph regarding subs CC rules (76.7) e or substitute basiontour, [76.59(d)(5	e in effect on a .57, 76.59(b), .57, 76.63(a) in 3(a) referring the stitution of gradies prior to June	June 24, 1981. 76.61(b)(c), 76 referring to 76. o 76.61(d)] ndfathered sta	5.63(a) referring to 61(e)(1) tions in the		
Column 3:		stations ide	ntified by the le	parts 2, 3, and 4 o tter "F" in column 2			rksheet on page 1	4 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	
			1					0.00	
		[BLOCK C: CC	MPUTATION OF	3.75 FEE				
Line 1: Enter the	total number of l	DSEs from	part 5 of this s	schedule				-	
Line 2: Enter the	sum of permitted	d DSEs fron	n block B abo	ve				-	
Line 3: Subtract (If zero, le	line 2 from line 1 eave lines 4–7 bl			•		ate.		0.00	
Line 4: Enter gro	oss receipts from	space K (pa	age 7)				x 0.03	375	Do any of the DSEs represent partially
Line 5: Multiply li	ine 4 by 0.0375 a	nd enter su	m here				x		permited/ partially nonpermitted
Line 6: Enter tota	al number of DSE	s from line	3					<u>-</u>	carriage? If yes, see part 9 instructions.
Line 7: Multiply li	ine 6 by line 5 an	d enter here	e and on line	2, block 3, space	L (page 7)			0.00	

ACCOUNTING PERIOD: 2024/2

LEGAL NAME OF OWNER OF CABLE SYSTEM: Midcontinent Communications SYSTEM ID# 9221									
1. CALL SIGN	2. PERMITTED BASIS		1. CALL SIGN	2. PERMITTED BASIS		1. CALL SIGN	2. PERMITTED BASIS	3. DSE	6
5.5.1	27.10.10		3.3.1	5/10:0		3.3.1	27.10.10		Computation of 3.75 Fee
									3.73166
								<u></u>	
<mark></mark>			<u> </u>	<u> </u>	†	<u> </u>			

ACCOUNTING PERIOD: 2024/2

Name		ER OF CABLE SYSTEM	:			SYSTEM ID#					
Name	Midcontinent C	ommunications				9221					
Worksheet for Computating the DSE Schedule for Permitted Part-Time and Substitute Carriage	Column 1: List the call sign for each distant station identifed by the letter "F" in column 2 of part 6 of the DSE schedule. Column 2: Indicate the DSE for this station for a single accounting period, occurring between January 1, 1978 and June 30, 1981. Column 3: Indicate the accounting period and year in which the carriage and DSE occurred (e.g., 1981/1). Column 4: Indicate the basis of carriage on which the station was carried by listing one of the following letters: (Note that the FCC rules and regulations cited below pertain to those in effect on June 24, 1981.) A—Part-time specialty programming: Carriage, on a part-time basis, of specialty programming under FCC rules, sections 76.59(d)(1),76.61(e)(1), or 76.63 (referring to 76.61(e)(1)). B—Late-night programming: Carriage under FCC rules, sections 76.59(d)(3), 76.61(e)(3), or 76.63 (referring to 76.61(e)(3)). S—Substitute carriage under certain FCC rules, regulations, or authorizations. For further explanation, see page (vi) of the general instructions in the paper SA3 form. Column 5: Indicate the station's DSE for the current accounting period as computed in parts 2, 3, and 4 of this schedule. Column 6: Compare the DSE figures listed in columns 2 and 5 and list the smaller of the two figures here. This figure should be entered in block B, column 3 of part 6 for this station. IMPORTANT: The information you give in columns 2, 3, and 4 must be accurate and is subject to verification from the designated statement of account on fle in the Licensing Division.										
		PERMITTED DSI	FOR STATIONS CARR	IED ON A PART-T	TIME AND SUBSTITUTE BASIS						
	1. CALL	2. PRIOR	3. ACCOUNTING	4. BASIS C		6. PERMITTED					
	SIGN	DSE	PERIOD	CARRIAG	E DSE	DSE					
7	Instructions: Block A In block A:	must be completed.									
Computation		"Yes," complete blocks	B and C, below.								
of the			nd C blank and complete	oart 8 of the DSE s	chedule.						
Syndicated			BLOCK A: MAJOF	TELEVISION	MARKET						
Exclusivity	. In any postion of the	abla avatam within a ta	. 100	rat as defeard by as	ation 76 E of ECC wales in affect I	una 24 40042					
Surcharge	l — ' '		o 100 major television mari		ction 76.5 of FCC rules in effect J oceed to part 8	une 24, 1981?					
	Yes—Complete	blocks B and C .		No—Pro	oceed to part 8						
	BLOCK B: C	arriage of VHF/Grade	B Contour Stations		BLOCK C: Computation of Exe	empt DSEs					
		block B of part 6 the p		Was any station	on listed in block B of part 7 carri	·					
	commercial VHF station	on that places a grade	•	nity served by	the cable system prior to March	•					
	or in part, over the cal	,		to former FCC	,	:					
		ation below with its appro nd proceed to part 8.	opriate permitted DSE		t each station below with its approprer er zero and proceed to part 8.	Tate permitted DSE					
	CALL SIGN	DSE CA	LL SIGN DSE	CALL SI	GN DSE CALLS	SIGN DSE					
			·····	·							
		ļ									
		ļ									
		TOT	AL DSEs 0.00		TOTAL	DSEs 0.00					
		101	0.00	-	ISTAL						

LEGAL NA	AME OF OWNER OF CABLE SYSTEM: Midcontinent Communications	SYSTEM ID# 9221	Name
		3221	
	BLOCK D: COMPUTATION OF THE SYNDICATED EXCLUSIVITY SURCHARGE		
Section 1	Enter the amount of gross receipts from space K (page 7)	3,926,531.49	7
Section 2	A. Enter the total DSEs from block B of part 7	0.00	Computation of the
	B. Enter the total number of exempt DSEs from block C of part 7	0.00	Syndicated Exclusivity
	C. Subtract line B from line A and enter here. This is the total number of DSEs subject to the surcharge computation. If zero, proceed to part 8.	0.00	Surcharge
• Is an	y portion of the cable system within a top 50 television market as defined by the FCC? Yes—Complete section 3 below. X No—Complete section 4 below.		
	SECTION 3: TOP 50 TELEVISION MARKET		
Section 3a	Did your cable system retransmit the signals of any partially distant television stations during the accounting period? X Yes—Complete part 9 of this schedule. No—Complete the applicable section below.		
	If the figure in section 2, line C is 4.000 or less, compute your surcharge here and leave section 3b blank. NOTE: If the DS is 1.0 or less, multiply the gross receipts by .00599 by the DSE. Enter the result on line A below.	SE	
	A. Enter 0.00599 of gross receipts (the amount in section1)		
	B. Enter 0.00377 of gross receipts (the amount in section 1.)		
	C. Subtract 1.000 from total permitted DSEs (the figure on		
	line C in section 2) and enter here	_	
	D. Multiply line B by line C and enter here		
	E. Add lines A and D. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7) Syndicated Exclusivity Surcharge		
Section 3b	If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 3a blank.		
	A. Enter 0.00599 of gross receipts (the amount in section 1)		
	B. Enter 0.00377 of gross receipts (the amount in section 1)		
	C. Multiply line B by 3.000 and enter here		
	D. Enter 0.00178 of gross receipts (the amount in section 1)		
	E. Subtract 4.000 from total DSEs (the fgure on line C in section 2) and enter here		
	F. Multiply line D by line E and enter here		
	G. Add lines A, C, and F. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7) Syndicated Exclusivity Surcharge		
	SECTION 4: SECOND 50 TELEVISION MARKET		
	Did your cable system retransmit the signals of any partially distant television stations during the accounting period?		
Section 4a	X Yes—Complete part 9 of this schedule. No—Complete the applicable section below.		
	If the figure in section 2, line C is 4.000 or less, compute your surcharge here and leave section 4b blank. NOTE: If the DS is 1.0 or less, multiply the gross receipts by 0.003 by the DSE. Enter the result on line A below. A. Enter 0.00300 of gross receipts (the amount in section 1)	SE .	
	B. Enter 0.00189 of gross receipts (the amount in section 1)		
	C.Subtract 1.000 from total permitted DSEs (the fgure on line C in section 2) and enter here		
	D. Multiply line B by line C and enter here		
	E. Add lines A and D. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7) Syndicated Exclusivity Surcharge		

Name		ME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#					
		Midcontinent Communications	9221					
7	Section 4b	If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 4a blank.						
Computation		A. Enter 0.00300 of gross receipts (the amount in section 1)						
of the Syndicated		B. Enter 0.00189 of gross receipts (the amount in section 1) ▶ <u>\$</u>						
Exclusivity Surcharge								
		D. Enter 0.00089 of gross receipts (the amount in section 1) ▶ \$						
		E. Subtract 4.000 from the total DSEs (the figure on line C in section 2) and enter here						
		F. Multiply line D by line E and enter here						
		G. Add lines A, C, and F. This is your surcharge. Enter here and on line 2, block 4, space L (page 7)						
		Syndicated Exclusivity Surcharge	<u></u> .					
	Instru	ctions:						
8		ust complete this part of the DSE schedule for the SUM OF PERMITTED DSEs in part 6, block B; however, if block A of p checked "Yes," use the total number of DSEs from part 5.	art					
		ck A, indicate, by checking "Yes" or "No," whether your system carried any partially distant stations.						
Computation of	-	ır answer is "No," compute your system's base rate fee in block B. Leave part 9 blank. ır answer is "Yes" (that is, if you carried one or more partially distant stations), you must complete part 9. Leave block B be	Jow					
Base Rate Fee	blank		ilOW					
		is a partially distant station? A station is "partially distant" if, at the time your system carried it, some of your subscribers						
		ocated within that station's local service area and others were located outside that area. For the definition of a station's "loc e area," see page (v) of the general instructions.	cal					
		e alloa, looo page (1) or allo gollolar meaconome.						
	BLOCK A: CARRIAGE OF PARTIALLY DISTANT STATIONS							
	Did your cable system retransmit the signals of any partially distant television stations during the accounting period?							
		Yes—Complete part 9 of this schedule. X 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)	.49_					
	Section	Enter the total number of permitted DSEs from block B, part 6 of this schedule.						
	2	(If block A of part 6 was checked "Yes," use the total number of DSEs from part 5.) ▶	0.00					
	Section		<u></u>					
	3	If the figure in section 2 is 4.000 or less , compute your base rate fee here and leave section 4 blank. NOTE: If the DSE is 1.0 or less, multiply the gross receipts by 0.01064 by the DSE. Enter the result on line A below.						
		A. Enter 0.01064 of gross receipts						
		(the amount in section 1)	<u>-</u>					
		B. Enter 0.00701 of gross receipts (the amount in section 1)▶ \$ 27,524.99						
		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	<u>-</u>					
		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.						
	İ	<u> </u>						

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

LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	Nama
Midcontinent Communications	9221	Name
Section If the figure in section 2 is more than 4.000 , compute your base rate fee here and leave section 3 blank.		
A. Enter 0.01064 of gross receipts		8
(the amount in section 1) 		
B. Enter 0.00701 of gross receipts		• • • •
(the amount in section 1) \$		Computation of
		Base Rate Fee
C. Multiply line B by 3.000 and enter here ▶\$		
D. Enter 0.00330 of gross receipts		
(the amount in section 1) > \$		
E. Subtract 4.000 from total DSEs		
(the figure in section 2) and enter here		
F. Multiply line D by line E and enter here ▶ \$		
G. Add lines A, C, and F. This is your base rate fee.		
Enter here and in block 3, line 1, space L (page 7) Base Rate Fee	0.00	
Base Rate Fee	0.00	
IMPORTANT: It is no longer necessary to report television signals on a system-wide basis. Carriage of television bro	padcast signals shall	
instead be reported on a community-by-community basis (subscriber groups) if the cable system reported multiple cl		9
Space G.		9
In General: If any of the stations you carried were partially distant, the statute allows you, in computing your base rareceipts from subscribers located within the station's local service area, from your system's total gross receipts. To t		Computation
exclusion, you must:	and davantage of the	of Base Rate Fee
First: Divide all of your subscribers into subscriber groups, each group consisting entirely of subscribers that are dis	tant to the same	and
station or the same group of stations. Next: Treat each subscriber group as if it were a separate cable system. Deter	mine the number of	Syndicated
DSEs and the portion of your system's gross receipts attributable to that group, and calculate a separate base rate for	-	Exclusivity Surcharge
Finally: Add up the separate base rate fees for each subscriber group. That total is the base rate fee for your system		for
NOTE: If any portion of your cable system is located within the top 100 television market and the station is not exem also compute a Syndicated Exclusivity Surcharge for each subscriber group. In this case, complete both block A and		Partially Distant
your cable system is wholly located outside all major television markets, complete block A only.	B Bolow. Tlowever, ii	Stations, and
How to Identify a Subscriber Group for Partially Distant Stations		for Partially Permitted
Step 1: For each community served, determine the local service area of each wholly distant and each partially distant	nt station you	Stations
carried to that community.		
Step 2: For each wholly distant and each partially distant station you carried, determine which of your subscribers we outside the station's local service area. A subscriber located outside the local service area of a station is distant to the		
same token, the station is distant to the subscriber.)	at station (and, by the	
Step 3: Divide your subscribers into subscriber groups according to the complement of stations to which they are dis		
subscriber group must consist entirely of subscribers who are distant to exactly the same complement of stations. No will have only one subscriber group when the distant stations it carried have local service areas that coincide.	ote that a cable system	
Computing the base rate fee for each subscriber group: Block A contains separate sections, one for each of you groups.	ir system's subscriber	
In each section:		
Identify the communities/areas represented by each subscriber group.		
• Give the call sign for each of the stations in the subscriber group's complement—that is, each station that is distant	to all of the	
subscribers in the group.		
If: I	ve it in parts 2.3 and	
4 of this schedule; or,	re it iii parts 2, 5, and	
2) any portion of your system is located in a major or smaller televison market, give each station's DSE as you gave	it in block B,	
part 6 of this schedule.		
Add the DSEs for each station. This gives you the total DSEs for the particular subscriber group.		
 Calculate gross receipts for the subscriber group. For further explanation of gross receipts see page (vii) of the ger in the paper SA3 form. 	eral instructions	
Compute a base rate fee for each subscriber group using the formula outline in block B of part 8 of this schedule or	n the preceding	
page. In making this computation, use the DSE and gross receipts figure applicable to the particular subscriber groupses for that group's complement of stations and total gross receipts from the subscribers in that group). You do not	up (that is, the total	
actual calculations on the form.		

	LEGAL NAME OF OWNER OF CABLE SYSTEM:	YSTEM ID#
Name	Midcontinent Communications	9221
	Guidance for Computing the Royalty Fee for Partially Permitted/Partially NonPermitted Signals	
	Step 1: Use part 9, block A, of the DSE Schedule to establish subscriber groups to compute the base rate fee for wholly and partially permitted distant signals. Write "Permitted Signals" at the top of the page. Note: One or more permitted signals in these	
	subscriber groups may be partially distant.	
	Step 2: Use a separate part 9, block A, to compute the 3.75 percent fee for wholly nonpermitted and partially nonpermitted distan	t
	signals. Write "Nonpermitted 3.75 stations" at the top of this page. Multiply the subscriber group gross receipts by total DSEs by	
	.0375 and enter the grand total 3.75 percent fees on line 2, block 3, of space L. Important: The sum of the gross receipts reported	l
	for each part 9 used in steps 1 and 2 must equal the amount reported in space K. Step 3: Use part 9, block B, to compute a syndicated exclusivity surcharge for any wholly or partially permitted distant	
	signals from step 1 that is subject to this surcharge.	
	Guidance for Computing the Royalty Fee for Carriage of Distant and Partially Distant Multicast Streams	
	Step 1: Use part 9, Block A, of the DSE Schedule to report each distant multicast stream of programming that is transmitted from	
	a primary television broadcast signal. Only the base rate fee should be computed for each multicast stream. The 3.75 Percent Ra and Syndicated Exclusivity Surcharge are not applicable to the secondary transmission of a multicast stream.	ie
	You must report but not assign a DSE value for the retransmission of a multicast stream that is the subject of a written agreemen	ţ
	entered into on or before June 30, 2009 between a cable system or an association representing the cable system and a primary	
	transmitter or an association representing the primary transmitter.	

LEGAL NAME OF OWNER Midcontinent Com						s	9221	Name
E	BLOCK A:	COMPUTATION OF	BASE RA	TE FEES FOR EACH	SUBSCRII	BER GROUP		
	FIRST	SUBSCRIBER GROUP	•		SECOND	SUBSCRIBER GROU	Р	0
COMMUNITY/ AREA	Cambri	dge		COMMUNITY/ AREA	Wabash	a		9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
								Syndicated
								Exclusivity
								Surcharge
								for
								Partially
								Distant
						<u> </u>		Stations
								
	 			-			···	
	 				 			
	 					<u> </u>		
	·						····	
Total DSEs	 		0.00	Total DSEs	1	!!	0.00	
Gross Receipts First Gr	oup	\$ 3,749	302.20	Gross Receipts Second	d Group	\$ 15	58,471.78	
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Second	d Group	\$	0.00	
	THIRD	SUBSCRIBER GROUP	•		FOURTH	SUBSCRIBER GROU	Р	
COMMUNITY/ AREA	Hudson	ı, WI		COMMUNITY/ AREA				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
								
	 							
						 		
	†				 	H	<u> </u>	
								
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	roup	\$ 18	757.51	Gross Receipts Fourth	Group	\$	0.00	
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
				Ш				
Base Rate Fee: Add the Enter here and in block			er group a	s shown in the boxes abo	ove.	\$	0.00	

Nonpermitted 3.75 Stations

CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE	LEGAL NAME OF OWNE Midcontinent Con						:	SYSTEM ID# 9221	Name
CALL SIGN DSE CALL SIGN		BLOCK A:	COMPUTATION C	OF BASE RA	ATE FEES FOR EACH				
CALL SIGN DSE CALL SIGN		FIRST	SUBSCRIBER GRO	UP	SECOND SUBSCRIBER GROUP				^
CALL SIGN DSE	COMMUNITY/ AREA	Cambri	idge		COMMUNITY/ AREA	Wabash	Wabasha		
Base Rate Fee First Group \$ 3,749,302.20 Gross Receipts First Group \$ 0.00 Total DSEs CALL SIGN DSE CALL SIGN	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	DSE CALLSIGN DSE		
Syndici Exclusi Surchar Surc									Base Rate F
Exclusion Surcha Surcha for Partial Distates Station Total DSEs									and
Surcha for for John Distance Community									Syndicate
Surcha for the statio of the s									Exclusivit
Partia Dista Statio Total DSEs Jones Receipts First Group Jones Receipts Receipts Record Group Jones Receipts Receipts Receipts Receipts Receipts Record Group Jones Receipts									Surcharge
Dista Statio Cotal DSEs Gross Receipts First Group Sase Rate Fee First Group THIRD SUBSCRIBER GROUP COMMUNITY/AREA Hudson, WI COMMUNITY/AREA Hudson, WI COMMUNITY/AREA CALL SIGN DSE CALL SIGN DS									for
Dista Statio Total DSEs Siross Receipts First Group Sase Rate Fee First Group Sase Rate Fee First Group Sase Rate Fee Second Group THIRD SUBSCRIBER GROUP COMMUNITY/ AREA Hudson, WI CALL SIGN DSE CA									Partially
otal DSEs									Distant
Gross Receipts First Group S 3,749,302.20 Gross Receipts Second Group S 158,471.78 Base Rate Fee First Group THIRD SUBSCRIBER GROUP COMMUNITY/ AREA Hudson, WI CALL SIGN DSE CALL SI						···			Stations
Gross Receipts First Group S 3,749,302.20 Gross Receipts Second Group S 158,471.78 Base Rate Fee First Group THIRD SUBSCRIBER GROUP COMMUNITY/ AREA Hudson, WI CALL SIGN DSE CALL SI						···			
Gross Receipts First Group Sase Rate Fee First Group THIRD SUBSCRIBER GROUP COMMUNITY/ AREA Hudson, WI CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL S									
Gross Receipts First Group S 3,749,302.20 Gross Receipts Second Group S 158,471.78 Base Rate Fee First Group THIRD SUBSCRIBER GROUP COMMUNITY/ AREA Hudson, WI CALL SIGN DSE CALL SI		<u> </u>							
Gross Receipts First Group Sase Rate Fee First Group THIRD SUBSCRIBER GROUP COMMUNITY/ AREA Hudson, WI CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL S		<u></u>					1		
Gross Receipts First Group S 3,749,302.20 Gross Receipts Second Group S 158,471.78 Base Rate Fee Second Group THIRD SUBSCRIBER GROUP COMMUNITY/ AREA Hudson, WI CALL SIGN DSE CALL		-					+		
Gross Receipts First Group S 3,749,302.20 Gross Receipts Second Group S 158,471.78 Base Rate Fee Second Group THIRD SUBSCRIBER GROUP COMMUNITY/ AREA Hudson, WI CALL SIGN DSE CALL							+		
Gross Receipts First Group Sase Rate Fee First Group THIRD SUBSCRIBER GROUP COMMUNITY/ AREA Hudson, WI CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL S		_	Н				Ц		
THIRD SUBSCRIBER GROUP THIRD SUBSCRIBER GROUP COMMUNITY/ AREA Hudson, WI CALL SIGN DSE C	Total DSEs			0.00	Total DSEs			0.00	
THIRD SUBSCRIBER GROUP THIRD SUBSCRIBER GROUP COMMUNITY/ AREA Hudson, WI CALL SIGN DSE C	Gross Receipts First G	roup	\$ 3,74	9,302.20	Gross Receipts Secor	nd Group	\$	158,471.78	
THIRD SUBSCRIBER GROUP COMMUNITY/ AREA Hudson, WI CALL SIGN DSE CALL SIGN	•	·							
COMMUNITY/ AREA Hudson, WI CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL	Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Secon	nd Group	\$	0.00	
CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SI		THIRD	SUBSCRIBER GRO	UP		FOURTH	I SUBSCRIBER GRO	UP	
Total DSEs O.00 Total DSEs O.00 Gross Receipts Third Group \$ 18,757.51 Gross Receipts Fourth Group \$ 0.00	COMMUNITY/ AREA	Hudsoi	n, WI		COMMUNITY/ AREA				
Gross Receipts Third Group \$ 18,757.51 Gross Receipts Fourth Group \$ 0.00	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
Gross Receipts Third Group \$ 18,757.51 Gross Receipts Fourth Group \$ 0.00			-					······	
Gross Receipts Third Group \$ 18,757.51 Gross Receipts Fourth Group \$ 0.00								······	
Gross Receipts Third Group \$ 18,757.51 Gross Receipts Fourth Group \$ 0.00								······	
Gross Receipts Third Group \$ 18,757.51 Gross Receipts Fourth Group \$ 0.00								······	
Gross Receipts Third Group \$ 18,757.51 Gross Receipts Fourth Group \$ 0.00		<mark></mark>						·······	
Gross Receipts Third Group \$ 18,757.51 Gross Receipts Fourth Group \$ 0.00		<mark></mark>						·······	
Gross Receipts Third Group \$ 18,757.51 Gross Receipts Fourth Group \$ 0.00								······	
Gross Receipts Third Group \$ 18,757.51 Gross Receipts Fourth Group \$ 0.00		<mark></mark>						·······	
Gross Receipts Third Group \$ 18,757.51 Gross Receipts Fourth Group \$ 0.00								······	
Gross Receipts Third Group \$ 18,757.51 Gross Receipts Fourth Group \$ 0.00									
Gross Receipts Third Group \$ 18,757.51 Gross Receipts Fourth Group \$ 0.00									
Gross Receipts Third Group \$ 18,757.51 Gross Receipts Fourth Group \$ 0.00							-		
Gross Receipts Third Group \$ 18,757.51 Gross Receipts Fourth Group \$ 0.00		<u></u>							
Gross Receipts Third Group \$ 18,757.51 Gross Receipts Fourth Group \$ 0.00		<u></u>							
Gross Receipts Third Group \$ 18,757.51 Gross Receipts Fourth Group \$ 0.00									
	otal DSEs			0.00	Total DSEs			0.00	
	Gross Receipts Third (Group	s 1	8.757.51	Gross Receipts Fourth	n Group	s	0.00	
Base Rate Fee Third Group \$ 0.00 Base Rate Fee Fourth Group \$ 0.00	2.000 receipts filliu (J. Oup		0,101.01	Cross Receipts Fourti	. Oroup	Ψ	0.00	
	Base Rate Fee Third C	Group	\$	0.00	Base Rate Fee Fourth	n 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) \$ 0.00				criber group a	II as shown in the boxes at	oove.	s	0.00	

ACCOUNTING PERIOD: 2024/2 FORM SA3E. PAGE 20. LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name **Midcontinent Communications** 9221 BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you must also compute a 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 INSTRUCTIONS: **Base Rate Fee** 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 and **Syndicated** this schedule. **Exclusivity** Step 2: In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were classified as Surcharge Exempt DSEs in block C, part 7 of this schedule. If none enter zero. Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge. for Partially Step 4: Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this Distant schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show Stations your actual calculations on this form. FIRST SUBSCRIBER GROUP SECOND SUBSCRIBER GROUP Line 1: Enter the VHF DSEs Line 1: Enter the VHF DSEs Line 2: Enter the Exempt DSEs Line 2: Enter the Exempt DSEs Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation computation SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY **SURCHARGE SURCHARGE** First Group Second Group THIRD SUBSCRIBER GROUP FOURTH SUBSCRIBER GROUP Line 1: Enter the VHF DSEs Line 1: Enter the VHF DSEs Line 2: Enter the Exempt DSEs. . Line 2: Enter the Exempt DSEs. . Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown